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Beyond the "linoleum colon": performance as research into the constructed narrative of the public hospital space

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CHAPTER ONE: INTRODUCTION

From as early as I can remember[1], I have been moved by the power of storytelling as a transformative "looking-glass" through which I have come to learn and know the world around me. I enrolled for an undergraduate degree in drama at the University of the Witwatersrand and began my journey as a scholar of story-making, at once curious and observant of the plethora of storytelling worlds that I encountered. I was hungry to find a vehicle to mobilise my voice through story-telling and performance-making.

Brett Bailey's *Medea* (2003) took place in a softly-lit, double-volume workshop space transformed crudely into a theatre, where wooden crates with hay became seating for the audience, lining all four sides of a square rostrum that had been covered with large white tiles. The subdued lighting and earthen smell of dried grass permeated the room as the audience found their seats. A group of white robed bodies clustered against the wall, undulating and whispering in the semi-shadow; the thick white paint on their faces glistened in the half-light. From the initial preset moments of this story to the climactic, suspensive, delicate and horrific renderings of *mise en scène* that wove together a re-telling of the classic Greek tragedy, Bailey and his cast transported the audience to a different world. As Dolan (1993) writes:

> University theatres, for example, can be used for radical interventionist work, despite their location in academic institutions that sometimes militate against such thinking, by offering a forum for embodying and enacting new communities of performers and spectators […] (Dolan, 1993: 426).

Bailey's *Medea* (2003) was most definitely a radical but poignant rendition of the classic Greek tragedy by Euripides. The intimacy of this terrifying tale also presented an experience of *communitas*[2] generated by the theatre experience- together, with the audience, I departed on

[1] As a child, my mother was the greatest storyteller: I was astounded by her adept improvisational skill at crafting bedtime stories, and, as a young girl, I remember the visceral desire to "climb inside" of the stories she shared. Picture books and oral tales were to me a sustainance and a lens to the world, and later I insatiably consumed fictional narratives and factual anecdotes that traced my development into an inquiring adult. The story universe continued to compel me. I believe that this insatiable desire to see the story from the " inside" led me to study theatre and performance.

[2] Turner (1969: 96-7) resolves to use the latin term "communitas", which emphasises the social relationship it conjures, instead of the term "community", which connotes "an area of common living". Turner recognises

the story's journey. The arena of a university theatre space has afforded me rich opportunity to test the possibilities and tensions provoked through interventionist theatre work.

Medea (2003) was produced in such a way as to engender a "climbing inside" of the story for the audience, with a special intimacy possible through its power. It was notable the power manifested in a story's dimensions, and what it can create sensorially, emotionally, and psychologically, for an audience member and performance-maker. My experience of Bailey's *Medea* (2003) is a hallmark moment that I return to everytime I create a theatre work: to offer a visceral experience for an audience, and an opportunity for people to enter into a world that only live performance can offer. As many have borne witness to, the event of theatre provides the potential for transcendence and can momentarily transport audiences into the extraordinary universe of story. Bogart has noted:

> Directing is about feeling, about being in the room with other people; with actors… with an audience. It is about having a feel for time and space, about breathing, and responding fully to the situation at hand, being able to plunge and encourage a plunge into the unknown at the right moment (Bogart, 2001: 85).

This research project is a creative and scholarly one,where as theatre director and researcher I conduct arts-based research into a public hospital space.

Situating the Research

As a theatre-maker, performance lecturer, installation artist and digital media storyteller, I have honed a keen interest and inquiry into the storied human experience. This research study takes place in relation to authoring an account of the experience of a public hospital site through its construction of narrative in the theatrical event *Beyond the linoleum colon* (2016).[3] Structured as a creative research project, the production is a performance experiment that emerges from

"communitas" as an "essential and generic human bond, without which there can be *no* society". The emphasis on a "bond" is what I am able to relate to my experience of being *as if part* of an audience body, collectively brought together to share in an experience of theatre.

[3] The title for the theatre production was taken from the research title. Throughout the rehearsal phase, the title for the project was referred to by its research title: "Beyond the linoleum colon", initially conceived, developed into the name of the production.

the qualitative data collected from site participants[4]- including clinicians, cleaners, patients, and nurses- of the Helen Joseph Hospital in Auckland Park, Johannesburg. Through the performance-making process, I created an autonomous work that initiates the experiences of sensorial, emotional, and psychological responses as an account of the public hospital building.

Performance as Research (PaR) is valuable as a crucial and human-centred arts practice and research methodology, and this study argues for it as a relevant methodology for the construction of a narrative for the experience of the Helen Joseph Hospital building. The construction of narrative occurred practically and theoretically through combined creative and written research, which will describe and "map" the aims, objectives, and outcomes of the research at this point. As an interdisciplinary pursuit, an arts perspective on a public health site, the complete research study offers insight into the health landscape of Johannesburg from the perspective of the Helen Joseph Hospital building. In this way, theatre-making can generate a new and alternate form of knowledge-making. Performance-making as methodology proposes the toolbox with which I was able to construct the experience of the hospital site by examining its perceived narrative which I then interpreted.

The performance experiment, *Beyond the linoleum colon,* utilised the methodology of Performance as Research (PaR). As a useful and practical knowledge-generating approach PaR proposes a valid and necessary contribution to the body of academic theatre and performance knowledge-making. The lived experience of the site is drawn from the personal narratives of site participants in relation to their understanding, knowledge, and experience of the building. Through the performance experiment, I propose a PaR methodology that frames the ways through which I reimagined the public health space through the language of theatre and performance praxis.

[4] Throughout this study, I define *site participants* as all persons of the Helen Joseph Hospital who conduct *action* in the site. The concept of "action" holds relevance to this discussion, whereby I present later on a definition for "performance" as intrinsically linked to human action.



Figure 1.1
Author
Beyond the linoleum colon production
2016

The Johannesburg urban landscape is a vital instigator for the theatre productions I have produced, and continue to produce, in various performance media.[5] The impetus for my original performance work is an interest in a deliberate artistic authorship of conceptualising and making theatre through the medium of the human body (the performer)and/or object body (stage properties) in a performance space (refer Figure 1.1). The discipline of theatre is rooted in the acknowledgement of performance-making as a form of artistic expression and knowledge-making: "theatre is a form of knowledge; it should and can also be a means of transforming society. Theatre can help us build our future, instead of just waiting for it" (Boal, 2002: 16). As an artist-researcher, I focus on narrative construction through performance-making as a method- a tool set- towards "unearthing" the lived experience of the public hospital space. The method of performance-making formulates a process towards re-imagining the hospital building as a subjective narrative body. In this way, theatre is mobilised as a lens for learning and knowing the world around us, where, as Boal has argued, "…theatre […] should

[5] I have worked within the practice of theatre performance, performance art, installation art, and stop-motion animation, and have discovered that each medium offers differing approaches to performance and what it means to author and perform a story. List of previous works include: *Look* (2010); *Sex Machine* (2010); *Mouth* (2011); *Paperweight* (2011); *Float and Follow* (2011); *can't see the forest for the trees* (2011); *Solitario* (2012); *Wilderness* (2013); *Ghost Nowhere* (2013); and *Skin* (2014).

help us learn about ourselves and our times. We should know the world we live in, the better to change it." (2002: 16).

> *It is a rainy Friday afternoon and the wind is crisp. Upon arrival, I walk from the car to the hospital entrance. Smokers gather under pillars and dripping roofs; a number of patients are spending their visiting time with family, friends.*
>
> *I am now standing outside the hospital entrance. A white woman in her late 50s slowly moves out of the main swing-doors. I notice she is a patient: her threadbare powder-blue robe pronounces "Helen Joseph Hospital" in faded, red-print letters. On the gown there are holes that gather like clumps of what once was, now a thin and ragged robe. This is the first time I have noticed the hospital gowns. It is a cold day; the thinning robe that covers the patient's body offers little protection from the rain. She continues floating down the pathway: silently, delicately, her body sheathed in something invisible.* (T. Lee, Visit no. 3: researcher observation notes, 24 April 2015, 14:45)

This research offers insight into the public health environment of Johannesburg beyond a hermetic[6] study of the public hospital landscape, delving into the phenomenological and experiential implications of a health care site as a container for meaning and lived experience. The research is formulated from a keen interest in a health care site from a performance-making perspective, and fills a gap in conventional research through the engagement with site and the contribution to performance studies practice. The state of public health facilities in Johannesburg is poor, where the care is insufficient, and staff and resources are "spread thinly"[7]

[6] A building is designed to be impervious to external influence, creating a hermetic environment. However, by manifesting the hospital as a site of subjective experience for its users' I wish to challenge the hermetic characteristic of the hospital as building through performance-making.

[7] A number of clinicians referenced the consistent issue of inadequate beds for admission (via personal communication, July 2016, 13:40). Another such issue included insufficient medical stock for clinicians and nurses that challenge or prohibit efficiency and completion of their job tasks within the site (via personal communication, May 2016, 10:04)

in accommodating the patients. Issues of access, service, and social and political[8] disparity in this context have provided impetus to the current study.

I propose a discussion on performance studies as the engine for the theoretical framework and link relevant discourse from urban spatial praxis and narrative theory to enable a convergence towards realising a possible theory of performance-making. Subsequent to the theoretical grounding to follow, the research can be understood epistemologically as belonging to the interdisciplinary field of the medical humanities.[9] A dynamic[10] humanist approach has the potential to emerge from this dialogue and exchange between theatre and medicine, which are two seemingly disparate fields of knowledge and practice. The complete research project that I present contributes to the growing interdisciplinary field of medical humanities, and strengthens the research output and interest of future arts-based research studies about the South African public health sector. As a theatre practitioner, I acknowledge an entering into a medical and healthcare space and soliciting my artistic "voice" in order to meet a method of performance-making: firstly, in response to what I understood as the lived experience of site participants in the extracted narrative data; and secondly, inviting the performance ensemble group to join the study as co-researchers from whom valid and necessary experiential responses to the site were elicited. Both factors contributed to the development of the creative research project: a performance-making process towards formulating a theory for performance-making. This research approaches a space unfamiliar to the traditional theatre spaces that theatre studies develops within, but proposes a theatrical production *about* a healthcare site for presentation in a traditional theatre venue. Through this study, I became a scholar and field researcher in a space that departs beyond the confines of the incubatory theatre venue, and opened an academic

[8] Formerly named J.G. Strijdom Hospital. Notably, a number of mature patient participants who joined the study still referred to the hospital by its former title. I learnt from participant interviews that from the 1970's through to the abolishment of the apartheid regime and its inhumane segregation of non-white peoples until 1994, the J.G Strijdom Hospital was a whites-only healthcare site. A few participants responded to this site as a comparatively "better" public health site to Baragwanath Hospital in Soweto, Johannesburg, reinforcing perceptions of "better" service and treatment to this day at Helen Joseph Hospital *because* it was once a whites-only hospital.

[9] Shapiro (2006: 1) notes that "medical humanities is a broad umbrella under which can be sheltered a range of academic studies ranging from literature (prose and poetry) and history to the visual (painting, sculpture) and performing arts (theatre, cinema, music, and dance). The common unifying thread is the relationship of these various forms of creativity and self-expression to patients, doctors, medicine, and clinical practice."

[10] Shapiro (2006: 1) asserts the medical humanities as a burgeoning "interdisciplinary field for scholarship and pedagogy" since its inception nearly half a century ago.

and artistic "eye" into a space that is foreign to my traditional theatre experience. This again points to the contribution of this study, utilising an interdisciplinary and boundary crossing PaR initiative that performance studies favours.

I wanted to explore the notion of "dis-ease" that I read from the inciting incident of the metaphor, "linoleum colon", using this metaphor as the "trigger" to propel this research enquiry. I feel that the purpose for the development of this research is also located in looking "beyond" this metaphor as a way towards reimagining the possibility of the public health care site and the moments of "ease" that potentially exist there. An attempt to locate and present the emergence of "ease" and "dis-ease" from the site, and point to the method presented as "ways" in which I intended to locate the experiential contrast found within the Hospital through performance-making process.

Research Goals

The research question is as follows:

To what extent can a constructed performance narrative provide the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice?

In collating an account of the hospital site, I propose that the method of a performance-making process can adequately and authentically construct the experience of the site through narrative, and, as stated previously, intends to fill the gap in conventional research through the engagement with site and the contribution to performance studies practice. This is a unique theory in so much as it is focussing on the constructed performance narrative of the Helen Joseph Hospital through performance studies practice; however, the theory formulated through this research endeavour can proceed towards further application in future research projects of a similar nature. Through the utilisation of a performance-making methodology, I formulate a theory of performance-making devised as a contribution to performance studies. PaR methodology promotes the theoretical framework and sets up the conditions for the method of the performance experiment to take place in the form of the creative research project, *Beyond the linoleum colon,* and the conceptual framework the project advocates.

The “ways” in which I intend detailing the creative research project enables the formulation of a possible performance-making theory. The “ways” I wish to explore the experience of the hospital building through performance-making method include: body and movement; space; sound; and image. The premise of the four theatre performance concepts selected will be expanded in the development of the research experiment, *Beyond the linoleum colon*, in the performance-making process chapter. It is valuable to note that these “ways” elicited as the key features of the performance-making process, are the vital cornerstones for the theory of performance-making that I propose. I discovered “ways” of a performance-making method through the years of knowledge and practice gained from my theatre-making experience as an artist, learning that theatre offers distinct features and tools in its language of making. I am primarily a devised theatre practitioner, and my study of skill sets and approaches of directors outside of my own craftsmanship- both established and new theatre makers in South Africa as well as through my readings of international directors- inform and build my performance praxis in this current study. As a scholar to theatre, I consciously and constantly promote opportunity to build on my theatre making approaches and considerations, humble and open to the possibilities of being in constant flux of learning further about my field.

The concept of “experience” is multivalent (Turner, F., 1986: 73), and is difficult to concretise as a concept of consciousness, however, it can be helpfully understood as a first-hand knowledge that is produced by a subject based on the sociocultural norms, knowledge, and innate ideas to which a subject may be exposed (ibid.). Experience is “alive” and mobile in the consideration of the present moment, an “active” and “creative” process (Turner, 1986: 93), and the emergence of human experience is simultaneously a conscious and reflexive account that relies on the knowledge and perception of the human mind, as Turner notes, “when we are truly experiencing we are growing by a reflexive process in which we are only separated by our consciousness from nature in order to share in nature’s own creative process of self-transcendence” (Turner, 1986: 93). Drawing from the conscious and reflexive attributes that Turner (ibid.) denotes as the process of experience-making, I propose that participants, the artist-researcher, and the performers as co-researchers produced experiences of the Helen Joseph Hospital building based on their experiential knowledge and perception of the site. These experiences were transcribed into data from which I was artistically and reflexively able to formulate “ways” of citing site in the performance-making process of *Beyond the linoleum colon.*

The "ways" of performance-making research present "how" this study evolves to meet a theory of performance-making, responding to proponent questions such as: do "ease" and "dis-ease" coincide in the experience of the public health site? What issues of access, service, and social and political disparity in this context can be found? In response to this I likened the hospital to a human body, or the "body" of our country; the hermetic hospital site potentially transformed by performance-making and suspended for dissection as a metaphor for the human body and the nation as a whole.

Research Approach

This research plan proposes a theory of performance-making promoted by a PaR methodology and rooted in an initial enquiry of the method of performance-making. The performance-making process articulates the method through which I was able to carry out the research (the discussion to follow will provide a theoretical framework from which to locate and understand this study as reinforced by writings from key theorists and practitioners). I have also included fragments from fieldwork observation and journal writings, photographic images of the site and the staged performance of *Beyond the linoleum colon*, and a DVD of the final performance of the theatre production.

> There must be more of us searching for how to express the journey. Are you out there, dear reader? Come in. Come into this conversation with me inside my head. Have a seat. Make yourself comfortable – or uncomfortable, whatever you choose (Carver, 2007: 4).

In search of Carver's (2007) mystical "how" above, I draw on my theatre-making experience as a storyteller and my research experience as field researcher and narrative translator. The study aims to further explore this dynamic dichotomy that is both fluid and fragmented, in relation to a place, namely, the hospital, exploring participants' lived experience in it. I am specifically interested in how participants' lived experience can be captured through story (re)telling,[11] as the performance-making process can present possibilities for the "how" that

[11](Re)telling is an act of performance in this research process. As an artist, I argue that stories "live" and continue this "living" within the internal constructs of the self's psyche. It is through the act of retelling these stories, that is, making external what lies embedded internally, in the cognitive process. The cognitive internal process implied

Carver proposes. *Beyond the linoleum colon* engages two performance practice methodological approaches towards locating the process and culmination, the "how", of the PaR project: ensemble technique and the theatre-making style of Expressionism. Firstly, I used ensemble[12] technique as an embodied collective process within devised theatre-making. Secondly, Expressionism[13] theatre as a stylistic choice became a versatile PaR methodology towards accessing and extrapolating the emotional and psychological landscape of the public health site for the purpose of constructing the experiential narrative of the Helen Joseph Hospital.

This research interest emerged out of the discovery of a metaphor that was used to describe the Helen Joseph Hospital, where, at the commencement of this research endeavour, reference to the "linoleum colon" was made by a clinician who worked there, who referred to the linoleum pervading throughout the building, noting that "the linoleum colon is always there, it's like a curse"[14] (via personal communication, September 2015, 19:36). Thereafter, reference to the site as the "linoleum colon" emerged from other clinicians and medical students of the site I

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here relates to how the human brain is able to read the public health building and relate to it through *metaphor*. Of course, this metaphorisation of a hospital building as a "linoleum colon" was not consistently present in all participant narratives, but was definitely made conscious through the artistic authorship of the site as a "linoleum colon" by the ensemble group as co-researchers and myself as artist-researcher. A focus on the prefix "re" is defined as "again; back again" (The Oxford English Minidictionary, Fourth ed., 1981: 430). This conjuring of "again" and "back again" of lived experience through memory and through the act of *remembering* by the participants of their lived experience in the site was an emergent factor in the private interview dialogues with the participant group.

[12]"…ensemble… is an approach to acting that aims for a unified effect achieved by all members of a cast working together on behalf of the play, rather than emphasizing [sic] individual performances. The goal is to create a seamless, living world on the stage." (Chicago Public Schools Online, 2015).

[13] The performance of *Beyond the linoleum colon* was developed as an Expressionist piece. The advent of Expressionism in theatre occurred during the American post-World War One era; this new style of art-making (and specifically the development of this style in theatre-making for the purpose of this discussion): "…was concerned with the expression of the inner self, the subconscious and its tension with surface reality." (Bogart, 2001: 33).

[14] The "linoleum colon" became a starting point, and was not implicated in the interview questions I structured. Rather, my interest lay in comparing the discovery of the "linoleum colon" metaphor from the clinicians and medical students I spoke with and then working with this knowledge as a parallel to the interview data I was collecting in this phase of the performance-making process.

informally spoke with; however, there were a number of newer clinicians and medical scholars who joined the study who in fact did not explicitly refer to the site, or label it, the "linoleum colon".

Through my earlier journal writings, the initial interpretation of this was pejorative, where I took it as an expression of something ominous.[15] Since it may be argued that places hold meaning, and come to bear the layers of lived experience contained and manifested in them, I propose that this site accumulates and holds meaning in relation to the perceptions and interpretations of the site by those who experience it. A PaR investigation of the metaphor "linoleum colon" provides a narrative of place (Merrifield, 1993) and presents the question as to what extent a constructed performance narrative provides the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice. As artist-researcher, *Beyond the linoleum colon* offered a theatre audience an opportunity to reimagine the public health site, and, I proposed through the theatre work presented, ways to bring the audience "closer" to the possibilities of what the hospital site can *become* through the language of theatre. The performance-making process- the PaR methodology of this research- will highlight the ways of *becoming* that I intended to translate and author through the theatrical production.

The metaphor "linoleum colon" would appear to be ironic,[16] considering the primary objective of any hospital orientated towards procedures and related outputs of health, human-centred care, holistic health practices and considerations, and optimum wellbeing. Performance research as methodology provides an alternate knowledge-making process and is loaded with possibilities that extend beyond a scientific grounding. Boal writes, "metaphor, in its broadest sense as *translation*, includes all symbolic language, among them the Word, the Parable and the Allegory. It includes all the Arts which *represent* – rather than *reproduce* – realities" (2006: 26, original emphasis). Metaphor as a represented symbol for how a hospital site is perceived and interpreted, guided this study for the co-researchers and the artist researcher, as it was the

[15] The metaphor "linoleum colon" is taken to be ironic, implying dis-ease.

[16] In reading the metaphor of "linoleum colon", I would suggest that it conjures a post-human horror, out-of-body experience. In pursuit of possibilities from which to reimagine the public health site, I implement a performance and theatre-making lens, as a means to see a "dull, grey, and depressing" (via personal communication, October 2016, 11:36) hospital anew, where "when, in relation to a given subject, Science has neither a precise explanation nor unquestionable knowledge, the way is open for poetic interpretation" (Boal, 2006: 29).

discovery of the "linoleum colon" that triggered the artistic curiosity towards "opening up" a reading and artistic interpretation of the experience of the Helen Joseph Hospital building.

Following Boal (2006), this arts-based research project offers a poetic and expressive account of the narrative of the site. It is in this arena of poetic interpretation that Boal articulates a call for the aesthetic impulse, accessing the language of symbol that I intend using to propel a methodology towards re-examining and representing the experience of the site.

A deliberation on the elements of the metaphor under scrutiny follows. Metaphors operate as descriptive representations of objects and actions, and can imply powerful meanings and interpretations. The "linoleum colon" points this study towards a framework by which to understand the place narrative (Merrifield, 1993; Unwin, 2000) of the site through performance as research.

With respect to one of the aspects of the metaphor, in particular areas of the hospital, the linoleum[17] has disintegrated, exposing the structural integrity and composition of the walls and floors. Holes and cracks have become a part of this surface breakdown, adding to the overall poor condition of the linoleum surfaces throughout the building. In some instances, a new layer of linoleum or fresh paint applied directly to the walls has taken the place of this degraded aesthetic. The appearance of the interior linoleum aesthetic of the hospital structure is cracked, broken, and peeling away at regular intervals. Figures 1.2-1.5 illustrate the broken linoleum at the site.

[17] Armstrong (2015) writes, "linoleum is the uncomplicated classic among floor coverings" and is often used in large public spaces, especially public health sites, due to its easy-to-clean, durable, and resistant nature. The composition of this surface medium is produced from solely natural and renewable raw materials (Armstrong, 2015), labelling it as an environmentally friendly surface covering. "It has an especially long life and is naturally antibacterial. Thanks to modern surface protection treatments, linoleum is very easy to clean and care for." (Armstrong, 2015: npn).



Figure 1.2
Author
Apart, 3
2016



Figure 1.3
Author
Apart, 5
2016



Figure 1.4
Author
Peeling, 4
2016



Figure 1.5
Author
A meeting
2016

With respect to the other aspects of the metaphor, the human colon connects from the small intestine and is divided into four parts: the ascending colon (travelling up the right abdomen region), the transverse colon (running across the abdomen), the descending colon (down the left abdomen), and the sigmoid colon- a short curving off the colon, towards the rectum (Hoffman, 2014 npn). This anatomical arrangement of the body's colon[18]- the functionality of

[18] The colon is also referred to as the large intestine, and is a vital part of the human gastrointestinal (GI) tract which extends from the mouth to the anus (Hoffman, 2014 npn). A passage of muscle approximately 1.5 to 1.7 metres in length, the colon has an average diameter of approximately 6.35 centimetres. The colon is an extraordinary organ and its important function is to remove toxins from the body (Hoffman, 2014). Through the process of a muscular movement called *peristalsis* (Bradford, 2016 npn), digested matter enters and moves through the large intestine for expulsion. During peristalsis, the colon draws out water, salt, and some nutrients from the contents of digestion (Ashby, 2016; Hoffman, 2014). Billions of bacteria line the colon walls and coat the matter that moves through the colon, living in balance with the entire body. Hoffman (2014 npn) writes: "the colon contains nearly 60 varieties of microflora or bacteria to aid digestion, promote vital nutrient production, to

the colon, as well as its properties- can be taken as a metaphor for the directional passages and the affected "movement" of bodies through the passages that interlink the Helen Joseph Hospital building (refer Figures 1.6-1.7).



Figure 1.6
Author
Corridor
2016



Figure 1.7
Author
Stairwell
2016

The connotations of post-human horror and out-of-body experience for the metaphor "linoleum colon" juxtaposed with the artistic authorship of "movement" within the site's "colon", account for the movement and rhythm explored by the performer bodies in the theatre space throughout the theatre production. Body and movement is a key "way" that I explored the experience of the site through performance-making. Warren notes, "the production of metaphors (and the way those metaphors are often embedded in historical and cultural patterns) matter in as much as they define the possibilities and constraints that the metaphors enable" (2010: 219). I am interested in metaphorising through performance-making the inherent "body" of the hospital site. Through a subjective approach to the hermetic structure of the hospital, I am interested in the manifestation of a subjective anatomy of the building. "The body speaks, the body moves.

maintain pH (acid-base) balance, and to prevent proliferation of harmful bacteria." A healthy colon will have two to three bowel movements per day with easy and complete elimination of waste matter. Irregular or minimal bowel movements can contribute to an inactive colon muscle, toxic residue build-up, and undigested by-products of food which remain on the walls and coat the interior lining of the colon (Ashby, 2016 npn).

The body is the vessel for meaning and moves as people circulate through its veins. The body *holds* meaning."(T. Lee, journal notes, 25 July 2015, 14:45).



Figure 1.8
Author
Quiet
2016



Figure 1.9
Author
Still Life, 1
2016



Figure 1.10
Author
Still life, 4
2016



Figure 1.11
Author
Still life, 6
2016

The relationship between theatre and life is a complex but related association, where theatre emerges as a reflexive[19] tool to investigate life and lived experience. Boal (2002: 17) believes that everybody contains "theatre within", and that "we are all theatre, even if we don't make theatre" (Boal, 2002: 17). In his text, *The Aesthetics of the Oppressed*, Boal (2006) postulates that human beings are the only creatures to create metaphoric language as a means of reproducing[20] subjective lenses with which to perceive the world. These subjective lenses

[19] During the field study phase of the research, I made metaphors of the consultation room in the hospital through manipulation of a hospital bed sheet in varying sculptural images. I was interested in performance sculptures and settings of the everyday hospital space and its objects, and constructed the bed sheet to reflect affective and experiential qualities of care, wellbeing, and health, that I was interpreting from the participant narrative data. Figures 1.8-1.11 reflect this experiment. The performance studies researcher collects data in the same way a social scientist would; therefore, the information under research scrutiny is "data" to be read and interpreted for the purpose of this study.

[20] Boal writes, "the human being is the only animal capable of creating Metaphors. The more it "metaphorises", the more human it becomes. All the arts are Metaphors and only human beings are artists" (Boal, 2006: 26). Furthermore, Lakoff and Johnson (1980) argue that the human conceptual system comprises of metaphorical

produce meaning from the lived experience. Boal (2006) monikers the human brain as an "Aesthetic Neuron", and asserts that because the function of the neuron is that of responding to sensory stimuli, revelations of reason-making and the emergence of emotion both surface (Boal, 2006: 29). The task of these *Aesthetic Neurons* is to *"…*process, jointly, ideas and emotions, memories and imagination, senses and abstractions." (Boal, 2006: 26). At the point of activation, these neurons are triggered by new stimuli and the conception of metaphor comes into being. Furthermore, Boal (2006: 26) proposes that metaphors are "translations" or "transubstantiations" that foresee the construction of "new realities". It is possible that the "linoleum colon" as a metaphor acted as a catalyst for a "new reality", a new way towards beginning to see, know, and understand the site. The implied seeing, knowing, and understanding of site is evident in the way I cite the building through performance-making. The "linoleum colon" is therefore the key that opened the performance-making "door" towards constructing a poetic and expressive account of the experience of the Helen Joseph Hospital. The process of performance-making in this study is rooted in what I support to be the language of symbol.

For the purpose of this study, performance-making is presented as both a method and a metaphor, simultaneously a way of "doing" research *and* a symbolic account of human experience. In support of this assertion, Warren points out that

> metaphor enables us all to see the world around us and to produce meaning; in this way, it is more than a perspective on research but a mode of being. Our methods are, in the end, always shaped by who we are and how we see the world (2010: 220).

I now proceed to account for the theoretical framework that supports this study, enabling a convergence of theoretical "voices" that surround the arena of development for a performance-making theory by means of a performance-making process.

language, that the world is read and interpreted through metaphor (as cited by Warren, 2010): "Human thought processes are largely metaphorical. This is what we mean when we say that the human conceptual system is metaphorically structured and defined. Metaphors as linguistic expressions are possible precisely because there are metaphors in a person's conceptual system" (Warren, 2010: 218)

CHAPTER TWO: THEORETICAL FRAMEWORK

Introduction

A theory of performance-making is presented below contributing to the body of performance studies research. The consideration of looking "beyond" the "linoleum colon", as the research title suggests, positions this study to respond to the research question:

To what extent can a constructed performance narrative provide the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice?

As mentioned, the "performance-making process" is forwarded as a model for creative research. Below this is done with reference to the broader literature. The devised performance *Beyond the linoleum colon* is an experiment in performance-making. I frame this experiment as a "collision course" (Pollock, 2010: 203) that presents a convergence and collision between performance studies, urban spatial praxis, and narrative theory. I support that a model assimilated to what I have conceptualised as a "performance-making process" enables a formula for further research and knowledge-making activities within the field of performance studies to emerge.

A performance-making theory can be derived from the ways in which a *citing* of site took place and will be presented as part of this study. I have connoted the action of "digestion" from the metaphorical element of the "colon", an incorporation of supportive theoretical ideas that develop into a model for performance-making.

The research to follow is informed by writers in performance studies including Schechner (2002), Conquergood (1995), Pollock (2010), and Warren (2010), urban spatial praxis from the perspective of Lefebvre (1991), and narrative theory with reference to Braid (1996), Bruner (1986), and McCArthy (2007).

Key concepts that overlap and inform this study include "performance", "performance-making" and the "construction of narrative" through a performance-making process; "community"; "space"; and "narrative".

For the moment, I wish to focus on the process of performance-making as the grounding theory for the creative project to follow in the next chapter. The implications of performance-making on the field of performance studies will be addressed, underscoring the importance of a performance-lens to the creative endeavour of the current study.

Performance studies

Performance studies as an "interdiscipline" (Conquergood, 1995: 137-138) is the core engine for this research, and I bring into conversation the myriad ways this discipline responds to a close examination of urban spatial praxis and narrative theory. Performance studies has been considered a peripheral discipline (ibid.) and an all-encompassing practice. However, as Conquergood points out, its capacity for dialogue with other disciplines (in this case urban spatial praxis and narrative theory) is profound:

> Performance studies is a border discipline, an interdiscipline, that cultivates the capacity to move between structures, to forge connections, to see together, to speak with instead of simply speaking about or for others. Performance privileges threshold-crossing, shape-shifting, and boundary-violating figures, such as shamans, tricksters, and jokers, who value the carnivalesque over the canonical, the transformative over the normative, the mobile over the monumental (Conquergood, 1995: 137-8).

Maxwell (as cited in Schechner, 2002: 5)[21] maintains that performance studies is developing through its early phase of progression, communicating that there is still further growth and development foretold in its future. Furthermore, Schechner (2002: 19) affirms that the multiplicity and complex identity that performance studies proposes is in fact its essence, and posits that the field can be described as "…open, multivocal, and self-contradictory."

[21] Schechner's essential handbook: *Performance Studies: An introduction* (2002) is a seminal contribution to the growth and development of performance studies at the turn of this century, placing a clear and concise introduction on the field providing important starting points for this dynamic and fluid field. Termed a "wide open" (Schechner, 2002) field of study- and a relatively new one, as the key voices emerged in the late 60's early 70's and began formulating what and how the field of performance studies operated and functioned. In an attempt to provide a thick description of the field, I have cited extensively from the Schechner (2002) text to highlight meaningful and relevant descriptions by important voices.

(Schechner, 2002: 19). Any attempt to concretise or fix performance studies to a rigid framework is a misinterpretation of its transitory and "playful" feature (Schechner, 2002: 19).

Based on the performance studies perspectives of both Conquergood (1995) and Schechner (2002), I use the previous descriptions as the bedrock for this discussion, and I consciously target the fluid, mobile, and potentially elusive characteristics of the field.

Schechner (2002: 1) reminds us that "performances are actions",[22] which I link to human experience and the "action" implicated in the performance of daily life[23]. As Schechner notes, performances live unequivocally as "…actions, interactions, and relationships" (Schechner, 2002: 24). A proposed convergence between the concepts of performance and experience is deliberately emphasised, as both concepts interchange a theory of action, of a present process of making and mobility of making, and "aliveness". Both concepts of performance and experience supported by Schechner (2002: 24) and Turner (1986: 73) respectively, enable a *creative* activity as a fluid, mobile excursion. For the purpose of this study, I wish to consider "performance-making" as an action-based, practical procession of phases towards a research outcome. I have framed this research project according to four phases that culminate in the complete performance-making process: the Concept Phase; the Field Research Phase; the Rehearsal Phase; and, the Production Phase.

Turner's key constructional theory of performance as "making, not faking" (as cited in Conquergood, 1995: 138) highlights an essential focus on the making of culture, purposefully articulating a "…counterproject to the 'antitheatrical prejudice'" (Conquergood 1995: 138) of canonical, traditional theatre. Moving beyond what Conquergood (1995) refers to as the "sham and show" (138) depiction of performance, he offers an important consolidated view of performance as "threshold-crossing" (ibid.), seeping over and beyond boundaries and spaces in-between social production and cultural enactment. I am interested in what ways this research

[22] "Performance is as much about forgetting as about remembering, about disappearing as about re-appearing" (Taylor, cited by Schechner, 2002:8). This resonates with performance viewed as action, drawing attention to the ephemeral, transient and immediate properties of action in the present lived moment. As Schechner notes, "performances exist only as actions, interactions, and relationships" (Schechner, 2002: 24).

[23] I recall Turner's (1986: 73) concept of "experience" as a subject's first-hand knowledge formulated from the subject's exposure to sociocultural norms, knowledge, and innate ideas. Daily life, if considered, form the perspective of Turner's description of "experience" as active and creative, alive and mobile (73). Daily life can be considered a conscious process, and self-reflexivity and self-awareness is framed.

project is able to cross into a health care site from performance-making praxis. When considering Lefebvre (1991), a theorist of urban spatial praxis and the social production of space, this study can be considered a form of social production. “Performance as actions” (Schechner, 2002: 1) and the social production of space (Lefebvre, 1991) became interchangeable concepts and consistently informed the performance-making process of the theatrical event. I wish to draw a parallel between the concepts of “action” and “production”, and the sense of “making” communicated. These two emergent concepts are relatable, and offer a point of intersection for performance and that which is supported as social space. I draw a parallel between performance as “alive” in the same respect that experience is “alive” (Turner, 1986:73) in the present moment of everyday life, and that the constant enrolment of action and production, a consistent and continuous construction of the experience of the public healthcare site is reiterated and told.

Within the dynamic field of performance studies which concerns both discourses about theory and practice of performance, a performance studies investigation has the potential to consolidate agency for transformation: “…we must rethink the world as witty actor and agent of transformation, a coding trickster with whom we must learn to converse” (Haraway as cited by Conquergood, 1995: 138). I propose that the public hospital space can be “performed” through the citing of site, and I propose a performance-making methodology that enables “ways” towards reimagining the narrative of a public hospital site. This research project proposes to be both the “actor” and the “agent”, after Haraway (as cited by Conquergood, 1995: 138); a way of doing and locating the “ways” I outline in the four phases of this performance-making process. The movement presented through Schechner’s (2002: 1) assertion that “performances are actions”, where this experiment takes place as a set of steps towards an experimental outcome in the form of a theatrical event, parallels a paper that uses the experience of the research process to produce thought.

The concept of performance can be found here in two ways: firstly, the participants presented the performance of narrative during private interviews, and secondly, a performance-making process. This dual characteristic enables “performance” to be rendered by all actions emerging from the communication and presentation of narrative, both in the interviews with participants as well as by the performances themselves.

Firstly, artistic practice is a premise of the performance studies task. The images that accompany this text present key, illustrative moments of the performance-making process, and operate as an extension of the artistic research project itself. Finally, the DVD that accompanies this research project is an important artistic offering in its own right, providing the reader with visual proof of the theatrical event as a culmination of the performance-making process. The video of *Beyond the linoleum colon* operates as an autonomous art object in its own right, and facilitates a creative research lens after the live performance of the work, an account of the constructed narrative of the public hospital space.

Secondly, I draw on an anthropological process referred to as "participant observation" (Schechner, 2002: 2) of the self and/or the "other".[24] Schechner (ibid.) believes that performance studies utilises the anthropological procedure of participant observation in new ways, a means toward learning about cultures apart from that of the field worker. Performance studies actively involves itself as a social practice and advocacy, where the performance studies fieldworker is consciously aware of their position in relation to the experience of the world they are observing. The characteristic of self-reflexivity (Schechner, 2002: 2) affirms or shifts the position of the researcher according to the study at hand (Schechner, 2002: 2).

Furthermore, I support Schechner's claim that the role of a performance studies field worker is never neutral or unbiased, and involves intentionality from the researcher. This conscious way of carrying out an investigation is what Carlson (as cited by Schechner, 2002: 25) defines as performance, suggesting a description that moves us closer to the motivation, spurring a creative research experiment. Carlson's definition also raises in the context of this study the concept of "experience" as defined by Turner (1986: 93) as a conscious and reflexive account carried forth by the human brain, the cognisance of the subjective mind:

The recognition that our lives are structured according to repeated and socially sanctioned modes of behaviour raises the possibility that all human activity could potentially be considered as "performance", or at least all activity carried out with a consciousness of itself.

[24] Within performance studies "the 'other' may be a part of one's own culture (non-Western or Western), or even an aspect of one's own behaviour. That positions the performance studies field worker at a Brechtian distance, allowing for criticism, irony, and personal commentary as well as sympathetic participation."(2002: 2). Through this positioning the performance studies researcher is promised self-reflexivity in the process of "participant observation" (Schechner, 2002: 2).

Pelias and Van Oosting (as cited by Schechner, 2002: 17) also support that all actions contain theatrical potential, and all audiences have the power to authorise artistic experience through their role as active participants in the shared event. *Beyond the linoleum colon* therefore proposed a dialogic theatrical event, involving the performance's audience. I borrow Conquergood's[25] (as cited by Schechner, 2002: 18) ideal of the three C's to guide the discussion of artist-research involved in *Beyond the linoleum colon*, namely: creativity, critique, and community.

Creativity is the making of art and culture, artistic practice or the embodied knowledge-making act that brings a practical and conscious approach to the "doing" of the art work: performing is marked as a vital and relevant "way of knowing" (Schechner, 2002: 18). Through the language of theatre– consciously crafted to reflect and recreate the hospital narrative– I agree with Brook's assertion that storytelling for stage can be a "constant rewriting of history and amending of the daily truth" (1968: 18-9). Through the action of creative and deliberate performance-making process, an artistic account of the experience of the site can be rendered for staging.

The principle of critique is framed by Conquergood (as cited by Schechner, 2002: 18) as the interpretation of art and culture, and enables a lens through which thinking *about* and *with* performance is rendered possible. In this way, the practice of performance as a metaphor or theoretical model to further understand a culture is promoted and galvanised. Contextualisation is important to critique, and maintains a consideration of the subjective stances and actions created in the process of knowledge-making.

The principle of community (ibid.) implicates a cognisant acknowledgement and reciprocity through connection and action. In the context of this research project, the creative intervention and praxis of constructing a narrative of a public hospital site is understood to be a way of knowing, or form of knowledge. Drawing a focus on "community" in the research and practice of a performance-making process led to opportunities for collaboration and exchange with the ensemble performance group, and enhanced the connection and force of intention within this group.

[25] "Conquergood argues for a performance-based rather than text based approach that combines scholarly and artistic training and practice…" According to Schechner (2002: 17), Conquergood promotes a performance-based approach in the field as opposed to a text based one; in this way, the academic and artistic training and practice can be combined in a dynamic and relevant approach to performance studies.

Warren states that "performance is community" (2010: 217), and responds to the connections between performance, metaphor, and method, in performance research. I believe that the community of Helen Joseph Hospital performs meaning that constructs the narrative of the building, which is ever-changing and temporally-shifting, not fixed or static. Warren continues by posing the central question: "what does it mean to think about performance metaphors *as method?*"(2010: 217, original emphasis). Performance has been used as a metaphor for everyday life (Turner and Conquergood as cited by Warren, 2010). The everyday is dramaturgical in nature (Warren, 2010: 217-18); and Turner (1982) notably supports the evaluation that performance is "making, not faking" (as cited by Conquergood, 1995: 138; and Warren, 2010: 218). Performance can operate as a metaphor for theorising subjectivity, where another temporary community[26] comes together to witness the performance as Wilkerson notes:

> Theatre provides an opportunity for a community to come together and reflect on itself. […] It is not only the mirror through which society can reflect upon itself – it also helps to shape the perceptions of that culture through the power of its imagining (cited in Dolan, 1993: 425).

The disciplinary fluidity of performance studies (Conquergood 1995) contributes to the process of space-making (Lefebvre 1991; Merrifield 1993), where both practical and theoretical aspects bring into question the metaphor that Pollock (2010) assigns to performance, of the "collision course". Not only is this study preoccupied with the active seeking "beyond" metaphor through performance-making process, but also investigates performance *as* metaphor, a way of reading the everyday life experience as a site for inquiry and narrative construction.

Performance-making and performance metaphor as method assert "a way of encountering the doing of our everyday lives, a performance metaphor of how we live, how we research" (Warren, 2010: 221), reaching across academic divides to debate, learn, and engage. Viewed as method, performance "…points to who we are… it sheds light on how we conceive of who we are and how such metaphors shape the motivations for our daily actions" (Warren, 2010:

[26] For the duration of a theatre production, the audience becomes a temporary community whereby new perspectives from which to understand the environment and world around us are enabled, as Dolan notes: "theatrical performance also offers a temporary and usefully ephemeral site at which to think through questions of the signifying body, of embodiment, of the undecidability of the visual, and of the materiality of the corporeal" (1993: 426).

221). Boal (2006) prescribes that the act of art expands the self, and that human beings are creators. Therefore, performance *as* metaphor (Alexander & Myers 2010; Lockford, 2010; MacDonald, 2010; Moreira, 2010; Pollock, 2010; Warren, 2010) emerges as a resource towards expansion into newly imagined arenas of meaning. Performance-making is the means by which I construct the narrative of the public hospital space through performance as research methodology, to be discussed in further detail in the following chapter.

Pollock (2010: 203) discusses the concept of collision course as a metaphor for performance as defined by those things that occupy it, namely that which is "about to collide" in "a controlled arena for practicing disaster. In its most domesticated forms, it's about playing with the possibilities of crash and combustion" (Pollock 2010: 203).

According to Pollock, collision as an autonomous, potential outcome brings to the fore "new truths: new combinations; new possibilities" that are effectively produced, and aligns this "controlled arena for practicing disaster" (203) to chemical theory whereby collision is a possible result in itself, a rudimentary and necessary act of the experiment (Pollock, 2010: 203). The process of including as part of the study performance-responding and performance-making (the artistic act as well as the performativity of everyday life, including the interview as a performance), affirms a core interest in performance as a collision course and method in this instance, where, as Pollock notes in another context:

> …we watch for what will happen, for the apparently inevitable and yet unpredictable outcome of the propulsive encounter… The course, the scene, is set… Something that happens by chance fueled by conviction" (2010: 203).

Pollock notes further, in the context of an argument for performance as a call for social action:

> …performance as a collision course emphasizes [sic] performance as an art of kinesis that combines in potentially reactive form being moved, moving, and the prospects of (a) social movement (Pollock, 2010: 205).

I am interested in the landscape of "refiguring possible worlds" (Haraway as cited by Conquergood, 1995: 138), affirming that the discipline and method of performance unleashes

dynamic[27] potentiality, fluidity, and the transgressional; a "collision course" (Pollock 2010) for personal, social, and political, truths. The personal is inextricably linked to the social and political narratives it foregrounds, and often produces ripples of meaning and knowledge.

Beyond the linoleum colon can be understood as a "controlled arena for practicing disaster" (Pollock, 2010: 203) that proposes circumstances for the citing of site that lead to a narrative construction of Helen Joseph Hospital, calling to mind Bogart on art:

> Art, like life, is understood through experience, not explanations. As theatre-artists, we cannot create an experience for an audience: rather, our job is to set up the circumstances in which an experience might occur. Artists are always dependent upon the person at the receiving end of their work […] We issue an invitation. We hope that we have left enough clues so that the audience will pick up the trail where we leave off. (2001: 69-70)

This relationship gives rise to what I consider a *symbiotic exchange* occurring between the performers and the audience. Taylor (as cited by Schechner, 2002: 7) simply frames a definition for "performance" as a process or a "result" of a process, where often both the process and the result coalesce as a simultaneous experience (Taylor as cited by Schechner, 2002: 7): *Beyond the linoleum colon* was a "result" of a performance-making experiment, a collision towards "refiguring possible worlds" (Haraway as cited by Conquergood, 1995: 138) through a convergence of theories of performance and space, and the implicit movement that resonates in the coming together of these foregrounded concepts.

Urban Spatial Praxis

This will be explored through Lefebvre's 1991 text *The production of space*[28]. Space is both a "process" and a "thing" (Lefebvre, 1991; Merrifield, 1993: Unwin, 2000), and is contained

[27] This dynamism is a core component to the practice of performance studies, ever-elusive and transformative, as Haraway asserts: "…a potent set of wild cards… for refiguring possible worlds" (Haraway, as cited in Conquergood, 1995: 138).

[28] Lefebvre wrote his seminal work *The Production of Space* in 1974 and later it was translated to English in 1991. The ideas that this important modern thinker and his subsequent text delivers in relation to a social manifestation of spatial thinking and its meaning-making exceeds a reductive, objectivist stance on space. Lefebvre asserts that the concept of space extends beyond an impenetrable, hermetic view on the environment around the human being;

within a consistent and continuous procedure of meaning-making. Furthermore, space transforms into place through the practice and experience of everyday life when it is assigned with purpose, intention, and meaning (Lefebvre, 1991; Merrifield, 1993). Lefebvre (as cited by Merrifield, 1993: 524) writes that "there cannot be an understanding of everyday life without a critique of everyday life", and to begin to understand a space it is crucial to understand factors of process, movement, flow, relations, and more notably, the factor of contradiction pertaining to it[29] (Lefebvre as cited in Merrifield, 1993: 517). Introducing a theoretical perspective on spatial praxis to meet with performance space potentiates a convergence between the concepts of action and production for the purpose of a possible theory of performance-making.

To follow, I wish to present a working definition for the concept of "space" that will inform the convergence of the concepts of performance and space, and reinforce an inquiry into "action" and "production" that create a meeting point between performance studies and urban spatial praxis.

"(Social) space is a (social) product" (Lefebvre 1991: 26) (original emphasis). Lefebvre (1991) is concerned with the space of social practice and sensory experiences within space. The imagination emerges from sensory phenomena, and includes "…projects and projections, symbols and utopias" (Lefebvre 1991: 12). The study of space for Lefebvre (1991) intrinsically involves all manner of human experience, namely the physical, the mental, and the social, and here, these elements become a framework towards an investigation of performing the narrative of the public hospital space. Furthermore, Lefebvre (1991) believes that the concepts of energy, space, and time[30] cannot be dislocated from a reading of space, nor from each other as

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his writing about how space is lived and created has revolutionised the way practitioners and scholars within and beyond the field of spatial praxis approach meaning-making possibilities beyond objectivist assumptions.

[29] People will naturally assign metaphors to their personal experiences as well as to the sites that yield such experiences. According to Warren (2010: 221), metaphors produce and "give life to community", and, in the instance that a metaphor is "shared", can result in contributing to how a community describes itself, evaluating how that community produces its values and refers to itself. The "linoleum colon" is then able to transform into a conduit of invested meaning and reflexive processes of the Helen Joseph Hospital, a product of what the hospital thinks of itself, as emergent through the assignment of the metaphor by particular participants of the site.

[30] The concept of time is implicated in a description of the story experience, and that the past, present, and future, are all comprehended simultaneously: "Story as model has a remarkable dual aspect- it is both linear and instantaneous. On the one hand, a story is experienced as a sequence, as it is being told and enacted; on the other

integrative concepts[31]. Lefebvre (1991: 37) writes that the site as object is required to transition from "things in space" to the precise "production of space", if we are to understand what is asserted by the term "socially-produced space". Like Lefebvre's (1991) urban spatial praxis theory, performance studies also demands the action and performance of social production and cultural enactment (Conquergood 1995: 138).

As a social entity, the human being recognises what is intended by spatial terms such as "room", or "marketplace" (Lefebvre 1991: 16), and to extend this reasoning, the social human understands what is meant by the term "hospital": the word "hospital" is understood in terms of its spatial practice and its social understanding. I propose the Helen Joseph Hospital and many public hospitals within the Johannesburg region are broadly interpreted to be a formal, rigid, and disconnected space, as evidenced for example in the metaphor of the "linoleum colon".

Lefebvre (1991) proposes that the production of space is neither a culmination of things nor a gathering of sensorial information – it cannot be demarcated and framed with a fixed solution denoting clearly defined criteria – but rather, the very understanding of spatial production necessitates consideration for the factors of process, movement, flow, relations, as well as the factor of contradiction (Lefebvre as cited in Merrifield, 1993: 517). Social production is fluid and mobile, as understood broadly in the field of performance studies as articulated, and transmutable, as the community of the site, the social group, shift and move through the public hospital site. Therefore, an interpretation of the hospital site as a "formal, rigid, and disconnected space" can transform in a new way through the performance of the site through a process of performance-making citation, aimed towards generating a theory of performance-making.

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hand, it is comprehended all at once- before, during, and after the telling. A story is static and dynamic at the same time." (Bruner, 1986: 153)

[31] "Our knowledge of the material world is based on concepts defined in terms of the broadest generality and the greatest scientific (i.e. having a content) abstraction. Even if the links between these concepts and the physical realities to which they correspond are not always clearly established, we do know that such links exist, and that the concepts or theories they imply – energy, space, time – can be neither conflated nor separated from one another." (Lefebvre, 1991: 12)

Helen Joseph Hospital is ostensibly a site for practice and reception of health care services. The community of the site, and more specifically, the selected participant group that I interviewed there, participate in the daily lived experience of the site, and the continuous "present" moment of performance and space defines the social practice of the site.[32] Furthermore, the meaning of a place can be decoded for a performance-making project: "…the notions of message, code, information and so on cannot help us trace the genesis of a space; the fact remains, however, that an already produced space can be decoded, can be *read*. Such a space implies a process of signification" (Lefebvre 1991: 17, original emphasis).

Lefebvre (1991) presupposes that a society "secretes" its social space through spatial practice (1991: 38), and that the "spatial practice of a society is revealed through the deciphering of its space" (Lefebvre, 1991: 38). I will focus on the concept of "representational space" as described by Lefebvre (1991) in pursuit of the artistic role of deciphering the Helen Joseph Hospital beyond its metaphor of the "linoleum colon". "Representational space" is the space directly lived through its associations of images and symbols; it is the space of inhabitants (participants) but also that of artists, writers, and philosophers (Lefebvre, 1991: 39) aiming to *describe* the space (Lefebvre, 1991: 39). Representational space is "passively experienced" (1991: 39), as it is the imagination that seeks to change and appropriate its meaning. Overlaying social production of space (Lefebvre, 1991: 39), the concept of representational space presents what I perceive to be "fertile ground" for artistic thinking and making through performance praxis; Lefebvre (1991) posits that representational space makes symbolic use of its objects, and proceeds beyond the coherent towards an accumulation of non-verbal symbols and signs. Through the use of performance symbols and signs, the citing of site can be interpreted[33] through ways of performance-making process that evidence Lefebvre's (1991) concept of representational space.

[32] Lefebvre writes, "…terms of everyday discourse serve to distinguish, but not to isolate, particular spaces, and in general to describe a social space. They correspond to a specific use of that space, and hence to a spatial practice that they express and constitute." (1991: 16).

[33] Expressionism as a stylistic choice had a direct correlation to this reading on Lefebvre's (1991) interpretation of lived space, and the fluidity and expansiveness proposed for representational space. An Expressionist style foregrounds the emotional and expressive landscape of the subject for representation, presenting symbolic and non-verbal performance-making choices conceptualised for *Beyond the linoleum colon.*

Social practice presupposes the use of the body (Lefebvre, 1991: 40), that the production of space is reliant on this tactile experience: "bodily lived experience" (Lefebvre, 1991: 40). Thus, it is possible to say that "bodily lived experience" is inconsistent and fluid, when the phenomenological self is present and aware of creating experience and memory, where, Lefebvre writes, "representational spaces …need obey no rules of consistency or cohesiveness. Redolent with imaginary and symbolic elements, they have their source in history – in the history of a people as well as in the history of each individual belonging to that people" (Lefebvre, 1991: 41). Time leaving its traces (Lefebvre, 1991) and the knowledge of past occurrences in history can manifest for a building through a performance praxis for representational space; but time, nonetheless, is a key ingredient in demarcating spatial praxis for the enquiry of representational responses.

History and past action performs implications on a space; happenings contained within a space inscribe themselves onto and into the site, where as Lefebvre notes, "the past leaves its traces; time has its own script" (1991: 37). Braid (1996: 15) believes that past experience is a vital instigator towards understanding present experience, and that the subject/participant as "experiencer" (ibid.) is able to access past experience alongside the duration of the present moment. An "essential resource" (ibid.) is developed from "what has gone on before" (ibid.).

However, the space in question is always read and interpreted in the present moment, through the immediacy of time and can only ever be perceived in the immediacy of the present, as Lefebvre notes in another context, "yet this space is always, now and formerly, a *present* space, given as an immediate whole, complete with its associations and connections in their actuality. Thus production process and product present themselves as two inseparable aspects, not as two separable ideas" (1991: 37). The possibility that space can be a fluid and transient accumulation of meaning proposes that the meaning of the site cited through performance-making, is constantly in flux and potentially re-generated on a consistent and regular basis. This study supports that space is "alive" and imbued with "performance as actions" Schechner (2002: 1) that inform and address the meaning of the representational space of the public hospital building. As Lefebvre writes:

> Representational space is alive – it speaks. It is an affective kernel or centre: Ego, bed, bedroom, dwelling, house; or: square, church, graveyard. It embraces the loci of passion, of action and of lived situations, and thus immediately implies time.

> Consequently it may be qualified in various ways: it may be directional, situational or relational, because it is essentially qualitative, fluid and dynamic (1991:42).

It is through the description of representational space as "qualitative, fluid and dynamic" (42) that the overlap between performance studies and spatial praxis can be found. Representational space is, by its very definition, the area for interpretative, affective responses that culminates in the practice and discourses of performance studies, the making of performance moments and experiences, for the purpose of reflecting or *redescribing* (Rorty as cited by Bogart, 2002: 28) new truths; where the process of performance-making presents a method of signification[34] for the hospital building.

Narrative theory

Toolan defines narrative as "a perceived sequence of non-randomly connected events" (as cited in Braid, 1996: 8); narrative also involves cognitive and performative elements that combine when it is told. Bruner (1986: 143) believes that in the process of meaning-making through the organisation of narrative structure, there is a subtext to the story being communicated directly. Mink (as cited by Braid, 1996: 7) posits that "narrative is a primary cognitive instrument – an instrument rivalled, in fact, only by theory and metaphor as irreducible ways of making the flux of experience comprehensible." I posit that theory and metaphor enable the construction of narrative through performance praxis, and a convergence of performance-making and socially-produced space culminates in this construction of the experience of a public hospital site for the purpose of formulating a theory of performance-making. As a "cognitive instrument" (Mink, as cited in Braid, 1996: 7), "narrative" permeates all phases[35] that make up the performance-making process of *Beyond the linoleum colon.*

McCarthy (2007) brings into conversation phenomenological theories through the texts of philosophers Dennett and Ricœur, both focusing on casting "the self in narrative terms"

[34] "Signification" is defined as "the representation or conveying of meaning" (Oxford Dictionaries online, Oxford University Press 2016) "the act or process of signifying by signs or other symbolic means" (Merriam-Webster online dictionary 2016).

[35] The Concept Phase; the Field Study Phase; the Rehearsal Phase; and, the Production Phase.

(McCarthy, 2007: 9). Narration can be viewed as a fundamental human action that surfaces through a process of "telling and knowing". McCarthy states:

> Almost all human beings narrate, or tell stories, as a way of communicating information and making sense of experiences. The word *narrative* itself, refers to two kinds of activities- telling and knowing- and derives from the Latin terms *narrô* (meaning "relate, tell") from the original Sanskrit root *gnậ* (meaning "know") and *gnärus* (meaning "knowing, acquainted with, expert, skilful") (McCarthy, 2007: 9-10,original emphases).

I argue that the performance-making process is invested in communicating information and making sense of experiences (ibid.) and that the activity of telling and knowing (ibid.) is at the core of performance and theatre-making praxis. During the qualitative field research phase, I became aware of the performativity of the participants' stories, that is, through the fragments of memory that were selected, ordered, and interpreted in relation to the interview dialogue between myself and the individual participant. "Narrative" is a key concept and engages the phenomenon of storytelling as a manner of performativity, ethnography, human experience, and place narrative. This fundamental grounding is rooted in the relevance of the narrative of place, and its application towards a personal, social, and political, reading of a site, as defined by those implicated by the site. Narrative of place (Merrifield 1993), and narrative of self (McCarthy, 2007), are thus highlighted as necessary ideas towards developing the narrative of the Helen Joseph Hospital building.

Braid (1996) believes that the act of telling one's story is a *narrative performance.* The listener, then, constructs her own meaning through an experiential process (Braid, 1996: 18). Braid claims that an important aspect of personal narrative is what he terms as "experiential meaning" (1996: 5), where "…the process of experiencing in following narrative allows listeners to transform narrative, and therefore other people's experience, into a resource for living their own lives. In this sense people can literally learn from the experience of others."(ibid.) Narrative performance[36] was observed in the interviews conducted. Braid articulates the term

[36] During the qualitative field study phase, I became aware of the performativity of the participants' stories- the fragments of memory that were selected, ordered, and interpreted in relation to the interview dialogue between myself and the individual participant.

"experiential meanings" (1996: 5) to account for something like this, namely the experience of following the teller's[37] story yields affective states of mind on the part of the listener. The writing of Braid (1996) informs my perspective on the intimate process between the teller (the participant) and the listener (artist-researcher), specifically as he speaks to personal narrative and experiential meaning. As artist-researcher, I conducted and transcribed the interviews, noting down the personal narratives communicated by the participants. I also noted experiential meaning of narratives through observing their subsequent narrative performances. Braid (1996) believes there is a dynamic parallel between lived experience and narrative performance, which helps to further understand how the listener (artist-researcher) constructs meaning from what the teller (the participant) has told. Braid supports that personal narrative becomes a significant communicative[38] vehicle, and is a substantive means to relay perceived past experiences. Furthermore, "coherence is not an objective quality" (Braid 1996: 12), but is comprised of contextual understandings, interpretational reference points, and potential projections of the anticipated outcomes[39] of the performed story (ibid.). Braid (1996) intentionally frames the term *experience* as a double cooperative: firstly, that it is an accumulation of wisdom; and secondly, the sense of experience as a perpetuated, and continuous, interpretative practice. Contained within *experience*, Braid endeavours to make sense of "what is going on here" (Goffman as cited by Braid, 1996: 6) in the narrative performance:

> I suggest that the process of understanding "what is going on" in lived experience additionally requires a complex process wherein the "parts" abstracted from the

[37] As a practicing Playback Theatre performer, the form of Playback Theatre uses the term "teller" to identify the one who is offering and sharing their story through verbal storytelling. Reciprocally, in the Playback performance form, the conductor, actors, and audience members - those receiving the story - are termed "listeners". These terms are not exclusive to Playback Theatre - an immediate and live sharing and re-enactment of personal narrative - but as a theatre style has informed my practice of listening and performing personal narrative.

[38] During the narrative performance, a relationship between the participant and the audience or "co-participant" (in this case, I as artist-researcher) is implicated. Goffman (as cited by Schechner, 2002: 23) writes: "A 'performance' may be defined as all the activity of a given participant on a given occasion which serves to influence in any way any of the other participants. Taking a particular participant and his performance as a basic point of reference, we may refer to those who contribute to the other performances as the audience, observers, or co-participants."

[39] Coherence on the part of the teller is also selective and strategic, and strengthens my understanding of narrative performance as a subjective act. Narrative coherence, according to Braid, is a phenomenological procedure (Braid, 1996: 13); the experience itself, both for teller and listener, is a subjective process.

> experience of duration are reassembled into meaningful wholes – a process wherein the flux of experience is informed with coherence. (Braid, 1996: 13).

"Coherence" here is taken as an action, a move towards what I interpret as making clear sense of the events communicated despite the factor of contradiction (Lefebvre as cited in Merrifield, 1993: 517) within a reading and understanding of socially-produced space. The performance-making toolbox offers a plethora of "ways" that generate a citing of site, embracing the convergence between concepts of performance (Schechner, 2002: 24) and experience (Turner, 1986: 73) that enable fluid and mobile features for the creative activity and process. In narrative performance, Braid (1996) considers the emergence of "temporal poetics" (1996: 26), and aligns this study with Lefebvre's (1991) consideration that time is a key ingredient in the production of space. The "temporal poetics" to emerge from the narratives of the participants informed a great deal of the rehearsal content and direction I structured in the production of *Beyond the linoleum colon*. The concept of responding to memories of a building through performance codes the site historically, viewed subjectively from the participant point of view. The participant point of view, and the respective points of view of the performers as co-researchers and I as artist-researcher, contribute to multiple layers of subjectively-positioned readings[40] of the Helen Joseph Hospital building. Through a subjective role of performance studies field researcher, I was intimately aware of the process of citing site, gathering narratives, and writing and responding through performance praxis a narrative for the experience of the Helen Joseph Hospital that is more than the sum of its parts. A phenomenological[41] research investigation is preoccupied with understanding the perceptions,

[40] Husserl rejects an "objectivist stance" and a "mind-independent reality" of lived experience in forwarding that "what is real, if anything can be described as real, is the world of individual experience within which humans live and construct realms of meaning" (McCarthy, 2007: 17). The body of the hospital site can then be viewed as a subjective container of significance constructed through, and by, the processes of meaning-making of subjective user narratives. The lived-in space- the space that is occupied and performed by the users of the site- informs a "subjectivist stance", as supported through the consideration of phenomenology by Husserl.

[41] Offredy and Vickers (n.d.) forward that a phenomenological research study "tries to answer the question "*What is it like to experience such and such?"* (Offredy and Vickers, para. 3). This research study asserts that the process of making a performance work as a phenomenological act pursues a "map" towards understanding how self-narrative is experienced and constructed in a process of "doing": "…as the stage metaphor implies, storytelling is seen as performance – by a "self" with a past – who involves, persuades, and (perhaps) moves an audience through language and gesture, "doing" rather than telling alone" (Salmon & Riessman, 2013: 5). The process of storytelling is foundational to performance studies, as for Turner's theory of performance as "making not faking"

perspectives and insights of a phenomenon (a particular situation) from the perspective of the human experience.

Our experience of the world is not necessarily received in story form, but is manipulated that way through the subjective relaying of storied data: "our experience of life does not itself necessarily have the form of narrative, except as we give it that form by making it the subject of stories" (Mink, as cited in Braid, 1996: 12). The self is socially shaped, and located in *action*, as McCarthy (2007: 9) suggests, "the self is neither real nor illusory, but as a culturally mediated narrative unity of action." McCarthy's reference to "unity" suggests a "coming together" through action, the merging of the personal alongside the social and political narrative.

The subjective interpreter was present in the artist-researcher, forging a perspective of the theatrical performance to be an account of the experience of the narrative of Helen Joseph Hospital building. This account is neither fixed nor absolute. I propose a perspective, amongst other possible perspectives, where the performance studies discourse must contain many reflexive and reflective artistic possibilities.

"Past experience – "what has gone on before" – is also an essential resource in making sense of present experience… Phenomenological descriptions of lived experience recognize that the experiencer has access to the past within the duration of the present moment." (Braid, 1996: 15). Bruner writes, "stories are interpretive devices which give meaning to the present in terms of location in an ordered syntagmatic sequence […] we begin with a narrative that already contains a beginning and an ending, which frame and hence enable us to interpret the present" (1986: 142). The stories that emerged from the select participant group of Helen Joseph Hospital became "interpretive devices" (ibid.) towards narrative "telling and knowing" (McCarthy, 2007: 9-10) of the hospital through the medium of theatre; this process of knowing and telling in both the interview room and rehearsal room is an important quality of narrative-making focusing on narrative emergence. The research study and research performance

(Turner as cited by Conquergood, 1995: 138), and the unravelling of "doing" (Salmon & Riessman, 2013) located in time and space. The procedure of "doing" points to a subjective action rooted in the enactment of achievement: translating participant narratives into performed ones, and merging the two, for investigation.

experiment are inseparable, and henceforth, co-operative elements in the completion of the research enquiry.

As subjective interpreter, I affirm that there was a meeting point between the stories relayed by the participants in the context of their experience of the site, and the contextualisation (Braid, 1996: 19) I made of the narrative data to my growing research development of the lived experience of the building. The same process was applied concerning the field research observations emerging from my experiential stories of site, and those of the co-researchers, performers. I engaged a process of synthesis and re-synthesis (Braid, 1996: 19) for the collection of these storied experiences, enabling a coherence-making through my own subjective cognitive processes. The coherence making that I developed in response to the narrative data is supported by Braid's (19) assertion that *narrative meaning* is not explicitly told by the participants themselves, but is an opportunity for discovery on the part of the interpreter (artist-researcher). An opportunity for discovery of the unfolding participant experience of the public health site proposed a springboard from which I began constructing the narrative of the site through performance-making methodology, aware that this artistic process pointed to the formulation of a theory for performance-making.

Crafting an imaginative embodiment of performer bodies in a theatrical space allowed for the creation of the site narrative, a roadmap towards understanding, knowing, and constructing the narrative of the site. Through the process of citing site, this project is concerned with the development of a set of phases that comprehensively outline a procedure for the development of a performance-making theory.

Conclusion

The theoretical framework presented here has shown that "performances are actions" (Schechner, 2002: 1) and that the self is "a culturally mediated narrative unity of action" (McCarthy, 2007: 9). Additionally, experience can be characterised as intricate and ephemeral (Turner, 1986: 73), and is considered an accumulation of first-hand knowledge manufactured by a subject in accordance with the social norms, knowledge, and innate concepts in which the subject is immersed (Turner, 1986: 73). Braid (1996: 13) affirms that narrative coherence and the experience in and of itself is a subjective process, and an interrogation of the phenomenological characteristic inherent in narrative-telling and narrative-listening cannot be

understood outside of phenomenological responses. Narrative performance is selective and strategic through its subjective activity (ibid.).

The convergence of theoretical concepts of performance, self, space, and narrative, present the "collision course" of the research experiment. I return to the research question:

To what extent can a constructed performance narrative provide the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice?

Through performance-making methodology, I attempt to look "beyond the linoleum colon": I propose that the theatrical activity of performance-making can be utilised to understand, know, and construct the narrative of the public hospital space. I argue that a performance-making theory can be derived from the ways in which a "performing", a citing of site, of the buildings narrative takes place. This "performing" is also the proposition for a "collision course", a method of bringing together four chronological phases I carried out during the procedure of the Performance as Research experiment. Through the concepts of "collision" (Pollock, 2010) and "action" (Schechner, 2002) in the performance studies discourse referenced, the hospital experience is brought to life in a cooperative and constructive manner towards offering an artistic account of the site as a place of public health and healing. I am interested in locating the potentiality of human connection and human-centred approaches to the public health system alongside the outset of a place of dis-ease: the "linoleum colon" and the disconnection propagated by a divorcing of people from meaningful allies of health practice. Allies in terms of the site participants that use the space, but also the potential for the building as an ally to human-centred care and meaningful healing strategies.

CHAPTER THREE: THE PERORMANCE-MAKING PROCESS

Introduction

The proposed theory of performance-making was developed from performance-making process through the specific "ways" in which I intended exploring the lived experience of the Hospital in *Beyond the linoleum colon*. They are as follows:

- body and movement;
- space;
- sound; and
- image.

The premise of the four theatre performance concepts is expanded on in this chapter towards developing the creative research experiment. I stress that the performance-making "ways" presented here as key features of the methodology, are vital cornerstones for the theory of performance-making proposed. As noted in Chapter One, I have gathered knowledge and practice of these "ways" through my development as a theatre practitioner. The performance making process also gave way to exploring my concern for the existence of "ease" alongside "dis-ease" in the site, and to what extent human-centred care and meaningful healing strategies may already exist there beyond my intervention of a select participant group and the data they provided. The discovery of human-centred care and meaningful healing strategies was to be observed through the observation activities of the site by myself and the ensemble enrolled as co-researchers in the field study phase.

This creative research experiment forwards an understanding of the sensitive fluidity of the meaning-making of place, and in what ways the constructed narrative of a given site manifests. This theatre production conjures ways to reimagine the public hospital building- and the concerns and curiosities I positioned through this study's agenda- by means of data interpretation, performance practice, and the language of theatre. A constructed narrative was devised towards reimagining the public hospital space through performance as research methodology: unspooling new ways of seeing, knowing, and understanding the public health

site. I was aware of the generative optimism I was applying as artist-researcher to the research study- the need to locate "ease" alongside "dis-ease" of the site- and acknowledged that potentially I may be forcing a contrast to "dis-ease" by implication of the pejorative metaphor, the "linoleum colon". Aware of my subjective eye and empathetic evocation to the focus of my research plan, the conflict and fear of pushing this research into particular directions was detected earlier on in the research process. How could I remove my wants and desires from the performance-making process and analysis of the building? I believe working alongside a group of performers enabled a certain distancing for my role as artist-researcher, and gave way for the relational space and connection with fellow theatre-makers that assisted in negotiating and reconsidering meaning-making and meaning-finding through dialogue and external (to my own internal cognitive processes) perspective towards reaching the construction of narrative for the building.

The complete research timeline consisted of four phases, and framed the performance experiment from the conceptual considerations in July 2016 to the developed theatre production in November 2016. The four phases I implemented as a model for performance-making enable this research experiment to be followed in a systematic manner, presenting each of the four phases in discussion with the context of the theatrical event, *Beyond the linoleum colon.* Each phase correlates with a distinct chronological stage in the research process, setting forward a model by which I was able to conduct a systematic research account alongside the cognitive and theatre-making process of the ensemble and I. The research findings of each phase are framed to respond to the pursuit:

To what extent can a constructed performance narrative provide the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice?

The research findings and performance-making model implemented can be framed according to the following four phases:

- concept phase;
- field study phase;
- rehearsal phase; and
- performance phase.

The concept phase focuses on the early ideas and possibilities for the creative project; the field study phase isolates the processes and outcomes related to the engagement of interviews and field research observations; the rehearsal phase explores the commencement and completion of the construction of the hospital buildings narrative through performance-making process; and the production phase presents a culmination of research findings for the complete creative research project: *Beyond the linoleum colon.*

I argue that the expressive form of theatre produces a subjective perspective on a public hospital site. I perceived the Hospital to be a structural vessel that holds, mobilises, and propels narrative-making for the purpose of this performance experiment, and I locate both *inquiry* and *discovery* (Carver, 2007: 7-8) in this methodology. The human mind devises descriptions of the world, and from the perspective of theatre-maker, my goal is work that acknowledges the subjective lens of the practitioner. Rorty (as cited by Bogart 2001: 28) suggests:

> Truth cannot be out there – cannot exist independently of the human mind… The world is out there, but descriptions of the world are not. Only descriptions of the world can be true or false. The world on its own – unaided by the describing activities of human beings – cannot.

I support that, the "truth" of lived experience, if it can be found, is rooted in a phenomenological understanding of the hospital building.

The Concept Phase

This phase grounds conceptual considerations to a performance-making project, where the challenge was to fashion an artistic response to a public health space, knowing that this required incorporating into the discipline of theatre-making knowledge from medicine and health practice. I was interested in finding an artistic response to the possibility of "ease" and "dis-ease" as co-existent within the experience of the public health site. In addition, I was concerned about issues of access, service, and social and political disparity in this context, and to what end these issues impact the daily lived experience of the public hospital building. While understanding that effective theatre reveals complexities, layers and contradictions, the consideration of the two above concerns allowed for a focus to the research. In response to this

I likened the hospital to a human body; the hermetic hospital site potentially transformed by performance-making and suspended for dissection as a metaphor for the human body and the nation as a whole.

Performance studies enabled this possibility, allowing me the opportunity to share a theatre-making knowledge that at once engages with social production and cultural enactment (Conquergood, 1995: 138).

The aim of the theatre production was to create a sensorial and visual performance collage of narrative moments extracted from the research into the hospital as a site, expressive and responsive to participant[42] lived experience. At this early stage, I had not yet discovered the theatre performance concepts that would inscribe the "ways" in which the site narrative may be reproduced through performance-making. However, I had conceptualised the Helen Joseph Hospital building[43] as a living container of memory, a fluid *re-description* of memory, where, after Bogart:

> Memory plays a huge role in the artistic process. Every time you stage a play, you are embodying a memory. Human beings are stimulated to tell stories from the experience of remembering an incident or a person. The act of expressing what is remembered is actually, according to the philosopher Richard Rorty, an act of *re-description*. In re-describing something, new truths are created. Rorty suggests that there is no objective reality, no Platonic Ideal. We create truths by describing, or re-describing, our beliefs and observations. Our task, and the task of every artist and scientist, is to re-describe our inherited assumptions and invented fictions in order to create new paradigms for the future (2001: 28).

[42] Both the researcher and the performers were an outsider to the space. Tension may arise when the artists involved are driven from the inherently subjective approach to the research and the research site, experientially. A "subjectivist stance" as Husserl (as cited by McCarthy, 2007: 17) implicated, is implied. My role demanded that I interpret participant narratives that develop in the private office of the patient-researcher interview in an ethical manner, following the receipt of ethic clearance.

[43] The building is given prominence because it remains a consistent feature and dominant backdrop for the emergence of participant memory, functioning as a catalyst for lived experience. In (re)telling these stories of place, the performance aims to produce a palimpsest of an account of participant memory.

This "re-description" Bogart borrows from Rorty above of memories in the form of stories, informed the project, where it is noted that "the creation of images produced by ourselves rather than by nature or a machine, serve […] to show that the world can be *re-created*" (Boal, 2006: 46) (emphasis added). The "re-creation" of the narrative data through performance-making enabled a live art experience between performers, artist-researcher, and audience as co-participants in the research experiment. The "live art experience" enabled the development of *communitas* (Turner, 1969: 96), a social relationship between performers, artist-researcher, and audience. I did not view the audience as separate entities to the research, but as co-participants to the production of the creative research project, a manner of "speaking with" (Conquergood, 1995: 137-8) the audience and an exchange that fosters communitas- the social bond- of the shared theatre experience.

This idea of speaking in community, alongside an audience, can also be found within the data-collection phase: I engaged in a dialogue through an interview format with each study participant, but through the process of citing site in the rehearsal phase, I was "speaking with" the narrative research material in order to determine the ways in which the site may be performed. The participants in this way can be viewed as co-researchers, and important contributors to the collection of narrative perspectives, a "seeing together" (Conquergood, 1995: 137-8) of the varied storied experiences and diverse perceptions of the site. According to Rorty (as cited in Bogart, 2001: 28), truth exists in the human mind, and I was interested in learning more of what comprised these "truths" from the perspective of participants and their stories (all the while aware of the subjective "truths" I was shadowing the study with: challenges encompassing "ease" and "dis-ease" in relation to the health practice of the site, and issues surrounding access, service, and social and political disparity existing there). The "making" of performance, in this instance, moves beyond the "sham and show" (Conquergood 1995: 138) of canonical theatre, and proceeds to a manner of live art experience that attempts to present a tangible but ephemeral expression of life inside the hospital, prompting a transparency and openness to the subjective expectations and complexities of understanding that emerged from the integration and transcription of the narrative data and field research observations into the rehearsal process.

The production involved expectation and memory coalescing for the purpose of developing a possible theory of performance-making. Bogart (2001: 70) posits that through the engagement of expectation and memory, an "exciting artist" becomes aware, and can shift the boundaries and understanding of expectation and memory on the part of the audience. I was inspired to

shift the boundaries of "how" to integrate and transcribe the data into the performance method skillset (performance-making) implemented in order to create the body of the site, and the metaphorical implications of what is conjured by the label "linoleum colon" as a way into "re-describing" (Rorty as cited by Bogart, 2001: 28) the perception of the site, by citing its narrative through performance-making. The concepts of "performance", "performance-making" and the "construction of narrative" through a performance-making process; "community"; "space" "narrative"; and "collision course" constituted the enquiry in the initial phase of crafting a conceptual framework.

Field Study Phase

The private, individual interview with participants took place predominantly in the Urology Outpatient Clinic of the Urology Department at Helen Joseph Hospital, with a few exceptions of participants that worked in other departments, service areas, or who were mobile and not fixed to a particular area in the building. After battling[44] for a year to gain ethics clearance to begin the data collection process, I had secured a private interview room by earlier arrangement, made with the head of the Urology Department, and all participant interviews[45] took place in this office. Thirty participants were invited[46] to join the study, and the timeline for the complete phase ran from June to October 2016. The field study phase overlapped with the commencement of the rehearsal phase in August 2016. Each narrative performance ran for

[44] The ethics application I submitted to Wits HREC (Medical) had been rejected three times, and an ethics certificate was granted proceeding the fourth application submitted. Despite a rigid and strict ethics process endured, I was surprised that unethical practices do exist in the site. One particular incident was witnessed by Colin, observing a plain clothes man walking out of the site with a bag of toilet paper he had "looted" from the site, and not questioned or stopped by the security guards at the entrance.

[45] Participant questions ranged from treatment timeline, access into, and through, the building, and an overall hospital experience of the site. The foci on overall hospital experience elucidated subjective moments and storied events, and placed the data in a narrative form of telling. The participant data informed the primary phase of framing the participant experiences of the hospital. The "linoleum colon" was not directly mentioned in the interview script, as I was aware that many participants (especially patients) would not be aware that the metaphor was /is in use. The participant responses consisted of memories and anecdotal stories in the context of their perception and participant experience of the Helen Joseph Hospital building.

[46] Participants were invited to join the study by clinicians working in the site; however, I generated conversation with participants in the waiting areas and discussed my study, resulting in the generation of participant interest to join my study through their own volition.

duration of twenty to thirty minutes, and was structured according to a semi-structured interview sheet I had designed. The performers were enrolled as co-researchers, too, as they were to observe the hospital site in the form of site visits.[47]

Alongside the instigating metaphor of the "linoleum colon" that I brought to the investigation, I discovered, in analysing the data arising from the participants' responses, that themes of "way finding" and "lost-ness" predominated. I responded to the question of "what meaning gets lost in this site?", as well as "what meaning gets lost in the citing of site?" Other storied moments to emerge included: the medical file/s; acknowledgement and empathy for the patient; human connection; the maintenance of the hospital building; inadequate/efficient service; and the performed experiences of the people who socially function and produce the interpretation and meaning of the building. A consideration of "incidental humanity" also emerged from the narrative data, as moments of acknowledgement, empathy, connection; a generative force of the "humanness" of the site that moved throughout the development of the performance-making process.

[47] The performers were invited to experience the public hospital site by means of site visits. In most instances, they enrolled themselves as "visitors" or patients, playing out a role so as to be incognito in their process. Respect and integrity for the site was observed, and in the instances where the performers needed to make observation notes, this was carried out as discretely as possible. There was an implicit "playfulness" (Schechner, 2002: 19) in the action of enrolment on the part of the performer in field research, pointing to a key point to what Schechner describes as a characteristic of performance studies. This worked in favour to the overlapping of the rehearsal phase with the field study phase, as I was able to comprehend, reflect upon, and respond to the interview data alongside the planning and structuring of rehearsal sessions in a more perceptive and sensitive way. The data I recorded digitally and the data I set down in a process journal differed. Both, however, lend themselves to subjective reading, as Schechner (2002: 2) notes that the anthropological practice of data collecting and reading can never exist from an objective lens or position. A summary of the recordings was produced from extracts, and omitted any reference to actual names. For the purpose of the study, participants will be referred to by a code only.



Figure 3.1.
M. Thomik
Communitas
2016

I began to notice that the emergence of communitas (refer Figure 3.1) that existed in the transactions between site participants, and, as noted the anthropological observations of Turner (1969: 96), communitas emerged in the social spheres where bonds are created by people through their connection with each other. The notion of "ease" slowly began to emerge in the data, and I realised that this was not a forced aim impacting the research study on the part of artist-researcher, but a process emergent in activities whereby people feel a "sameness" and "openness" to a shared human experience of health, healing, and care. All the participant interviews and field research informed the construction of the narrative of the site and informed a reading of the lived hospital experience and an artistic account of the narrative body of the hospital structure. At this point, I had not yet arrived at the theatre performance concepts that would respond to the "ways" the experience of the public hospital site may be "performed". However, my research goals informed this phase through concerns I generated for the site. These concerns framed my primary focus of gathering narrative data and observation notes, and piecing together storied moments of comparison and contrast that respond to the prevalence of "ease" and "dis-ease" within the daily hospital experience. Secondary research concerns included access to and from the site, service challenges, and social and political concerns I had about health care practice, health care facilities in the site, and to what extent the site practices human-centred care and supports a sustainable perspective on health and wellness. In response

to this I likened the hospital to a human body in order to view and experience the site as an ally to health, wellness, and human-centred care; the hermetic hospital site potentially transformed by performance-making and suspended for dissection as a metaphor for the human body, and, if possible, the body of the nation. If communitas could exist between site participants in relation to each other, would it then be possible for communitas to exist between participants and the likening of the hospital to a human body, a subjective ally to health and healing through the powerful language of theatre. I was moved to explore the likening of subjective processes to inanimate objects through performance play, attempting to locate ways of transforming these selected props to become living, moving, responsive entities. This object-play became a means of testing the ways and possibilities of transformation from objective props to subjective entities. I had considered the medium of sculptural performance through clay manipulation, stop-frame animation through object play, and earlier 2D collage art works, but had not yet broadened this artistic starting point to include theatre performance with performer bodies.

Below, an excerpt from my on-going account of the field research:

> *Upon first arrival, my journey to the Urology Outpatient Department was convoluted, a disembodied experience. I lost my way and stopped several times to update the mental map of directions I had received telephonically from the doctor I was meeting. I asked for directions from passing patients and staff. The doctor had highlighted this way finding challenge before my visit: I would need to ask for directions along the way. My experience affirmed that the multiplicity of long corridors or stagnant dead zones interspersed the internal hospital body and presented me with tunnels that travelled seemingly anywhere. The halogen-lit tunnels constipate the mobility of bodies, rather than generating a consistent flow of circulation and travel. The spatial movement is dislocated,* […]*What is the story of this place?*
>
> (observation notes from visit No. 3, 24 April 2015)

The participants communicated their understanding, perception, and knowledge of the site through making coherent their phenomenological narratives of the site, exposing participant lived experience of the Helen Joseph Hospital. These subjective stories, and the field research observations of the cast and I, reflected social norms/actions, knowledge, and developed perceptions of the site. Through the performance possibilities of object play, I tested and

explored social norms/actions, knowledge and developed perceptions of the site to emerge from the narrative data. Experience is processed as the subject of emergent stories, because the subject applies narrative to their descriptions (Mink as cited by Braid, 1996: 12) and, I argue, their subsequent performances in the context of this research. The autonomous experiences of the ensemble and I became the subject of our stories shared in the rehearsal process, and these research findings emerged as narratives in and of themselves.

As the private interviews developed, I noted that the participants' stories[48] were largely rooted in personal perception and in memories of the self in relation to the building. I transcribed the fragments of participant stories into narratives of their experiences in the Helen Joseph Hospital building. The fragments reflected patients' experiences of transformation and/or neglect and change in the form of renovations and maintenance that had taken place in the Urology Clinic, and in the greater hospital site, dependant on participant experience, as well as information pertaining to their mobility within and access to the clinic building from the public entrance.



Figure 3.2
Author
Permanent and semi-permanent signs
2016



Figure 3.3
Author
To whom it may concern
2016

A creative consideration during the rehearsal phase was the emergent duality[49] of the public hospital site experience amongst participants sharing their narratives. A number of participant

[48] All participant accounts to emerge from the narrative data were recorded by video and documented in the form of field study observation notes, and directly or indirectly informed the generation of a theatrical event.

[49]A number of participants reflected on the challenge of the building's layout proposes towards locating clinics, departments, and other specific destinations within the site. On walls and doors, there is a presence of permanent signage boards alongside semi-permanent, "make-shift" signs (refer Figure 3.2.) that both indicate the direction or demarcation of these aforementioned places. Through the performance-making process, I have extrapolated this challenge in the form of "way finding" scenes: each scene presents a profile view on the performers embody

responses outlined a confusing and illogical layout[50] of the hospital building, commenting on the lack of clear and consistent signage in many passages that I interpreted to resemble a uniform neutrality of old, sallow linoleum. By way of contrast, some participants felt that the building was logical in its layout, and expressed no problem finding their destination/s within the structure. Intermittently, there are coloured directional arrows (refer Figure 3.4) on the walls of general service areas; however, the accompanying key (refer Figure 3.5) is not consistently available in these spaces. However, one cleaner noted that she often needs to leave her cleaning trolley in order to travel with a patient to the correct department or clinic, and if she "…doesn't take them by the hand, they get lost".[51] Crudely-labelled linoleum furniture can be found in office spaces and general waiting areas (refer Figure 3.3).

various characters and horizontally cross the stage with the purpose to capture the expressive performance of bodies travelling through space. This will be discussed further in the context of the rehearsal phase and production phase respectively in the performance-making process chapter.

[50] General and service areas have received consistent renovations that include painting and lighting fixtures. The floors are consistently shiny, in spite of cracks in the linoleum, in some places shedding away completely to reveal concrete or other structural material beneath. There are broken ceiling panels, missing lights, and holes in the floors. Windows are opened where they may be situated, but there is a darker heaviness that sits in the small and large circulated passages and spaces. In many instances, allied disciplines are not situated in direct relation to each other.

[51] This particular service provider affirmed that she knew the building very well. However, she indicated that a challenge placed on her job was the structural disintegration of the building: holes, cracks, panels of chipboard and linoleum sheets lifting away from the ceiling or wall surfaces. The cleaner as a guide and ally to the building positioned her as a protagonist in the piece. The character of the cleaner is expansive, one that sees all and knows the surface areas of the building intimately, and is a vital component of the daily running of the hospital machine, performing roles that exceed her job description, where it is notable that the cleaning department is small and overloaded with too much work due to short-staffing.



Figure 3.4
Author
Way finding arrows
2016

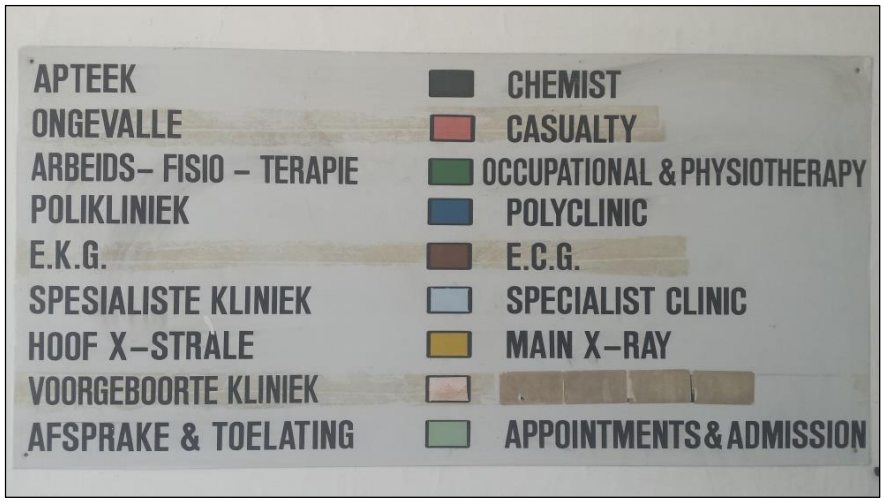


Figure 3.5
Author
Way finding key
2016

The interview data I produced often presented contrasting and conflicting narratives[52] of the patient experience. I noted that these perceptions of the site had the potential to contradict a fixed, stable, and unified experience of the site. Theatre reflects life and has an ability to reveal truths according to Rorty (cited by Bogart, 2001: 28) about the world we live in; an intimate and extraordinary conjuring of our understanding for who we are. The theatre is us, and we are the theatre:

> The theatrical language is the most essential human language. Everything that actors do on stage, we do throughout our lives, always and everywhere. Actors talk, move,

[52] Participant responses ranged from an authentic gratitude for the existence of this public healthcare site, to disappointment with management for lack of consistent maintenance: "a dull, dark and depressing" (clinician interview, 11.10.2016) building, as described by one clinician. In some instances, patients felt that the treatment and service was better in comparison to other public hospitals; another clinician expressed that Helen Joseph is perceived by the patients as a better hospital because, historically, it was once reserved for the white ruling class. One patient noted that he was grateful to have access to treatment at this site, as he could not afford a medical plan. When invited to respond to the renovations that had taken place in the Urology Department and other spaces in the building, a number of patients had either not noticed these changes, or thought they were insufficient and not up-to-speed with the rate of deterioration. All the aforementioned examples of the storied moments from the narrative data reflect that the space was socially produced, and given meaning through its "making" of meaning (Lefebvre, 1991: 37), a "process" as well as a "thing" (Lefebvre, 1991; Merrifield, 1993; Unwin, 2000), just as performance studies is simultaneously an "actor" and an "agent" (Haraway as cited by Conquergood, 1995: 138).

> dress to suit the setting, express ideas, reveal passions - just as we all do in our daily lives. The only difference is that actors are conscious that they are using the language of theatre, and are thus better able to turn it to their advantage, whereas the woman and man in the street do not know that they are speaking theatre… (Boal, 2002: 15-6).

In response to creating a "language of theatre", it was imperative to draw out the key moments of the data as acute descriptions of how the Helen Joseph Hospital building is perceived by those who access the site, and work or receive treatment there. The participants I interviewed were *speaking theatre*. I accessed the recorded footage of these interviews in an attempt to study the human body in relation to the translation of stories about the building. I also documented gestural language and physicalised indicators towards a consideration of the physical possibilities for the performance of the stories gathered as research. I interpreted themes of health and healthcare resonating from the participants' bodies, and I believe their bodies expressed their memories of the site. Coinciding with these findings, themes of health and healthcare emerged through the performers' bodies in their tellings of personal stories in relation to the site, and their own experiential processes towards health, healing, and care. As an artist, these facets of the lived, everyday moments, and including the entirety of the human experience, fascinated and propelled me to render these moments through *mise en scène* (Boal, 2002: 15-6). This process of conceptualisation formed a cornerstone upon which I developed the rehearsal phase.

> Theatre is *about* memory; it is an act of memory and description… A great deal of energy and imagination is demanded. And an *interest* in remembering and describing where we came from (Bogart, 2001: 39).

The rehearsal phase enabled a springboard to begin experimenting with the narrative data for the purpose of experimenting with the ways in which a public hospital space could be performed through narrative construction. The objective of the rehearsal phase was to reach a collaborative, creative response with a group of performers, developed into a theatrical event.

The Rehearsal Phase

The second stage of a performance-making process should encompass the process incubating the culmination of data collection and field research, practiced over a set period of time. A laboratory space enabled the performers to hone a series of performance experiments with a director for the purpose of enabling a "collision course" (Pollock, 2010: 203) of performance-making. This "collision course" (ibid.) involves trial and error during the rehearsal procedure, and the reiteration and preparation of the emerging creative research project.

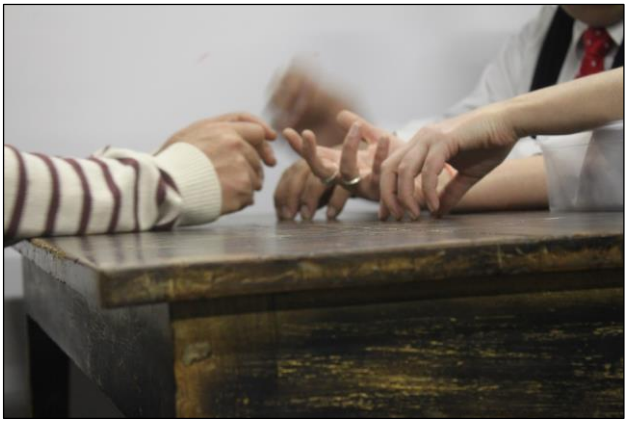


Figure 3.6.
S. Khundayi
Gestural improvisation: mapping clay-play
2016



Figure 3.7.
Author
Making the healthscape
2016

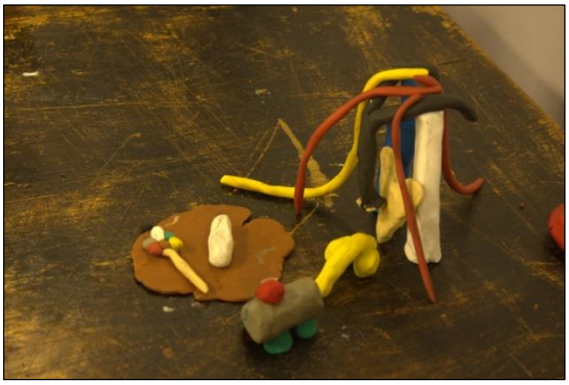


Figure 3.8
Author
Healthscape close-up
2016

The Rehearsal Phase consisted of a fourteen week training period, where the act of performance-making became tangible and "made" through the incubatory method of rehearsals between the three performers, Colin Skelton, Siphumeze Khundayi, and Renos Spanoudes,[53]

[53] Hereafter referred to by first names only.

along with myself. The first rehearsal (06 August, 2016) was an opportunity to introduce the performers to the research interest, the research methodology that highlighted the four theatre concepts[54] to be engaged with, and the beginning of performance praxis through narrative construction. I became curious about performance-play (refer Figures 3.6-3.8): to locate *ways* of re-describing (Rorty as cited by Bogart, 2001: 28) the interview data into performance-making. I also became interested in formulating "ways" to describe and communicate the communitas I had found apparent in the site, the moments of "ease" and "disease" located in the (dis)connection between site participants, and the implications elucidated here in consideration for the issues of health, wellness, and human-centred care. I realised that communitas can be likened to "ease", and therefore proposed that "dis-ease", in whatever form it emerged, can be a form of "anti-communitas". During the rehearsal phase, I strove to locate communitas and anti-communitas through a reading of "ease" and "disease" in the complete data findings. During the rehearsal phase, I devised the sessions to include ensemble technique, improvised scenes with selected stage properties, and shadow play[55], all emerging out of structured performance rehearsal strategies.

The Rehearsal Phase presents an experience of facing a kind of "death" (Bogart, 2001: 49-50) on the part of artist-director. In the martial art of Aikido, the concepts of "*Irimi*" and "*Ura*" are described. *Irimi* means "to enter" or "choose death"; *Ura* translates as "to go around". When attacked, you have one of two choices, writes Bogart (2001: 50), where both processes- if performed correctly- are essentially creative (Bogart, 2001: 49-50), where, in Aikido, creativity is constituted by the response one makes to the threat of impending death.[56] A "stepping in" to the battle of performance-making can be disorientating: a sense of the unknown is confronted

[54] Body and movement; space; sound; and image.

[55] Our rehearsal venue, which later became our performance venue, housed a white screen and moveable lighting fixtures, which, when lit from behind, produced distorted shadow images as a backdrop to the action performed on stage.

[56] This can be viewed as a drastic circumstance, but I believe that Bogart's comparison of the rehearsal process to a battleground before death enables a rehearsal with high stakes for the performers and director, collaboratively, to be imminent. "Facing death" in the creative process, Bogart (2001: 50) calls for the director to act intuitively and completely, without deviating to evaluate or reflect. As Schechner avers, "performances are actions" (2002: 1), as the necessity for "stepping into" action connotes activity, and not a passive observance of the creative project.

by the artist, involving an experience of "disorientation"[57] (2001: 70) that emerges from a powerful sense of "not knowing" a creative outcome in the activity of performance-making, and an inevitability of the director/artist-researcher "facing death".

This at once becomes familiar and unfamiliar terrain: using an instinctual *knowing,*[58] within my experience as artist-researcher, to meet different ways of engaging with the creative possibilities that the public health site can be "performed". The instinctual knowing in the role of director presented me with a fear in facing the creative development of the work: the process of devising a culmination of chance encounters constructed from deliberate performance tasks, with the courage to face the unknown. I learnt that the creative process can be a complex and conflicted experience, presenting trial and error through the development of locating "ways" in which the experience of the Hospital narrative was constructed. Bogart's (2001: 50) distinct reference to "intuition" as a guiding reflexive tool for the director was an ingredient in this process[59]; using the metaphor of the "linoleum colon", and the metaphor of performance-making (citing site), presented ways leading to seeing, knowing, and interpreting the site aligned with "a perspective on research" (Warren, 2010: 220) and "a mode of being", shaping a method that is informed by "who we are" as well as "how we see the world" (ibid.).

The performance–making ensemble and I rendered multiple performance experiments that culminated in the final theatrical event staged on the evenings of 15 and 16 November 2016.

[57] Bogart writes: "I try to welcome the disorientation as a necessary practice for my work in rehearsal. I know that I must learn to welcome disorientation and imbalance. I know that the attempt to find balance from an imbalanced state is always productive and interesting and yields rich results" (Bogart, 2001: 70)

[58] Bogart (2001) writes further that: "…I am not alone in this sensation of being out of my league at the beginning of rehearsals. We all tremble in terror before the impossibility of beginning. It is important to remember that a director's work, as with any artist, is intuitive" (Bogart, 2001: 85).

[59] In the heat of artistic creation, the focus primarily rests on the conscious imperative to connect and respond to the group in order to maintain the activity of process and progress as "alive". There were moments in the rehearsal process whereby I felt challenged to prohibit analysis during the creative act of performance-making. The challenge rests in allowing the need to control and dissect the creative act during its making, and rather engage the cognitive process of analyses after the performance-making tasks I had structured in the rehearsal phase: "The analysis, the reflection and the criticism belong before and after, never during, the creative act." (Bogart, 2001: 50)

Our field research studies informed our responses to the participant stories I shared in the rehearsal phase, and added a vitality and nuance to our performance-making choices.

The performers engaged with the key stakeholders[60] of the hospital site in active and tangible ways, and in key moments present themselves as performers before taking on a character role. This is witnessed in the three "way finding" scenes, where role-players in the production travelled through the corridors and general waiting areas of the site; accessing neutral actor body before stepping into the "way finding" scene and embodying specific characters they observed in the hospital. These observations were documented by the performers during their day-visits to the hospital as part of research objectives I implemented. Through the act of remembering and describing from the participant data to the rehearsal sessions, I observed that a consistent motif became the object/subject relationship: the "body" of the site, and the performer "body", and the possibilities these considerations present as a "collision course" (Pollock, 2010). I became intrigued by the practice of bringing these two "bodies" into conversation with each other, investigating relational outcomes as knowledge-making possibilities. I framed rehearsals with a distinct focus on finding an embodied response to the hospital building by interpreting its shape and form through the performer body, and with that, the narrative moments that storied the building. "Space is infinite; my body is finite. But around my body is my territory, which is subjective." (Boal, 2002: 162). Through the subjective interplay between the performers and the narrative data, the performance space was imbued with the possibility of interpreting the hospital body through performance-making. With a Brechtian lens on performance, the performers do not "disappear" in their various roles (Schechner, 2002: 152) during the production, but rather form a powerful and responsive relationship towards stepping in, and stepping out of, the characters and their performer bodies. Schechner (ibid.) describes Brechtian performance as entering "…into a dialectical relationship with the role" (Schechner, 2002: 152); Brecht referred to this active role as *Verfremdungseffekt*. This word can loosely be translated to mean "alienation" or "estrangement": "It is best to think of this V-effekt as a way to drive a wedge between the actor, the character, the staging (including blocking, design, music, and any other production element) so that each is able to bounce off of, and comment upon, the others." (Schechner, 2002: 152-3). This effect enabled an active relationship to develop between the performer and the character, and an emphasis on

[60] Primary stakeholders of the Helen Joseph Hospital included the clinicians, the nurses, the cleaners, and the patients; secondary stakeholders included: the file administrator, the construction worker, the vendor, visitors and/or family members to patients, and auxiliary service providers to the site.

action was implicated: “performances as actions” as per Schechner’s (2001: 1) assertion; as well as accessing the emotional terrain of the site. The rehearsal process focused on developing the embodied intelligence of each performer in relation to each other through ensemble technique, and translating and re-describing data from the narrative performances of participants alongside our gathered field research. The repetitive practice of ensemble technique in all rehearsals enabled the performers to build a synergy with each other, as well as hone a performance “readiness” for the narrative construction of the Helen Joseph Hospital for performance, where, as Bogart notes elsewhere, “in the exquisite pressure of time and space, actors are caught up in a very human drama – the drama of co-presence. In rehearsal and in front of the public, this co-presence, this space between actors, must necessarily be charged” (Bogart, 2001: 67). The performers had ignited a conscious and sensitive symbiosis between each other from an early stage in the rehearsal process, which is not always the case for a performance group at the start of a rehearsal series. Each performer offered to the process a particular wisdom, knowledge and skill experience that I affirm strengthened this research project in nuanced and exploratory ways. Ensemble technique was a core focus in many sessions, and over time the chorus of three had developed a particular handling of their synergy through performance play. As artist researcher, I created an environment that supported and promoted the invention of the work not only to produce research, but to rather more fundamentally produce an ensemble work of theatre as a form of knowledge-making and performer body-intelligence. I worked on strengthening the co-presence of the performers towards ensemble responsiveness; *instinctually knowing* and trusting that a dynamic and receptive ensemble trio was called to become the artistic bedrock for the creation of the performance.

The process of collaboration can be a rich and often complex layering of differing perspectives and understandings to the work. Bogart (2001: 88) challenges that collaboration does not equate to “agreement” in the rehearsal process; a healthy emergence of disagreement and conflict are necessary in the rehearsal process. Our ensemble group most definitely encountered moments of “rub” concerning the context and reading of the public health space in Johannesburg (the service incongruencies, for example), the stakeholders of the site (positive and negative responses to previous experience of clinicians and nurses in public hospital sites in Johannesburg and other provinces of the country), and our interpretation of them (issues pertaining to “ease” and “dis-ease” perpetuated through service and our personal experience with clinicians and nurses in public health sites), as well as the relationships and storied

moments we created in consideration of our own complex attitudes and affirmations of health, wellness and human-centred care in public health sites of Johannesburg and other national provinces. This "rubbing" stimulates the flexing of a muscle that drives the creative process, both for the actors and the director. Bogart (2001) promotes a rehearsal approach of *Auseinandersetzung*[61]: "the word literally 'to set apart from another'" (Bogart 2001: 88). In fact, this parsing, or "setting apart of one from another" serves to surface the varied perspectives, approaches, and abilities from all individuals involved in the theatre making process. The challenge[62] was to experience and work alongside the vitality in the moments of "rubbing" opinions. The advocacy of collisions, arguments, and alternative opinions to the work is that which cultivates this "vitality": "…vitality, or energy, is a reflection of the artist's courageousness in the face of her or his own terror. The creation of art is not an escape from life, but a penetration of it" (Bogart, 2001:87).In this way *Beyond the linoleum colon* is fundamentally intersubjective.

I implemented improvisation exercises in the form of experiments with various media in order to create the emotional landscape of the public health site: the use of object play (through the stage properties of papers and files, doctors' coats, fabric, specific properties such as the pestle and mortar, telephone, and plastic pipe, toilet paper, plasticine sculpting, and contact improvisation), and improvised accounts of the narrative data and field research notes. Relying

[61]*Auseinandersetzung* presented this creative project with a "collision course" (Pollock, 2010); this provided the criteria for an experiment to take place, and a deep 'entering into' the expressive qualities of the narrative data. From this perspective of the inside of making the work, looking from the inside out, where a sense of mystery towards creating the 'feeling' of a place is propagated: "how else can we express feelings but by entering deeply into them? How can we capture the mystery of anguish unless we become one with anguish?" (Swimme as cited in Bogart, 2001: 89-90). A choice of expressionism was apt to a description of the emotional landscape of the Helen Joseph Hospital.

[62] The courage to allow for *Auseinandersetzung* in the rehearsal phase means that fear, terror and disorientation are consistently present in the development of the work. There is also a particular "feistiness" in the face of doubt that permeates the devising process; the spirit of debate electrifies and generates the force and energy of the act of making a work of theatre. In this way, intentional and deliberate choices are made by the group for the progression of the artistic work at hand, harnessing a collective willingness for the inevitability of trial and error. As Bogart writes, "it means that we attack one another, that we may collide; it means that we may argue, doubt each other, offer alternatives. It means that feisty doubt and a lively atmosphere will exist between us… It means that rather than blindly fulfilling instructions, we examine choices in the heat of rehearsal, through repetition and trial and error (2001: 89).

on ensemble technique whilst training in rehearsals, the performers were able to draw on an instinctual listening and responding in relation to one another, which aided the development of rhythm and tone through their bodies. This listening and responding with all faculties of the body and mind enabled the performers to connect and come into relationship with each other. The responses between the performers were spontaneous and improvisational in the live performances, and reflected a successful rehearsal process. Contained in the rehearsal structure, was a set of ensemble technique exercises that could be described as a "process". A process may run for the duration of 30-50 minutes per ensemble exercise, and many of the *Beyond the linoleum colon* rehearsal sessions enabled two or three opportunities to repeat this exercise. From a director's point-of-view, repetition in the training is paramount; a director needs to work with disciplined, attentive, and inventive, performers who aren't afraid to face the collaborative pressures of conflict and disagreement. Ensemble work also relies on consistent contact time with all members of the group; rarely were we able to proceed with rehearsal if a member was absent. Rehearsals were strictly scheduled, commencing from the end of July until the first performance on the 15th November 2016.

Beyond the linoleum colon was executed through the style of Expressionism. Theatre-maker Eugene O'Neill (as cited by Bogart, 2001: 34) described Expressionism as: "an intensity of vision which tries to catch the throb of life, necessarily doing violence to external facts to lay bare internal facts." I attempt to capture this "violence" of the subconscious state of the subjective hospital body throughout the production, elucidating a turbulence and tension that I imagine to exist beneath the surface events of the day-to-day hospital experience.[63] *Beyond the linoleum colon* places the Hospital at the forefront of this creative project: the hospital body that is *affected* by the bodies that pass through its veins (watching, holding, touching, and

[63] I was able to access this knowledge, namely both that gathered from the stories recorded and a sensorial human experience of widening reflexive awareness, and awareness of the public hospital environment. According to Bogart and Landau (2005) *Viewpoints* text as a conceptual framework for creating devised theatre work (through consideration of composition, conceptual ideas, ensemble performance, and performance space) has potential for "wholeness" on the process and artist, as described as "awaken(ing) all our senses, making it clear how much and how often we live only in our heads and see only through our eyes. Through a *Viewpoints* (2005) approach "we learn to listen with our entire bodies and see with a sixth sense. We receive information from levels we are not even aware existed, and begin to communicate back with equal depth" (Bogart & Landau, 2005: 20). This visceral and expansive way of gathering knowledge with full human faculties allows for richer and deeper creative work to emerge.

breathing the bodies of the site). In this way, I deliberately created an artistic account of the building through devising its narrative as "alive", unearthing what the ensemble group and I perceived to be the subconscious of the emotional landscape of the site. Through expressionism, the intention was to activate the identity of the hospital's expressive landscape and juxtapose these meditations alongside "real-time" moments of conscious (inter)action of site participants from field research observations of these stakeholders carrying out the daily lived experiences in the site. Whilst processing the performance-making possibilities of the perceived expressive landscape as well as the "real time" moments of the site, recognition of parallel "worlds" (the visible and "invisible currents" of the space) emerged:

> Certainly, we still wish to capture in our arts the invisible currents that rule our lives, but our vision is now locked to the dark end of the spectrum. Today the theatre of doubting, of unease, of trouble, of alarm, seems truer than the theatre with a noble aim (Brook, 1968: 50).

The earlier rehearsals included rich offerings of various scenes and moments arising out of the actors listening to, and reflecting on, the storied data and the emergence of "communitas" and "anti-communitas" from the data content. The emotions in response to participants' lived experiences and perspectives (and our own moments of "rub" concerning health care practice and health experiences as noted above) to the building were dynamic and complex for the group. During this phase, I instinctually learnt that I needed to locate a performance-making container to hold the range and intensity of raw emotion that emerged from the performers' responsive work. Bogart notes that form is a container for the structure of the performance (2001: 102-3), and it allows for the spontaneous expression of the emotional landscape of a work. I implemented a container for the performance work in order to structure and shape the development of the emotional landscape that was to create a rich and varied account of the hospital building, its visible and "invisible currents" (Brook, 1968: 50), through Expressionism. This emotional landscape I interpret as fluid and consistently mobile, and does not subscribe to a fixed framework:

> …human emotion is evanescent and ephemeral and setting the emotions cheapens the emotions. Therefore I believe it is better to set the exterior (the form, the action) and allow interior (the Quality of being, the ever-altering emotional landscape) freedom to move and change… (Bogart, 2001:102-3).



Figure 3.9.
Debratski
Baba Yaga
Date unknown

I accessed[64] the realm of archetypal folklore in search of a container, a "skeleton"[65], for what I proposed as an account of the subjective body of the hospital building through the performance-making process of the piece. The Slavic archetype, Baba Yaga (refer Figure 3.9.), was selected as the "skeleton" of the piece and provided a supportive framework onto which I was able to link and attach the "muscles" of performance responses created. By drawing on a character housed within the illusory world of magic and imagination- the landscape of folklore - the performers were better able to access dexterity of performance play and extrapolate the participant stories in authentic performative ways. The performers were also better able to access the accounts of the expressive landscape of the site juxtaposed with these "real time" moments we had selected to portray. This interplay of "worlds" expelled nervousness for the performers towards themes of human need and human connection within the context of the public health urban landscape, as well as public health care practice and reception, as emergent

[64] Estes' *Women Who Run with The Wolves* provides an account of "Vasalissa the Wise", from which Baba Yaga emerges as a harbinger and obstacle in the journey of Vasalissa, the heroine of the folktale (Estes, 1992:73). I had also recently witnessed Jennie Reznick's performance of *I Turned Away And She Was Gone* (Fleishman (dir.), 2016) in which Reznick accessed a mythological tale as a frame to support the journey of deeply personal stories that the actress had used in the theatre production.

[65] The "skeleton" of the theatre production called for an external, mythologised incarnation of a character both familiar and otherworldly, a character steeped in folklore.

factors from the narrative data. Baba Yaga is a dualistic character (Estes, 1992) in folklore, and I feel that this choice resonated with the contrasting characteristics of "ease" and "dis-ease" that emerged from the narrative data.

There are many writings to be found concerning Baba Yaga; traditional Slavic folktales, and online and print publications that describe this "Old Wild Mother" (Estes, 1992: 86) and her place in the rich tapestry of folklore. Baba Yaga is the magical hag who transcends the real and illusionary world. She is both wise grandmother and cruel guardian of the life/death/life cycle. A Slavic archetypal character, she is sometimes referred to as a crone goddess or deity. Including Eastern European descriptions of this foul and "fearsome creature" (Estes, 1992: 73), Baba Yaga "…is a living *genus loci* for the values and associations that attach themselves to the archetype of "the witch in the forest"'[66] (Pilinovsky, 2005: 36).

The Expressionism of the piece was created through the presentation of two opposing worlds: the "fantastical", rooted in myth, folklore, and the realm of the subconscious; and the "real", meaning the actual perceived world and the present moment; the realm of the conscious being. The "fantastical" world was the realm of Baba Yaga and the landscape of folklore, juxtaposed with the perceived "real" world of the participants, the narrative performances within the context of the participant's stories, and the field research studies processed alongside the performers as co-researchers. Through performance-making, I propose that *Beyond the*

[66] In her folktale context, Baba Yaga is the obstacle a person may encounter in pursuit of their goal or objective; however, no stories of the hag emerge with her as a central character, but rather, her arrival in a tale signifies a confrontation with conquest, authenticity, and justice (Peyton, 2014). She is the witch with the ferocious iron teeth, and is skin and bone despite her equally-ferocious appetite (Estes, 1992: 74). Baba Yaga travels through the forest in a pestle and mortar and sweeps clear her trail with a broom made out of silver birch, and/or the hair of someone long since dead. She is accompanied by a host of spirits that follow her through the forest, shrieking and wailing. The wise hag is a guardian of knowing, giving sound advice to those in search of knowledge, wisdom, and truth. She holds remedies and magical gifts for those that have endured the challenge for their heart's desire. Seeking out her aid is often viewed as a dangerous act. Emphasis is placed on a need for a proper preparation and purity of spirit, as well as basic manners. Yaga does not tolerate rude people, and apparently ages a full year every time someone asks her a question. Yaga is very old, but she can reverse this aging effect when she drinks a special tea brewed with blue roses. This description of Baba Yaga locates my reading of the Helen Joseph Hospital building as a life/death/life deity, and manifests specifically in moments of the Yaga as hospital body and Yaga as the nurses through the theatre production.

linoleum colon exercises both of these worlds in close succession and transformation to one another, where fiction and reality intersect in mutual recognition of one another. The emergence of this dualistic nature of being reveals that the "fantastical" and "real" are potentially experienced simultaneously through experience. Theatre is a lens to present an interpretation of the "fictional" and the "real" as autonomous and responsive worlds, and "collage" these presentations for theatre performance. Offering an interpretation of each world, I support, was a way in which I was able to transcend beyond the trigger of what I interpreted as a rigid and restrictive metaphor, but also pay close attention to the data in order to enhance and transcend a fixed understanding of the Helen Joseph Hospital building. Through ensemble technique, the performers were able to produce an interpretation of a physical, emotional, and psychological incantation of the folklore character, Baba Yaga.

I conceptualised a fictional account of the subconscious and used this backdrop as a re-creation of a fictional realm for the Helen Joseph Hospital building, the site of folklore and mythology. I collaged select characters, moments, and memories from the interview data and devised a rough script that emerged from the artistic offerings made by the performers. I then structured an intention for each rehearsal with the ensemble, focusing the context and timeline of the rehearsal on the development of specific characters, moments, and memories. The performers also drew on their own experiences of health, "ease" and "dis-ease", and additional public health sites in addition to our field research encounters in the Helen Joseph Hospital. With this information, and through the practice of performance-making, the performers created autonomous scenes and vignettes that formed the "muscles" of the constructed narrative of the public hospital site, framed by the "skeleton" provided by a performance embodiment of Baba Yaga. I did not begin the performance-making with a clear introduction and resolution to the production's narrative, as the structure of *Beyond the linoleum colon* did not accommodate consideration of a traditional narrative structure: introduction, rising action, climax, falling action, resolution. Again, the primary focus of the production was to discover and present the psyche of the hospital through an account of the participants' place narratives. The final running order of scenes and moments that made up *Beyond the linoleum colon* was achieved after multiple "drawing-board" sessions of "cutting and pasting" the running order into new and interesting combinations on the rehearsal floor.[67]

[67] I had documented each scene with black marker on white document paper halfway into our rehearsal calendar. In one particular rehearsal, I placed each scene in sequence on the floor so as to literally see the scene order. It became necessary to implement a running order of created scenes so as to assist the actor with a structure within

The performance space is the performer's domain, a territory whereupon sacred and magical reincarnations of place narrative can manifest. By activating the space between performers with tension (performance technique through ensemble practice) and intention (the narrative stakes of each moment and scene, inclusive of the fictional and real worlds), the performed world of the constructed site narrative gains a tangible feeling-driven response[68] on the part of the audience. Brook (1968) believes that this manifested tension between actors creates the "world" wherein I believe the audience can enter into the theatrical experience: "…if one starts from the premise that a stage is a stage […] then the world that is spoken on this stage exists, or fails to exist, only in relation to the tensions it creates on that stage within the given circumstances" (Brook, 1968: 42).

The two worlds of the perceived lived experience of the public hospital site represent the conscious and the unconscious; however, special attention is placed on the emotive, reflexive accounts and nuances of the narrative performances extracted from the interview data that account for the intentional use of the Expressionist style. I attempted to elucidate the emotion and psyche of the hospital in order to transform the Helen Joseph Hospital building into a subjective body, a living, breathing organism.

Baba Yaga as the Helen Joseph Hospital body enabled a "collision course" for performance-making: *A "collision course" constructed between the two worlds, finding physically-realised ways to show and express the bubbling emotional resin that oozes in, out, and through, this permeable structure that breathes.* (Journal writings, T. Lee 19 May, 2016).

The life/death/life cycle that is at the heart of the character of Baba Yaga is another aspect of her charm. She knows that giving will one day be replaced with taking, and then giving again. This reciprocal cycle is an essential part of understanding the living cycles of the human

which to play and respond. In between scenes and especially as scene transition devices, the Baba Yaga chorus became a solid marker to which to return and regroup if need be.

[68] I was able to implement and manipulate the rhythm of the work in order to plunge deeper into a psychological realm, which was in the process of construction through playing scenes in complimentary or contrasting sequences. Through the looking-glass of this psychological realm, I became interested in the expressive landscape of the site. Ensemble technique relies on the expressive, the reflexive and responsive ways of action between each other as a way towards synergy and choral performability. The performers are called to "charge" with tension and focus intently on the rhythm and progression of the constructed narrative in this space between each performer body, namely between performance space and the area of the audience.

journey, and with particular reference to the theatrical interpretation of health, wellbeing, and the meaning of human-centred care of the hospital site through performance-making. This assertion foregrounds the artistic choice to transform the Helen Joseph Hospital building into a culmination of the Baba Yaga life/death/life energy. My journal notes refer in this aspect as follows:

> *As the performers synchronise the rhythmic progression of their gestures, breath, and sounds, held by isolated and continuous movement as one unit, the Yaga is formulated by the performer unit into a body that moves, breathes, and responds through performance* (26 November 2016).

In support of a subjective character to hold and embody an interpretation of the site's narrative: it became imperative to use a character to relate to, and translate (by means of theatrical language), human lived experience through fiction. By engaging a heightened emotional portrayal of the psyche of Baba Yaga, textured by improvisational character developments and idiosyncratic detail of how the performers and I in the rehearsal process perceived Baba Yaga, or perhaps how we wanted her to be. The fragments of folklore references and story readings became the "bones" of Baba Yaga in *Beyond the linoleum colon*; the performers manifestation of her became a skeleton on which the actors were able to proceed and progress in the telling and knowing (McCarthy, 2007: 9-10) of the building's narrative. Through a fantastical view of the possibility of what the site could become, the character of Baba Yaga, supported the constructed narrative of scenes and moments in a practical and symbolic way. Selected notes from the process of devising the piece appear below:

> *These two worlds don't "see" each other, but rather seep in and seep out of each other: the psychological realm that is always simmering beneath the real world.*
>
> *The world of Expression. Actors transform from, and to, the real and the fantastical. This is the realm of possibility: the subconscious and the imaginary.*
>
> *Opening chorus: the breathing, living hospital is re-created through the body of Baba Yaga: age-old, archaic, she whispers knowledge of times before. Heavy, laboured breathing escapes the ensemble body as one large lung, breathing together and finding unified movement with nuanced texture.*

> *The last of the Yaga bodies (Colin) observing the patients seated on the line of chairs- a queue- the hospital as a present body in the day to day activity, and inactivity, of the day. She comes up close to the bodies. The Life/Death/Life Mother: ever present; intimate; a sensitive and listening body to the physical "goings-on" of her hospital.* (on a rehearsal, 2 October, 2016)

Another extract from my journal comments on the logical, or illogical, layout of the site as noted in the field study phase, as well as the challenges this imposed on the roles of cleaners and service providers in the site:

> *The Helen Joseph Hospital is colossal; the full gravity of its volume and size is better experienced within its structure. The perceived view of this structure from the parking lot or outside the entrance way is misconceiving and limited. The cleaners and service providers to the site are tremendous forces that work against service restraints. One such restraint is the lack of toilet paper; either stolen by hospital users or insufficient for daily use. A cleaner emphasised that patients unravel large amounts of toilet paper that finishes a roll, or remove a full roll from the dispenser, which in many instances is broken to obtain the roll inside. The cleaner added that management blames the cleaning staff for stealing toilet paper; the cleaner was adamant that the cleaning staff would not consider stealing the toilet paper they are tasked to mind in the progress of their job completion. The symbol of toilet paper, and the consistent lack of it, is one motif for the performance production. Toilet paper manifested as a metaphor of desperation, urgency, attention, dire lack, and power. Paper signs in the passages of clinics and waiting areas state that toilet paper can be retrieved from a nurse* (refer Figure 3.11)*. The nurse, then, is a symbol of power in this hospital* (refer Figure 3.10)*.* (12 September 2016, 16:47)



Figure 3.10.
M. Thomik
Nurse
2016



Figure 3.11.
M. Thomik
Nurses and toilet paper
2016

I encouraged definitive and clear artistic readings of the stakeholders through performance-making methodology, and, despite momentary conflicting opinions of interpretation and perception of these characters between myself and the performers, the ensemble and I found a consistent portrayal of each stakeholder, despite inherent dualities to their character readings.[69] The nurse characters are the closest and most assimilated stakeholder readings to a link between Baba Yaga and our interpretation of the hospital site. Ever-present and actively involved at the grass-roots level, the nurses were documented as assisting and advising patients in waiting areas; surgically dressing patients before or after treatment; processing ward allocations and patient admissions; or silently withdrawn and perceived as disconnected[70] from the continuous hum of public healthcare service influx. The figure of the nurse was metaphorised as a character with a certain power (refer Figures 3.10-3.11). This character developed organically in rehearsal (when performed as an ensemble trio) in both protagonist and antagonist roles. As the nurses established themselves as a power structure (and due to their antagonist/protagonist duality), I merged the character of the nurse and the building into one. The hospital was interpreted as a dualistic character, performing the role as healer and life-giver, as well as

[70] In these moments I observed a trio of nurses in constant coalition with each other, moving as one body, focusing their collective gaze on one patient at a time enquiring after site information or service. A number of participants- including clinicians and patients- affirmed that the nurses run the hospital: knowing the back-and-forth movement of patients in wards and treatment rooms; holding the keys to consultation spaces; controlling access to, and the dissemination of, toilet paper; privilege of a private room for tea and lunch consumption.

containing sick bodies and death. Through performance-making, the nurses *became* the hospital, a reading of autonomous beings in their own right, interfaced with the power and control to "run the hospital" (clinician, personal communication, 05 October, 2016) beyond the knowledge of clinicians and department heads. I chose to interpret the nurses as all-knowing, all-seeing[71] over the day-to-day running of the hospital service and its building. There is a direct link between the hospital building, the nurses, and the potentiality that Baba Yaga's character offers.

Baba Yaga, the Helen Joseph hospital building, and the nurses, all respectively become dualistic elements of the piece, which links the folkloristic (Baba Yaga), the structural (the site), and the real (the stakeholders, including the nurse, clinicians, service providers, and patients), into the citing of site: a new possibility for seeing, knowing, and imagining the narrative of the hospital body. In this way, the hospital body is informed and shaped according to the rich characterisation that this convergence of folklore body, the structural building, and the stakeholder bodies, propose. Converging three bodies of knowledge culminated in the hospital in a process of "making", and the culmination of a subjective body that lives and breathes in the theatrical space, an operational construct of "communitas" and "anti-communitas". It is at this point that the theatre performance concepts emerged alongside the research findings of the narrative data, field research observations, and the implication of my subjectivity and lens to the research site. The four theatre performance concepts included:

- body and movement;
- space;
- sound; and
- image.

[71] The "all-seeing" characteristic of the nurses is in contrast to the "all-seeing" quality of the cleaner character. I have interpreted the cleaners as harnessing the wise grandmother energy of Baba Yaga: there is tenderness and authenticity in the relationship between the cleaners and the hospital building as portrayed in the theatre production. The "laser-like", penetrative glares of the nurses through the performance are "all-seeing" as commentary to their high status roles.

The Production Phase

The conclusion of all preceding phases leads to the production phase of a performance-making process by presentation of a theatrical event. If the conceptual framework of a creative research project is carried out through the concept, field study, and rehearsal phases respectively, a production phase enables a creative project to engage[72] a live audience.

Beyond the linoleum colon (2016) was performed on two consecutive evenings.[73] Both were one hour long and proceeded into respective "question and answer" forums between the audience members and the production team. I feel the "question and answer" forum was a successful and necessary extension of the theatrical event, as Weintroub[74], a fellow scholar at the Wits City Institute, noted:

> I found the discussion after the performance worthwhile, especially the points made by others in the audience about the performance being to some extent "a witnessing" of the pain/experience of others, of it being a somewhat "anti-narrative", Expressionist performance- or theatre-making, it being about space and people – where the building is filled up and given volume and contour by the experiences/stories/narratives told by all of the different people within its walls. (J. Weintroub 2017, pers. comm., 31 January)

[72] The "collision course" (Pollock, 2010) of a live performance is implicated, as the coming together of performers within a performance space (and inclusive of a performance set and properties), are promptly and immediately presented to a group of audience persons. The co-presence of witnessing the performance as a theatrical event enables the fluid and ephemeral qualities of human experience to be intentionally presented through a "telling and knowing" (McCarthy, 2007: 9-10) of the constructed narrative of the hospital site. The performance therefore becomes the accumulated theatrical citation of the site through four chronological phases for the development of a theory for performance-making.

[73] The performance dates were the 16th and 17th of November at the King David Victory Park Black Box Theatre. The second night of performance and its subsequent "question and answer" discussion can be viewed through the DVD of the *Beyond the linoleum colon* production.

[74] I have included a number of references from Weintroub (2017) on behalf of the Wits City Institute based on a blog article reflecting on her witnessing of the production (not yet published at the time of writing this dissertation). With reference to this blog article, I feel that Weintroub- also a fellow of the Rock Art Institute at Wits and a published doctorate academic outside of my disciplinary practice- offered an intimate account of the reading she processed of *Beyond the linoleum colon*. I support that the perspective offered by Weintroub through the references I have selected for inclusion in this paper bolster a vital contribution to the reception of the work.

The "temporary community" (Dolan, 1993: 426) enabled during the production phase provided audience members with the space/opportunity to respond and discuss their readings and interpretations of *Beyond the linoleum colon* in conjunction with their shared personal experiences and responses, to themes of (public) health in the immediate context of Johannesburg and/or South Africa. Additional thematic reflections included private health care, perceptions and understandings of health and wellness and the practice and/or reception thereof, and reflections on human experiences within a healthcare setting. Weintroub (J. Weintroub 2017, pers. comm., 31 January) continues: "I felt that I had been taken on an intense and visceral explorative journey through the universal space of illness: disruptive and isolating in the extreme, but also redemptive –even though sometimes only momentarily so."

I will now offer a discussion of the concluding theatrical production of the performance-making process by engaging directly with the theatre performance concepts of **body and movement**, **space**, **sound**, and **image**. The following concepts present theatre tools I assert through the research question:

To what extent can a constructed performance narrative provide the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice?

Body and movement

The opening sequence of *Beyond the linoleum colon* presented a choral depiction of a three-part Baba Yaga, and enabled the audience to establish the primary stakeholders at the site. The opening sequence presented a detailed montage of the sensorial experiences of the "fantastical" and the "real" worlds of the hospital's expressive landscape. The performers accessed embodied presentations of what we devised as a sensorial, lived experience of the site through the use of the body and movement in performance, and characterisation of the site's stakeholders spurred us into sensorial emotional terrain of the lived experience manifested in this building. Through the presentation of the senses of smell, sight, touch, taste, and sound, the performers were able to express the narrative of the site as an expressive landscape. The embodied portrayal of the constructed narrative culminated in a physically detailed and emotionally heightened introduction to the expressionist style of the theatre production.

A feral quality of characterisation choice resonated throughout the opening sequence through heightened physical and emotive portrayals, through ensemble technique and *mise en scène*. The smelling, tasting, touching, seeing, and hearing of the building was intentionally developed throughout the theatrical work and, particularly in the opening sequence, which built a progression of emotion through stillness and anticipation, to agitation and frenzy. Shifts between the progression of the polarities of these emotions foregrounded a sensorial experience[75] for the audience as noted in the recorded "question and answer" discussion.

A few audience members expressed a sense of "being moved", of sadness, and/or the frustration and sadness of this public hospital experience. Weintroub, extended this collective response by affirming: "as a member of the audience in an intimate theatre space, I found the performance profoundly moving. It was troubling, discomforting, edgy, claustrophobic, engrossing, and sad (2017, pers. comm., 31 January). Another audience member reflected on a reading of the Baba Yaga characterisation shifts between the "fantastical" and "real" realms as the embodiment of a "zombie",[76] and the "passing on"[77] of illness and disease as the performers enacted a transformation[78] of the Baba Yaga ensemble body into patients seated in a line

[75] Due to the primacy of the senses, I wanted to immerse the audience in an emotive landscape from the opening to the closing moments of the piece. Audience members responded to an experience of the senses surfacing in the theatrical production, and affirmed that the journey of the work was one that was sensed.

[76] The character of a zombie can be interpreted as a being that straddles life and death, as I understand it to be a human being that is both "dead" and "alive"; in this way, there is an interesting correlation to Baba Yaga as the life/death/life mother, as she oscillates between these seemingly disparate realms through the imaginative possibilities of folklore storytelling.

[77]As one performer body made contact with another performer body through the impulse and intention of ensemble technique.

[78] Individually, the performers transitioned from a loose (the mobility of the spine was articulated through snake-like and rhythmically-smooth undulations) and explorative (extended limbs and gestural language) movement sequence of the 'fantastical' into a representation of a day in the life of the hospital's everyday. One by one, the performers interpret the fantastical and the real as contrasting physical presentations, and throughout the production, these non-verbal physical choices demarcated the one world from the other. The malleability of the performers' spines developed through the ensemble-focused rehearsal sessions became a key physical signifier of the body of the hospital: a living, subjective body that expresses the heightened physical interplay between the "fantastic" world and its "real" world counterpart. Colin, as the final performer body to transition from Baba Yaga into a patient, uses a slow and physically-accentuated account of the character of Baba Yaga, and is transformed into a patient as he makes physical contact with a seated patient (Siphumeze) who, in turn, physically transitions from a real world patient into a "fantastical" Baba Yaga that in turn, affects the physical expression of Renos from

awaiting medical treatment. Proceeding the Baba Yaga chorus body (refer Figure 3.12), the patients were the first stakeholders to be introduced. The patients are portrayed as still, as they take a seat in the line of chairs that demarcate upstage centre against the shadow screen. An accentuated moment of awaiting medical treatment took place, denoting the conditions of care and service at the site. The familiar exchange between one patient and another promised a sense of human connection and potential community[79] on the ground of the daily hospital experience. Developed from the stories garnered from the patients, the character of Baba Yaga was accessed by the performers as a tool[80] for transition between the stakeholders and scenes to follow.



Figure 3.12
M. Thomik
Baba Yaga chorus body
2016

patient to Baba Yaga. This example offers insight into how the performers transitioned between the two worlds, and can be practically viewed in moments when they make contact to enable the shift between one world and the other.

[79] Based on my field research notes and the site visit experiences of the performers, there existed often open and friendly exchanges between the patients, as well as emergent between other stakeholders of the site: administrators, cleaners, and sometimes clinicians and nurses.

[80] This tool for transition developed as a motif throughout the theatre work. Emerging from the rehearsal phase, the performers used the crafted choices of Baba Yaga's interpreted idiosyncratic vocabulary to transform from stakeholder to stakeholder.

The clinicians were embodied as rigid and uptight medical practitioners (refer Figure 3.13), and their bodies were crafted through an upright and sturdy physique through the spine. The clinicians were interpreted as solemn and serious.[81] This rigidity, however, was destabilised when the clinician characters transformed into Baba Yaga (refer Figure 3.14). The introductory sequence presents the clinicians in an early morning time frame, as they greet each other. The performers focused their attention on the senses and made clear references to the vivid smells that greet their separate arrivals to the building: the inviting smell of scones and *vetkoek*[82] sold on the immediate street corner; stale cigarette smoke in the bathroom; and even the smell of "sameness" and familiarity as one clinician (portrayed by Renos) pronounces: "everything smells the same to me".



Figure 3.13
M. Thomik
Clinician 1
2016



Figure 3.14
M. Thomik
Clinician 2
2016

[81]As a definitive character choice, the physiology of the clinicians was consistently presented in this way.

[82]A deep-fried ball of dough popular as a cheap and easy South African snack or meal.



Figure 3.15
M. Thomik
Nurses and tea
2016



Figure 3.16
M. Thomik
Cleaners
2016

The nurses (refer Figure 3.15) were introduced during their tea break:[83] the performers drew themselves a cup of tea with the tin cup prop items from the basin of water downstage centre of the performance space. The nurses drank their tea in a manner that signified immense enjoyment; this act also pointed to the folklore, recounting Baba Yaga's enjoyment of tea (and specifically blue rose tea, which enables Baba Yaga to grow younger with each sip). In the theatre production, the pleasure arising from the consumption of tea found the performers literally smacking their lips. The nurses heightened their exacerbated delight through laughter and culminated coughing that reached a hysterical level of performed embodiment, and in turn, shifted into the hysterical interpretation of the crone hag Baba Yaga, through a deliberate crescendo of verbal and non-verbal character performance. This folklorish moment shifted rapidly into the final stakeholder introduction: the cleaners. A sharp transition from the fantastical into the real was punctuated by an abrupt change in physical and verbal rhythm, driving the dramatic tension of the scene.

The cleaners (refer Figure 3.16) present a tactile relationship through the directorial choice for physical (and predominantly non-verbal) characterisations in relationship to the site, rhythmically sweeping and wiping the inner surface areas in a silent, methodical manner.

[83] The image of a nurse sipping tea out of a pestle and mortar is utilised later on in the production, referencing early medicinal practices, such as those required when making a healing salve for remedy of sickness with a pestle and mortar. This image, however, also acknowledges the folklore reference of Baba Yaga flying through the forest in a pestle and mortar.

Handcrafted wooden brooms[84]as stage properties were engaged in this sequence. Throughout the production, the cleaners are interpreted as the caretakers of the body of the hospital: attentive and industrious. They "see" the building in close detail, where I had interpreted them to be the most observant and present of all the stakeholders.

There is a particularly visceral quality to a presentation of Baba Yaga that I consider the three performers achieved: she is interpreted as a reviled old grandmother with years of wisdom and knowledge, despite her bony structure and haggard physique (as depicted in folk tale stories and traditional depiction). Aged, skinny and "un-kept", Baba Yaga is a malevolent being because, despite her dishevelled outer appearance, and her ability to wield magic and control most living things in her sight, she can cause extraordinary occurrences, and even miracles, to manifest. She is feared just as she is respected; her cruel and unapologetic demeanour is a result of being old and wise. As the life-death-life mother, she carries out the cycle of life as it needs to naturally manifest. In this way, she is the gatekeeper between the worlds of the living and the dead, a harbinger of fate.

The opening sequence proceeded into a vital scene of the theatrical work, that is, a profile view of the movement through the hospital's corridors. Within the confined space of the middle rostrum stage, the ensemble used brooms to demarcate horizontal passages lining the interior environment of the building. The interpretation[85] of the building's corridors ranged from deserted to congested: active and "alive", but also passive and empty. Through the corridor and transitional space areas I chose to present of the hospital through performance-making, I enabled the actors to embody different characters travelling through an interpretation of the "linoleum colon" – the convoluted linoleum passageways that progress the action and inaction

[84] The brooms are handmade and wooden, which reference rural housekeeping, and folklore and mythologised depictions of the witch, the mother, and the feminine energy of the hearth. I interpret the symbol of the broom in this context as assimilating a world of myth, folklore, or "earlier times". There is also a suggestion of tradition and "grass-roots" (both symbolically and literally, as the broom is made with grass). Baba Yaga, in fact, has a broom that is made from the hair of a person long since dead (Estes, 1992: 74), and this very broom sweeps here path clear as she flies through the hospital in her mortar with her pestle assisting her travel. In this image of the Baba Yaga folklore description, the broom is systematic and helpful, which is how I depicted the cleaners in the production.

[85] Reflecting on my observation notes, I noted that the movement in the hospital corridors was often varied, and oscillated between different degrees of pace, rhythm, and tone through observation of the site participants in the corridors.

of moving participant bodies. Their movements are predominantly silent, except for the man tasked with helping visitors to the site find their way through the building. This contrast of character choice punctuated a performance rhythm generated through non-verbal action and an isolated moment of verbal interaction on stage, reflecting that the "lostness" expressed in the field research observations was predominantly an example of "bodily lived experience" (Lefebvre, 1991: 40).

The repetition that I observed in the daily goings on in the hospital site during the field study phase, involved "repetition" of action and performance through the observed activity of the hospital's functioning. Specifically: participants travelling in the site to and from service and treatment areas; and the daily practice of participants waiting for service and treatment, or faced with bureaucratic challenges that impeded the progression and fulfilment of service and treatment. The repetition derived from the observed daily activities produced a "bodily lived experience" (Lefebvre, 1991: 40) of action (body movement in the site) and inaction (body stillness in the site). It was the observation of body and movement in the hospital by site participants that enabled a perception and interpretation of body and movement in the performance production. Bogart and Landau (2005: 200) propose that a playwright makes use of repetition through verbal and non-verbal language, through character, as well as within the imagery and structure of the theatre work. I employed a repetition of action through the performer bodies in the scenes I termed Way Finding part one, part two, and part three, respectively. By crafting repetition through the moving performer body in the theatrical space, I created the existential experience of activity, inactivity that the performers and I had extracted from our field research observations of the bodily lived experience (Lefebvre, 1991: 40): our bodily lived experience, as well as the observation of participant bodily lived experience in the site.

"Composition is the act of writing as a group, in time and space, using the language of theatre" (2005: 201) 'Writing' is also foregrounded by Bogart and Landau (ibid.) as the act of "creating meaning", and is contributed to by all role players of the collaborative group, inclusive of performers, designers, and directors. I use this point to springboard the notion that the ensemble creative process of performance-making is an activity in composition, and the writing of scene moments and transactions between the performer bodies and the theatrical space is a process for composition. Furthermore, moving beyond the playwright's focus on creating meaning through the verbal word, the playwright is also able to "…dream ways of writing images, impressions, sounds, and movement." (Bogart & Landau, 2005: 201). I believe that it is through

the composition of body and movement, space, sound, and image, that the ensemble group and I were able to generate the experience of the hospital site through performance-making, underscoring the expressive qualities of expressionism that I had conceptualised for our structure and presentation of *Beyond the linoleum colon.*

An additional audience member of the "question and answer" forum responded to the experience of the "peristaltic movement" presented through the embodied performance as an experience of the slow to rapid progression and digression of bodies moving in the public hospital space. The emergence of the concept "peristaltic movement" highlighted a meeting point between the performance of the "linoleum colon" and the movement created by the performers in the production. The varied interplay between pace, rhythm, and tone developed through the moving performer body, enabled this expression of the emotional landscape of the site and its 'movement' of bodies through its passageways and general service areas. Specifically, I structured three scenes of this interpretation to reiterate the regularity and mundane aspects of what we, the performers and I, perceived to be the daily hospital lived experience. The lanes for travel ran horizontally across the playing space, and ended off at the step of the central rostrum stage (the core performance space). By physically stepping onto this central playing block, the performers were using the Brechtian technique of embodied performance and *Verfremdungseffekt,* what Schechner refers to as entering "…into a dialectical relationship with the role" (Schechner, 2002: 152). *Verfremdungseffekt* presented both the characterised enactment of travel, as well as the neutral performer body, in anticipation of the impulse that drove their intention to move across the space.

Space

The use of performance space was interpreted and crafted by the performer bodies in relation to the mise en scène[86] that captured an account of the spatial experience and "socially-produced space" (Lefebvre, 1991) of the Helen Joseph hospital building.

[86] Specific stage properties were utilised as symbols and metaphors to heighten the expressive landscape of an account of the Helen Joseph Hospital building's narrative. These included the pestle and mortar, the medical files, the toilet paper, the telephone, the tin cups, and the tin bowl.

I emphasise that space is both a "process" and a "thing" (Lefebvre, 1991; Merrifield, 1993: Unwin, 2000), and is manifested through a consistent and continuous procedure of meaning-making as noted in the theoretical framework. By responding to the practice and experience of everyday life as elucidated from the narrative data and field research observations, I transformed space into place (the citing of site) and assigned it with purpose, intention, and meaning (Lefebvre, 1991; Merrifield, 1993) through performance-making process. A critique of the everyday lived experience of the site was involved here in order to understand the site through performance-making citation, and proposed a point of convergence between concepts of performance and space and the relevance they hold when considering action and production for a theory of performance-making.

I am interested in the topography[87] of performance movement in relation to the assigned performance space. Challenges surrounding the choice of performance space were observed, and the imperative for the rehearsal space to become the venue for the theatrical event was prescribed by my deliberate choice for the Black Box Theatre as the performance site.

A visually-textured example of dynamic topography was created through the movement of the construction worker (Renos) in the final corridor scene. Fastidious and forthright, the character of the construction worker was presented as intensely focused on his role at hand as he rapidly moved into and around the stage space. His topography can be described as erratic as he covered the landscape of the space. The use of "lolly"[88] tape by the worker to visually demarcate the performance space presented an image of a site under construction and in the process of transformation. The worker banging loudly with a plastic pipe also disrupted the space, as, according to my field notes, the sounds of construction work often permeate the everyday experience of the site. Furthermore, the job of the construction worker conflicted with the intention of the other characters he encountered, and this presented a spatial dispute between characters.

[87] Bogart and Landau (2005: 11) describe "topography" as the landscape that enables and supports the movement of performers in space; the floor pattern of movement on stage.

[88] White and red striped plastic ribbon that is often used in construction work and/or to demarcate an area by cordoning it off.

The construction worker (refer Figure 3.17) led the clinician through the construction site (refer Figure 3.18) created; this physical journey was convoluted and particular in its topography: over and under the "lolly" tape, through perceived doorways and corridors, until both characters eventually reached a demarcated area assigned as the clinician's office.[89] The Baba Yaga body, enacted by Siphumeze, used files and medical papers strewn on the floor from a previous scene to create a small circle as the periphery of the office space; Baba Yaga shuffled one page to mimic the opening of a door to enable the doctor to step into his small, claustrophobic office, and proceeded to "close" the door by placing the page back in place, to restore the office periphery.



Figure 3.17
M. Thomik
Construction worker
2016



Figure 3.18
M. Thomik
Construction site
2016

[89] Emerging from a moment in an interview with a doctor, the description of "my office is a cupboard" was expressed by this participant. I had engaged with the doctor in his actual office, which he described as a storage "cupboard" turned into a make-shift office space. He elaborated on the fact that he had moved from the old psychiatric ward which housed his original office, and, as he was due to move to Baragwanath Hospital, management had assigned a temporary space for him in what he described as a "cupboard". The clinician's original wording of this new space was transposed into the performance of this scene verbatim.

Sound

A continuous soundscape was utilised throughout the production with a few exceptions of punctuated silence,[90] and the absence of sound. The production's soundscape was constructed from sounds of nature,[91] a vocalised sound extract of heightened, high pitch vocal levels, a vocalised song performed by the performers, performed sound effects of action with particular stage props,[92] and an extracted audio recording from an interview with a clinician during the field study phase. The inclusion of sound was intended to permeate a visual and aural experience of the production and was purposefully used to enhance but also disturb the expressive aural landscape[93] of the site.

[90] The use of silence and non-verbal communication was a key dramatic sound element that emerged during important moments in the production. I support that this enabled a deep entering into the emotional landscape of the world, and mounted the audience experience of both a "fantastical" and the "real" experience of the Helen Joseph Hospital. In this way, I wanted to explore "many potentialities" as, according to Brook (1968: 64): "In silence there are many potentialities; chaos or order, muddle or pattern, all lie fallow- the invisible-made-visible is of sacred nature,…"

[91] The natural elements are captured in an intimate and explorative partnership with *mise en scène* and narrative depictions. I used the element of water as a symbol for healing but also as a metaphor for neglect. The natural sounds of birds in an outdoor setting suggested a forest, which also suggested health and wellbeing in a spiritual and transcendental context.

[92]Sounds created by the actors with prop items added to the aural experience of the hospital's narrative, including the banging of a plastic pipe by the construction worker; the tinkling of a pestle and mortar used by a nurse and a Baba Yaga character independently; the flutter of falling papers by the file administrator and then the Baba Yaga trio; the gentle scraping of the grass brooms against the wooden performance rostrum; the clinking of tin cups by the nurses, and the lifting and resting of the old telephone used by the doctor.

[93] The sound clip of dripping water, for example, presented a reading of a leaky tap or water-logged cavernous space: in this way, I wanted to present the Helen Joseph Hospital as a "leaky tap": an old structure that has fallen into disrepair and structural "brokenness". Aural shifts in the dramatic tension of scenes were also explored: during one particular corridor scene, where the soft gurgling of water transitioned into heavy rain. This denoted a progression of time, and resonated with the rhythm of movement of the performers. A contrast of visual and aural rhythm was achieved as various characters were observed travelling through the "linoleum colon", the corridors of the Helen Joseph Hospital.

The corridor scenes as a trilogy presented an example of the coexistence of fiction and reality. The first corridor scene, for example, includes an actual recorded hospital soundscape of the Helen Joseph Hospital, the gentle gurgling of a water stream, and heavy rain. In the final corridor scene the aural layer of birds in a forest is utilised.



Figure 3.19
M. Thomik
Cleansing waters
2016



Figure 3.20
M. Thomik
Human-centred care
2016

Each natural soundscape (the sounds of different bodies of water[94] and birdsong[95])expressive of the natural, organic world- that which I perceive to offer a human-centred, organic approach to health and healing practice- offered juxtaposition to the urban public health site, since these natural aural choices in the production connote, peace, nature, healing and wellness.

[94] Water is a recurring sound motif in the audio composition, inspired by the water-like patterns (refer Figure 3.21) observed on some linoleum patterns in the site. Three forms of water movement are presented alongside the visual work: a soundscape of a small stream; dripping or leaking water in a closed interior space due to the acoustic effect presented, and heavy rain. Water is a natural element that surfaces in the production as a healing, natural ally, expressing health and wellbeing, and being at one with the natural world. A key "water moment" occurs in a gentle stream of water incorporated into the scene of healing (refer Figures 3.19 & 3.20): Renos kneels in front of the water bowl and, whilst Colin and Siphumeze embody the healing, motherly essence of grandmother Yaga, purify and clean away his illness, dis-ease, and pain with fabric swabs. The gentle splashing of water in the soundscape allows for the rhythm of the work to simmer down, providing space to breathe and "land", emotionally speaking. There is no language used in this scene, the image through action is foregrounded instead. I wanted to present the impression of the building site as a subject that "holds" and "knows" the dis-ease and illness that is contained within the site. The scene may be viewed as a moment before death, or a moment before a serious shift in a patient's treatment. Again, the life/death/life mother is implicated. The use of lighting to "soften" and generate the tenderness of the expressed action between the performers helped to create a sustained and "gentle" performative moment, a presence of connection between two subjective bodies: the hospital site, and the patient.

[95] The singing of birds can be perceived as peaceful, restorative and rejuvenating, and suggests to me a union of spirit, body, and mind, what may be considered a holistic understanding of health and health care practice. The industrial revolution pulled man away from the restorative, age-old practices of healing that took account of the human being first, treated in his home as a holistic (physical, mental and spiritual) entity. In this way, all faculties of the human being were taken into account as comfort and care were considered the pinnacle of good healthcare practice. The industrial revolution posited that man was machine, and the public hospital grew out of this era of rapid development and mechanical answers to health and healing. The public hospital was born out of the industrial revolution, and public health care transitioned from private care practice in a personal individual home to a "factory" for health care service.

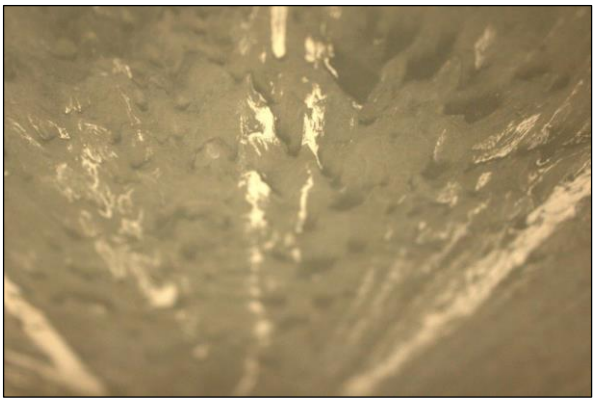


Figure 3.21
Author~~M. Thomik~~
Waterfall
2016

According to Fields (2017npn), “nature brings me back to source”, so the use of nature soundscapes served to alleviate dis-ease of the patient, but also presented the audience with a suggested implication of natural and organic healing approaches. In the podcast, ‘The Good Life Project’, Fields (2017) references “forest bathing”, which is described as “being in the presence of, and immersed in, a forest”, and he affirms that this is “a restorative encounter”. Fields (2017) believes that “forest bathing” can present an immense shift in our mind set, mood, health, and physiology: “…even a plant in a room or being able to look out at nature affects people immensely.” In this way, nature can be considered a source of rejuvenation and wellbeing, of “bringing us back to source” (Fields, 2017). I interpret natural elements as age-old healing strategies, nature and health, and the organic (as we, and nature around us, are carbon-based life forms). My intention as theatre-maker and artist-researcher was to reference nature as a healing ally and empowering source from which we, as human beings, emerge. The public health space and arguably most health sites (including both public and private health sites) have departed drastically from “source” (Fields, 2017). In the fervour and frenzy of the emotional landscape of the Helen Joseph Hospital, I wanted to include moments for the audience to “breath” and reconnect to the legitimacy and authenticity of the human lived experience, and the essence of what I believe rests at the heart of health, wellness and human-centred care. Commenting on the limitation of verbal communication and a stressing of non-verbal performance in the work, the aforementioned themes juxtaposed with the complexity of the proposed narrative of the site was interpreted as follows:

> Almost without words or dialogue, the performance piece told a multi-layered story: about Helen Joseph hospital, a health facility freighted with contradictory and storied moments of neglect and compassion (a tale with parallels synching along the lines of

the larger narrative of the nation on its rollercoaster ride from hope to despair to hope, and back again), and a generalised story about hospitals and public health care in South Africa, and no doubt in other parts of the world. (J. Weintroub 2017, pers. comm., 31 January)

Image

The crafting of a theatrical language through performance image facilitated the creation of two different worlds, a way of entering two performance-making interpretations of *being* and *living*. The image of Baba Yaga as the hospital building was a directorial choice that made sense in the selection of Expressionist style, but also offered a disturbing metaphor for the hospital building. The Helen Joseph Hospital, like Baba Yaga, deals daily with life and death. This Hospital building is old and, if made a subject for the purpose of extending this personification, She is wise and a vessel of lived memory and daily re-enactments of public hospital life.



Figure 3.22
M. Thomik
Vulnerable
2016



Figure 3.23
M. Thomik
Observant Yaga body
2016

An important image which developed from the narrative data and the rehearsal improvisations, was of a patient played by Colin, whose eyes were wrapped with bandage (refer Figure 3.22). A scene in a dressing room is established as the patient is prompted by a nurse to sit for bandage dressing. The toilet paper was transformed into bandage, and she methodically wrapped the paper around his eyes. This action, and final image to the described scene, connoted a vulnerability that patients felt in the site that emerged, both verbally and non-verbally, in the narrative performance of the interview process. Though the progression of this image, the scene underwent a tense shift from the real to the fictional, as the sick patient, in need of care and attention, is transitioned into a final image of discord and despair. This feeling that culminates

is exacerbated as the nurse roughly administers water to “clean” and rid herself of the sickness and loathing for human-need. The patient called for attention, as he realised he was left alone, and a vendor (Renos) selling amenities comes to his aid: “wait, they will come,” he said to the patient, “you are not alone.” This was an existential image, describing the perpetual waiting that the public hospital space demands of the participant. This image purposefully expressed the moments of unexpected care and support that came from the people on the ground, such as the vendor or cleaners that act as supportive helpers for those participants using the site. This expression of unexpected humanity, “lightness”, and “ease” emerged in the data to contrast with the darker readings of despair, vulnerability and “dis-ease” that permeated the narrative performances and research.

Another image to conjure this sense of broken communication and the discord between human need and human care was expressed in a consultation scene between a clinician and a patient. Throughout the scene, both characters do not make eye contact, lacking authentic connection. The patient references tests that had previously been performed in the clinic, but were not present in the patient’s medical file. This experience emerged out of the stories gathered from participants, as one patient described a scope that she had had, but was absent from her medical file. This experience was not unique, where many patients in the interview exchange expressed anxiety around missing documentation and history from their files. All the while, a Baba Yaga body observes (refer Figure 3.23) the patient closely, and moves closer to him as he lies on the floor. A seemingly uneasy depiction, the Yaga body runs her hands over his body, watching and responding to his need to be seen and cared for. In this way, the hospital as Baba Yaga ‘holds’ the patients in her space, and the hospital is seen as a subjective and present body that potentially understands connection and human need. The wise hag is depicted through the performance of Siphumeze in this transaction between hospital building and patient. Slowly, she begins to sing. A scene of restorative health follows as a patient is held, soothed, and treated, by the Baba Yaga energy; the Helen Joseph Hospital transforms into an active being that responds to the circumstance of healing, human-centred care, and wellbeing within her body, the site of healthcare practice.

The public hospital and its archival system is not yet digital, and a major problem of the hard copy file system is that documentation can go missing. One clinician referred to a “file graveyard”, into which all missing medical files disappear. This place is apparently located in the basement of the building, and conjured an image of a leaking intestine of the Hospital: the underbelly of the building’s body. The file graveyard (refer Figure 3.24) and the anxiety of

losing one's medical file was captured in the scene where a patient (Renos), crying, gathers his file and loose documents and hugs them to his chest, as he lies down on the floor surface of the building.

The shadow screen upstage of the stage was used for shadow play by the performers' bodies. The fictional realm was captured through these shadow images (refer Figure 3.25), and created a continuous motif throughout the production as performers manifested meaning-laden shadows through their moving bodies. It was decided in the rehearsal phase that, beyond the screen, time and space would operate differently, and we worked collectively towards creating interesting and mysterious images through the possibility of shadow performance. Ultimately, our intention was to propose that the shadows created by the performer bodies, were the body of Baba Yaga and the hospital simultaneously.



Figure 3.24
M. Thomik
File graveyard
2016



Figure 3.25
M. Thomik
Shadow play
2016

The premise of the four theatre performance concepts were extrapolated in a discussion towards developing the creative research experiment. A progression of the four phases[96] I conceptualised as a methodology of performance-making formulated a process towards

[96] Concept phase; field study phase; rehearsal phase; and production phase.

reaching a theory of performance-making. I stress that the performance-making tools[97] culminated through the production phase offer important points for discussion in relation to a performance-making process, positioning four distinct cornerstones from which the experience of a public health space is constructed through narrative-making. I now proceed to the research findings this study has expounded.

[97] Body and movement; space; sound; and image

CHAPTER FOUR: RESEARCH FINDINGS

I believe the Helen Joseph Hospital has been neglected to a certain extent due to a perceived understanding of what the public health building *means* to a health care setting. A perceived understanding was exposed from the narrative data and field research observations enlisted by the ensemble and I as researchers in the site.

The research presented reflected interpretations and perceptions of the public health environment of Johannesburg beyond a hermetic study of the public hospital landscape, exposing phenomenological and experiential implications of a health care site as a container for meaning and lived experience. A process of synthesis and resynthesis (Braid, 1996: 19) of the data information was engaged: aware of the subjective role of artist-researcher that framed a meeting point between the stories relayed by the participants in the context of their experience of the site, and their contextualisation (Braid, 1996: 19) I elicited from the narrative data towards growing my research development of the participants' lived experience of the site. The coherence-making developed in response to the narrative data, supported by Braid's (ibid.) assertion of *narrative meaning*, and offered an opportunity for discovery on the part of the artist-researcher.

The research intention was constructed based on my interest in a health care site from a performance-making perspective. The emergence of "communitas" and "anti-communitas" was discovered and assimilated to the questions I framed around notions of "ease" and "dis-ease", and issues of access, service, and social and political disparity in this context have provided impetus to the current study. The discovery of "incidental humanity" as observed through field research processes surfaced: moments of acknowledgement, empathy, and connection between site participants, a generative force of the "humanness" of the site that I imbued throughout the development of the performance-making process.

The primary finding from the research exposed a dislocation between the health site and site participants: I assert that the public health site is not viewed as an ally and partner to healthcare practice, and is rather interpreted as an "outsider" to processes concerning health, wellbeing, and human-centred care. I deliberately transformed the site into a subjective body of meaning and understanding through a comparison and embodiment of Baba Yaga as the site itself. This purposeful directorial choice was intended to give "life" to a hermetic hospital building in order to present an objective structure as a feeling, knowing, and understanding ally to health care

practice. Through this artistic choice, I discovered that the hospital site can be transformed into a subjective body and ally to health care practice. I believe that performance studies, as a boundary-crossing discipline, enabled me to cross into a medical space from the perspective of performance praxis. The power of theatre-making potentiates means towards unspooling alternate ways of seeing, knowing, and understanding a public health site as a subjective body.



Figure 4.1
M. Thomik
Nurse wrapping bandage
2016



Figure 4.2
M. Thomik
Final moment
2016

In the final moment of the production, the ensemble group and I crafted a non-verbal image of a nurse (Siphumeze) wrapping a roll of bandage (refer Figure 4.1), cast in half-light, whilst a doctor (Colin), framed by a Baba Yaga shadow (refer Figure 4.2) slowly proceeded to step through imaginary "sludge" or "goo" that a clinician referenced as perpetually "leaking out" of the building at the staff entrance to the site. He also commented on the same staff entrance (located at the back of the site where the refuse and debris from the hospital is disposed) as being used to receive catering for patients, as well as release dead bodies for the mortuary. This conflict of process and service interchange was a horrifying discovery in the data, and exacerbated my "hunch" that the Helen Joseph Hospital is at odds with processes of human-centred care. The hospital as a factory for life and death emerged for me as an artist from this image described by the clinician.

I chose to utilise the recorded extract from this interview with the clinician in the final moment of the production. Furthermore, his perspective on the current state of the public health site in Johannesburg expressed that "a lot of the hospitals are the original old buildings, it doesn't seem like a lot is being done to change that." (clinician interview; October 2016). He stressed that "space is wasted, in a way" and communicated a feeling of being weighed down by the burden of bureaucracy and "red tape" prevalent from the experience of slow, or inactive change and little to no transformation in these old buildings. As an artist-researcher, I was challenged in the performance-making process to observe and articulate the collaborative findings from the field study phase in authentic and meaningful ways. In order to reach what I believe to be a genuine artistic response to the experience of the public hospital site, the group and I were called to position the integrity of our collaborative and artistic purpose- the production of *Beyond the linoleum colon*- throughout the four phases of the performance-making process. I assimilate this integrity of performance praxis to what Bogart and Landau (2005: 203-4) term the "philosophical goals" for the rehearsal process. They are as follows: "listen; pay attention; be open; change; respond; surprise yourself; use accidents; work with fearlessness and abandon and an open heart." Bogart and Landau (2005: 210) articulate a "humility" that is required for the observation and re-creation of the world around us, for performance. They propose this in their concepts surrounding the Viewpoints of performance-making and the language of theatre, but this observation and re-creation of the natural world through theatre praxis is not restricted to knowledge of their prescribed Viewpoints methodology. Rather, what I find useful in their *Viewpoints* (2005) text surrounding the idea of the "humble" theatre practitioner is reinforced by the philosophical goals (203-4) of the rehearsal process as well as the challenge in observing the natural world around us and to name the "consistent patterns of behaviour" (210) that exist, and continue to exist, in the social world. This "naming" of the "ways" of performance praxis in which the experience of the public health site was rendered for stage was a challenging and delicate activity in performance-making.

A feeling of humility emerging out of the performance-making process can be juxtaposed with the effect of feeling "changed" by the reception of storied hospital moments and the sharing of field research observations on the part of the performers and I. During the process, we all expressed to a certain degree the way in which the subject of the research, its themes, and the work we created in response, effected and affected our roles as theatre-makers and human beings living alongside, and often immersed in, the complex experience of the Johannesburg public health site. To a small extent, this was shared in conversation with the audience,

performers and I, and Renos articulated his personal experience of "taking on" the complexity of healthcare practice when he became ill during the process. He communicated a sense of being compounded by the research and performance-making process whilst battling with issues around his own health at the time. Weintroub remarks:

> Notwithstanding the obvious physical investment demanded by their multi-faceted roles, Lee's performing colleagues participated in the post-performance discussion. It was clear that their exploration and dissection of the narrative data provided to them had deeply affected them: their "witnessing" had changed them forever. They did not want audiences to dismiss the hospital as an indifferent, hopeless, negative space. In the course of their engagement with the research, it emerged clearly that they had experienced profoundly affecting and inspiring insights. As convoluted, labyrinthine, and haphazard the hospital experience might be, as a physical space under constant reconstruction and renovation – despite this, each of them intuited the aura of immense and meaningful caring within its walls. (2017, pers. comm., 31 January)

I take forward from this experience a better understanding of the sensitive fluidity of the narrative and meaning-making of a public hospital space, and an acknowledgment that an artist-researcher cannot divorce her own subjective understandings and perceptions of a public health site from an arts-based research study. I wove my own narrative of the public health space, and those of the performers, into the creative research project, informing a nuanced subjective lens into the daily lived experience of a health care site. Performance studies enabled me to transgress notions of performance, of space, of lived experience, and construct an autonomous theatre work that responded to the fluid meaning-making of citing site through performance making.

Beyond the linoleum colon manifested a body for the hospital through the inclusion of Baba Yaga, and I believe this to be an important and alternate contribution to an arts-based study of a health site. Once the hospital transformed into Baba Yaga, I could not view the healthcare site in any other way but that of a subjective body and therefore an ally to health care practice. This is the artistic outcome that emerged from the research study, proposing a possibility to view the hermetic hospital site as a partner towards assisting and promoting good health practice and service in the healthcare system of Johannesburg, and potentially the country. This approach to performance-making has the potential to propose similar research approaches to

understanding the health care site, fostering empathy for the perceptions of what health care sites mean for human-centred care.

CHAPTER FIVE: CONCLUSION

The performance experiment of *Beyond the linoleum colon* proposed a performance-making process towards formulating a possible working theory of performance-making, where it was established through practice and post-analysis that the nuance of the meaning-making of place can be reproduced through theatre-making methodology. Through this research journey, the medium of theatre offered several propositions for the constructed narrative of the public health site, as manifested through the form created using the theatre tools of body and movement, space, sound and image. I wanted to translate "the power manifested in the story's dimensions" of *Beyond the linoleum colon* (that which I had witnessed many nights ago in Bailey's *Medea* (2003) as noted in the introduction), creating a production that potentiates sensorial, emotional, and psychological responses of the interpreted construction of narrative for the Hospital, a process of excavating the expressive and experiential landscape of the building. There is a "responding fully to the situation at hand" (Bogart 2001: 85) that was required from director-researcher and performers that I discovered, and, amidst sharing time and space (ibid.) and *communitas* (Turner, 1969: 96), together we departed on the story's journey.

Beyond the linoleum colon conjured ways to reimagine the public hospital building through data interpretation, performance-making, and the language of theatre. A constructed narrative towards reimagining the public hospital space through performance as research methodology was devised: unspooling new ways of seeing, knowing, and understanding the public health site.

The exploration and creation of the theatre production was fuelled by the trigger "linoleum colon", a process of wanting to look beyond a restrictive metaphor assigned by a few voices that work within the site. The performance-making process of looking and moving beyond the metaphor also reflects the intention for, and research approach to, this study. However, "experience" is "alive" and "active" in the present moment according to Turner (1986: 93), and is in a constant state of flux and meaning-making. I support that "*(social) space is a (social) product*" (Lefebvre 1991: 26) (original emphasis), and that the imagination emerges from sensory phenomena, including "…projects and projections, symbols and utopias" (Lefebvre 1991: 11-2). *Beyond the linoleum colon* was a study in elucidating the sensory phenomena of a site through theatre expressionism, implicating all manner of experience that Lefebvre (1991)

notes the physical, mental, and social spheres of the human daily life as intrinsic to human experience.

The four phases I implemented as a model for performance-making enabled this research experiment to be followed in a systematic manner, presenting each of the four phases in discussion with the context of the theatrical event. Each phase correlates with a distinct chronological stage in the research process to produce a model that would result in a systematic account. The outcomes of each phase were framed to respond to the research question:

To what extent can a constructed performance narrative provide the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice?

The performance-making model I implemented was framed according to the following four phases:

- The concept phase;
- the field study phase;
- the rehearsal phase; and
- the performance phase.

Contained in discussion of the production phase of the performance-making methodology, I articulated four theatre performance tools that included:

- body and movement;
- space;
- sound; and
- image.

A PaR investigation of the metaphor “linoleum colon” provided a narrative of place (Merrifield, 1993) and presented the question as to what extent a constructed performance narrative provides the potential for audience transformation in reading, knowing, and understanding the public health site as an ally to health care practice. Weintroub (2017) was a particular voice I used in response to a reading of the theatre work.

The healthcare building has the function of structurally supporting the process and progress of health care practice. Insufficient attention and interest is paid to these important and necessary public health structures more broadly, where "sick building syndrome" (Rayner, 2005: 5), where it is worth noting the effect a building can have on the health and wellbeing of its participants and stakeholders. With its peeling linoleum floors, cracked floors and disintegrated aesthetic surfaces, as well as leaks, the Helen Joseph Hospital may indeed be a "sick building". A "healthier", revitalised building would undoubtedly offer a better health care practice. The focus of this research is not to intervene in the efficiency of medical practice and service delivery at the site, but it was noted that a brighter, cleaner, revitalised space, through renovations, would provide a sense of psychological upliftment to all who frequent the site. The public health spaces of the city reflect "an old world" (clinician interview,14:11, October 2016) in direct and tangible ways, often littered with debris both inside and out. If we can see the hospital as expressively "alive" and an active ally to healthcare practice, it may alter "an old world" solution, to encompass a new world ideology, where change and transformation can occur in genuine, meaningful, and human-centred ways.

Buildings tell stories, and descriptions of the world emerge from within the human mind. (Rorty, as cited in Bogart, 2001: 28). The "truth" of the human lived experience, if it can be found, is rooted in a phenomenological understanding of the world around us. Performance as method and as metaphor (Warren, 2010: 221) operates to unearth and reimagine the narrative of the public health site, locating both inquiry and discovery (Carver, 2007: 7-8) in its method of practice.

Pollock's (2010) proposition of the "collision course" emerges in what I consider to be the convergence of performance studies, urban spatial praxis, and narrative theory for the purpose of developing a theory of performance-making through performance as research methodology. The "collision" (ibid.) of assimilated theoretical ideas in relation to the key concepts[98] outlined in the theoretical framework informed this discussion, leading to the construction of the lived experience of the hospital site through the process of citing site through PaR methodology. New possibilities can propose the experience of a "revelation":

[98] Outlined at the start of the theoretical framework discussion, the key concepts included: "performance", "performance-making" and the "construction of narrative" through a performance-making process; "community"; "space" "narrative"; and "collision course".

> Revelation occurs at the moment of impact. But it isn't fatal: "You have to look fire in the face to go through fire…If we turn our eyes away, all is lost. You have to jump through the fire, not to destroy yourself, but to keep hope alive." (Virilio as cited by Pollock, 2010: 204)

This coming together in the form of "revelation" can also be a precise and violent meeting: a "collision course" (Pollock 2010). And, according to Warren (2010: 218), the issue of subjectivity is not a rigid framework but rather a production of perspective through human interaction. Furthermore, Lefebvre (1991: 36) argues that if space may be considered a product, then our knowledge of space must delineate a process of production and its very reproduction of meaning-making.

The temporary community enabled in this research through the performance and notably the "question and answer" forum, provided intelligent and poignant responses to the research investigation, reinforcing the data findings from the field study phase as well as select audience responses surfacing as research data in itself. Resonating responses from this forum and post-production discussions included a sense of "being moved", of sadness, and/or the frustration and sadness of this public hospital experience; troubling, discomfort, claustrophobia, to name but a few. This feedback illuminated the reception of the theatrical event and forms an integral resource towards the findings of the creative research experiment.

Through the process of performing "an operational 'living' construct" of place[99] (Kearns & Moon, 2002: 609) as well as locating performance as metaphor (Alexander & Myers 2010; Lockford, 2010; Macdonald, 2010; Moreira, 2010; Pollock, 2010; Warren, 2010)I wanted to discover what Carver (2007: 7-8) describes as: the "complications"; the "expression of differing perspectives"; and the "inquiry" and "discovery" of constructing through performance methodology an account of the building's narrative:

> Performance is a method that not only shows the *complications* in one's story, one's life, and one's daily experiences, but it allows for critique, analysis, and *expression of differing perspectives*, lenses, and emotional paths. Performance can make the raw self real to an audience, with a vulnerability that exists in the very moment of expression.

[99] "...The key observations are that there is an increased awareness that places matter... Place has been seen as an operational 'living' construct which 'matters' as opposed to being a passive 'container' in which things are simply recorded." (Kearns & Moon, 2002: 609)

> Performance is a simultaneous method of *inquiry* and *discovery* in the very moment that the performer and audience share air, space, and time together. (Carver, 2007: 7-8) (emphasis added).

In responding to the "how" (Carver, 2007: 4) to manifest the "ways" in which the experience of the hospital site can be cited through performance-making and narrative, I draw on an earlier journal extract that probed this challenge I faced:

> *What is the narrative of this space? What story, or anti-story, is implicated? How can we experience the public hospital differently, re-visited through symbol and metaphor. Only when we are exposed to different ways of seeing that offer alternative and imaginative possibilities can we look to redescribe or revisit the way in which we understand our world, our humanity, our understanding of health and healing.* (Journal writing T. Lee; September 2016)

I proposed a discussion on performance studies as the engine for the theoretical framework and linked relevant discourse from urban spatial praxis and narrative theory to enable a convergence towards realising a theory of performance-making. The research is relevant to the field of medical humanities, a "bringing together" and a humanist approach of an arts-based study that examines a site of medical and health practice, where I discovered that theatre and medicine are not disparate fields where they share focus on the human being, and, when viewed from a human-centred perspective, both fields have the potential to examine and articulate the lived human experience. Theatre and medicine merged for the purpose of this study, providing a necessary dialogue through theatre-making that attempted to highlight connection ("ease") and disconnection ("dis-ease") of health practice and health understanding. Through the concepts of "collision" (Pollock, 2010) and "action" (Schechner, 2002) in the performance studies discourse referenced, the hospital experience was brought to life in a cooperative and constructive manner towards offering an artistic account of the site as a place of public health and healing, in a juxtaposition of communitas and anti-communitas that existed there. The study also aimed to provide an example of researching a medical space – a public hospital – from a theatre-making perspective; crossing over into a medical space that, academically, departs from my own performance praxis. This "boundary-crossing" (Conquergood, 1995: 137-8) initiative contributes to academic knowledge-making forms generated at the meeting-

point between arts and medicine, through an alternate process of seeing, knowing, and understanding a health care site from a theatre-making perspective.

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