

Staging Invisible Disease in Dance Performance

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Kseniia Komoza

Student Number: 5288908

Supervisor: Dr. Konstantina Georgelou

Second Reader: Dr. Chiel Kattenbelt

ABSTRACT

This thesis examines the staging strategies of invisible disease in contemporary dance performances. I create a foundation for exploring what stands for invisible disease in each of the case studies, using Gilles Deleuze and Félix Guattari's reading by three contemporary philosophers Ian Buchanan, Nick Fox, and Cameron Duff. I then move to different constituent elements of the diseases, introducing those that affect it most significantly, such as "messiness of the body" or "labelling," activating these concepts through researchers like Petra Kupperts and Michel Foucault. I then propose to look at the dance performance as an alternative vision machine, which possibly subverts the power modalities, creating a possibility for the creators and dancers to examine diseased bodies by themselves and giving voice to the muted object of medical procedures. From this perspective, I offer a performance analysis of very different, yet closely related, cases of invisible diseases and show how the performance allows them to become visible. I also argue that the practice of sharing knowledge about a disease does not always demand a full understanding of the condition, nor does it allow one to fully understand the disease. Thus, the staging strategies I examine create the opportunity to co-research and co-question the experience.

In the first case study, *The Ephemeral Life of an Octopus* (2019) by Léa Tirabasso, I show how a disease is made visible through something I call "a monstrosity of cancer cells." I describe how a specific approach to the rehearsal process in the form of research led a choreographer with dancers to an active deconstruction of the habitual movement which embodies the "monstrosity of cancer cells." I also propose the term "machinistic hum" which helps me to define the atmosphere of a factory where the body seems to be depicted as a broken detail of a huge machinery. In the second case study, *Bent out of shape* (2019) by Suzie Davies and Mattias Ekholm, I unite choreographic and scenographical decisions under the term "laboratorium," a place where the body is an object for self-research and dissection. I show how the place of a dance piece allows a practice of dissection to stop "muting" the object of the research by giving it "voice." With readings from Olivier Bert, I move to the third case study, *Only Mine Alone* (2016) by artistic duo Ana Dubljević and Igor Koruga and show how labour market and consumption culture act as main constituent elements of the assemblage of disease in the third case. I refer again to "machinistic hum," but now I analyse how dramaturgical and choreographic choices lead to the visibility of a depression.

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Introduction

Since the outbreak of the pandemic, I have been fascinated with the invisibility of the coronavirus. A pre-symptomatic carrier of the virus may be standing next to you on the subway without anyone being aware of the virus' presence. The lack of physical visibility of the virus in a carrier complicates its phenomenological comprehension. Nevertheless, there has been an enormous drive to uncover information about the virus, as this is crucial in the fight against it. Having had corona myself, I became more and more connected to my writing about the disease.

Living in these times felt like the illness and narratives about it were continuously being redefined significantly, if not dramatically. The experience of illness, of course, is not new to humankind, but this pandemic is unique in its rapid and worldwide spread. The climate of the pandemic has sparked my interest in how contemporary performance art has addressed the invisibility of the disease and the shared experience of the disease. I'm aware that some diseases have a vivid visual manifestation and therefore became an object of art, falling under the category of "creepy", "disgusting", "traumatic", and "ugly", like the masochistic works of a great American artist Bob Flanagan, who put the visual presentation of his pain and chronic illness at the heart of his works. On the other hand, asymptotic diseases, which are not manifested on the surface of the body, require other forms of representation.

The term "invisible disease" in this thesis is to be understood as a state of infection that does not necessarily manifest itself on the surface of the body; hence, the disease isn't physically visible. However, the notion of invisibility itself requires further specification. With the echo of different writings, I interpret invisibility as something that is conceptualized differently in specific performances. In each case, it significantly challenges current

narratives of diseases that exist in a broader sense. In addition to thinking of performance art as a means to bring the invisible disease into a domain of visibility, I will also acknowledge and problematize exactly what sides of the disease are becoming visible.

Contemporary choreography calls into question the many uncertainties that various diseases encompass, both by the texture of the movement as well as by the dramaturgical choices. I recognize that these uncertainties may differ considerably from those most often studied in the literature on diseases in contemporary performance practices, particularly in contemporary dance.

In recent years, numerous dance performances have included differently abled performers. For instance, some of the world-known contemporary dance companies who work with disabled dancers are Candoco, DV8 Physical Theatre, and Indepen-Dance in the UK; CiM Dance Company in Portugal; Croí Glan in Ireland; and Plattform-K in Belgium, as well as independent artists like Claire Cunningham and Madeleine Månsson. Presently, there is a growing body of literature on disability studies in the context of the performing arts, like works by Sarah Whatley, who focuses specifically on dance and disability, and by Carrie Sandahl and Philip Auslander, who focus on disability in contemporary performances. One of the main arguments of this thesis is that several diseases are excluded from this practice and discourse, especially those that are deemed as ‘invisible’ and whose consequences of ‘dysfunctionality’ cannot easily be pinned down on the bodies of the performers. Many conditions stem from the definition of “medical performance,”¹ as they may not even be recognized as diseases in medical discourse. More specifically, I refer to mental health diseases such as depression, unnamed chronic illness, and cancer. The performances that I

¹ Performance art which focuses on the narratives about medical diagnoses. This term is widely used among researchers. “‘Medical performances’ are defined by their employment of medical procedures and technologies, often enacted upon the artist’s body or the use of biological material in the making of living artworks” (Mermikides and Bouchard 9).

study in this thesis thematize and visualise these otherwise ‘unseen’ diseases through the choreographic and dramaturgical devices that they use.

In this thesis, I introduce literature that studies the intersection between medicine and performance as well as a philosophical discussion about illness and health. The latter derives from readings of Gilles Deleuze and Felix Guattari’s works by philosophers Ian Buchanan, Nick Fox, and Cameron Duff, who theorize health and illness as complex concepts. This combination of performance and philosophical discourse that concentrates on the study of medicine, allows me to conceptualize dance performances through the lenses of illness and health, and to study specifically how invisible diseases are rendered visible in the selected choreographies.

Based on this research gap as well as the lack of a united definition of disease in general, it is clear that a new understanding towards diseases and their connection to the contemporary choreography is required. From this, I develop my central research question: *how can invisible disease be staged in a dance performance?*

Structure

The main research question sets the trajectory for the chapter layout of the thesis. It will be explored in four chapters. In Chapter 1, the theoretical concepts are introduced and contextualized. Chapter 1 is dedicated to the question: What can a body do? By proposing this question, I will show how throughout the thesis “ill bodies” will be defined using the concept of “affects” that Gilles Deleuze and Felix Guattari developed. I will draw from several publications by three health researchers Nick Fox, Ian Buchanan, and Cameron Duff. Using the mechanics of “affects,” I then propose two ways of showing invisible disease. The first one involves staging a diseased body which can not affect and be affected as it used to be. To delve deeper into this way of staging, I introduce the concept of “dysfunction,”

analysing crucial insights as well as research gaps in texts by Petra Kuppers, Michel Foucault and Fox, Buchanan and Duff. By placing them together, I explain how their methodological logic led the authors to the lack of the necessity to even operate with this concept, which leads me to a task of developing a concept while still allowing it to exist in the introduced theoretical context without contradiction. The second way of visualising invisible conditions consists of collisions with different agents who can affect the body in completely new ways. Here, I distinguish two main practices: dissection and naming. Bringing together the writings by Kuppers, Foucault, Mermikides and Bouchard helps me to elaborate on the practice of dissection and naming (or labelling) in performance art. I finish this chapter by connecting Deleuze philosophy of the body to dance practice, using writings from the volume *Practising with Deleuze*.

In Chapter 2 the first case study will be analysed – a work that focuses on the experience of ovarian cancer. It will explore how the monstrosity of the disease can be staged; a quality that makes the invisible disease apparent. I will introduce a term “machinistic hum,” a setting where a human organism is staged as a factory. I will show how stage design depicts a disease creeping through the flesh of the body which is then again supported by the concept “messiness of the body” (Kuppers 33). I will also analyse the machinistic hum in the choreography of the piece. I will do that by both analysing the movement in the performance, as well as exploring how the specific quality of the movement was achieved by the research trajectory in the rehearsal process.

Chapter 3 will also focus on dramaturgical and choreographic strategies of the second case study of the thesis – a choreography *Bent out of shape* (2019) about an experience of suffering from chronic disease. I will introduce a setting of “laboratory,” which is created in the performance by both scenography and choreography. I will show how research in a laboratory setting is accompanied by a seemingly unmatching intimate story of one of the

creators of the piece - Suzie- that is being shared in the textual landscape of the piece. It will prove that staging strategies not necessarily work together on constructing a clear reality of the disease. Furthermore, I will problematize the notion of invisibility by showing how the knowledge of the disease in a chosen case study is not fully shared, yet still, the possibility to make the condition visible is created, which once again justifies that constructed knowledge is not the only thing that can make us understand the disease and make it visible.

In Chapter 4, I will conduct the last performance analysis of a dance piece on depression *Only Mine Alone* (2016). I will return to “machinistic hum,” exploring it here through both rhythmic quality of the text and a rhythmic movement. I will also problematize the experience of having depression in late-stage capitalism through the close reading of a text by Olivier Bert, once again referring to the mechanics of “affects,” because the visibility in *Only Mine Alone* is achieved through connecting to capitalism culture and exploring affects of this phenomenon.

Methodology

I start my research with a methodological proposition that I derive from writings on Deleuze and Guattari by Fox, Duff and Buchanan – asking the question: what can a body do? In doing so, my research shifts from understanding an unhealthy body as a stable notion, to the procedurality of the disease - the study of processes rather than discrete events. Following this question, I try to capture the processual nature of a disease and the significance of its affects with other agents. This gives me a tool to answer the central research question, as I propose that this methodological framework enables me to see how the invisible disease can be visualised.

To further outline these ways of staging that depend on the capacity of the body to affect and be affected, I develop several concepts from different authors, either placing them

together in a fruitful tension or acknowledging the gaps relative to my research. I believe that the very unstable nature of these concepts challenges the narratives of the disease. For showing the absence of possibility to affect and be affected I focus on the concept of *dysfunction*. I also delve into the practices of *dissection* and *naming* – strategies, whose history and very nature are rather problematic, but which at the same time can be dramaturgically used to make the disease visible in the performance.

I further analyse my three case studies with regard to the dramaturgy and choreography of the performances. I conduct performance analysis, combining analysis of both dramaturgical and choreographic tools used in my case studies. While analysing the performances, I consider the short text “Dramaturgy as a Mode of Looking” by Maaïke Bleeker, in which she reflects on the position of a dramaturg in the creative process. From this writing, I cultivate my understanding of dramaturgy as a phenomenon. Coming up with a neologism from Hans Thies Lehmann, “Theatre of Landscape,” he highlights the importance of the many layers in theatre – text, physical action, sound, scenography, and architecture (165). My task is then similar to that of a dramaturg, usually involved in the creative process, but I try to implement the same strategies in the analysis process: being aware of the multidimensional network of relationships between all the elements that constitute the performance as the event. I will analyse how these elements collide with each other.

Throughout this thesis, I develop concepts like “laboratory setting”, “machinistic hum” and “monstrosity” that aesthetically frame various dramaturgical and choreographic tools. I also try to distinguish specific choreographic strategies, methodologically relying on texts by Antonia Pont and Philipa Rothfield. I understand contemporary dance as a practice that challenges established ways of making dance through a process of questioning and investigating movement, thereby I specifically focus on the movement text, trying to analyse

how various decisions in the choreographic text led to the visibility of a diseased body, to unique corporeality.

I have selected the case studies *The Ephemeral Life of an Octopus* (2019) by UK based choreographer Léa Tirabasso, *Bent out of shape* (2019) by Suzie Davies and Mattias Ekholm (which were privately sent to me by the creators), and *Only Mine Alone* (2016) by Serbian artistic duo Ana Dubljević and Igor Koruga (which can be accessed through Vimeo). Each of these presents diverse forms of invisible disease embodiments, thus prompting different elements in the assemblages of disease. By activating writings of different theorists, I show how performance can be recognized as an alternative to the medical “vision machine” (Kuppers 32) – a place where the invisibility of disease is recognized and analysed. I will argue that all three performances return the “ill body,” with its unique relations and with its own specific forces, to the domain of visibility and I will claim that the dance performance with the support of different dramaturgical tools creates an environment for demonstrating ill and health corporeality.

Chapter 1. Performance as a vision machine

The journey of this chapter begins with a question: *what can a body do?* I will engage in readings of three health researchers: Ian Buchanan and his article *The problem of the body in Deleuze and Guattari, Or, What Can a Body Do?*, Nick Fox with *Refracting 'Health': Deleuze, Guattari and Body-Self*, and Cameron Duff with two works: *Towards a Developmental Ethology*, and *Assemblages of Health: Deleuze's Empiricism and the Ethology of Life*, who emphasize the importance of this question for Deleuze and Guattari's philosophy. Their work activates Deleuze and Guattari's concept of affect as a tool for thinking about health and illness. I will further elaborate on how this question influences our perspective on the embodiment of the disease in the performance relative to the question *what is a body?* The latter question, which can be perceived as a methodological step, starts the discussion of the ways the invisible disease can manifest itself in different interactions. Following that, I move to discussing three main components of these interactions, namely *dissection*, *naming* and *dysfunction*. In the last subsection, I will analyse the connections between practising and performing contemporary choreography based on Philipa Rothfield's perspective in the chapter *Experience and its Others* from *Practising with Deleuze: Design, Dance, Art, Writing, Philosophy*. Lastly, I will argue that the new corporeal logic which emerges during practising and performing contemporary dance is closely related to the corporeality which forms the debilitated body.

1.1 What can a body do?

In this thesis, I propose following the same methodological pathway suggested by the three researchers who use optics introduced by Deleuze and Guattari for their research in health and illness, namely Ian Buchanan, Nick Fox, and Cameron Duff. British researcher Nick Fox proposes new ways of applying materialist and posthuman social theory to health

studies. Australian author Cameron Duff focuses on public health, mental health, and medical anthropology. Both budding researchers, along with cultural theorist Ian Buchanan, use the theoretical concepts of Deleuze as a starting point for research on health and diseases. In particular, I will show how they use the concept of “affect” while theorizing health and disease. By building on several publications by Duff, Fox and Buchanan I theoretically explain how the invisible diseased body can become visible not only in performance settings, but in general: it can be put into the domain of visibility by showing it in the process of affecting others and being affected. Authors suggest a question as a starting point of research where the “healthy” or “diseased” body acts as an object of a reflection: this body cannot be defined, but the processes that this body is involved in can be.

In his work, Buchanan following Deleuze, offers instructions for moving along the research path: “To find out what a constructivist body is, we need to take a step back and map the path of the moves Deleuze and Guattari make. Principally, this involves a return to Deleuze’s two books on Spinoza and to the question: *‘What can a body do?’*” (Buchanan 76). The same question as a starting point arises in other texts by Fox and Duff (Fox, “Refracting Health” 358) (Duff, “Towards a Developmental Ethology” 625). By asking this question, we are moving away from defining a healthy or ill body, and towards asking what a body can do and what relations this body is capable of composing with other human and non-human bodies. Duff poses the question *what particular affects determine a body in its capacity to affect and be affected by other bodies?* (Duff, “Towards a Developmental Ethology” 625). Health is defined as the “actual measurable capacity to form new relations, which can always be increased, and the concomitant determination of whether or not the newly formed relations between bodies lead to the formation of new compounds, or the decomposition of already existing ones” (Buchanan 82).

Health in such optics no longer acts as the quality of an individual's physical body. Instead, it belongs to an assemblage of health, which is also formed from different events, and relations (Duff, *Assemblages of Health: Deleuze's Empiricism and the Ethology of Life* 35). That means that health cannot be strictly defined. Instead, we can attempt to capture various constituent parts of health in a particular moment, knowing that this assemblage - this group of various components, like societal health norms, medical writings, pills, sports centres, body fluids, and so on - will be different the moment it is affected by any other force or agent. This considered, our task is to determine which interactions the body enters in each of the performances that will be later analysed. I divide these interactions into two different strategies. The first one is staging a body that cannot be affected and affect anymore as it used to. Staging this body demands showing a dysfunctional body. The second one is showing completely new collisions with different agents that the body could not be affected by before, which leads it to visibility.

The connection between Deleuze and philosopher Benedict Spinoza is worth mentioning. To Deleuze, Spinoza was one of the modern philosophers who did not gloss over the body and who understood the essential importance of an interaction on a material plane (Deleuze and Joughin 183; 305). This suggests the importance of perceiving existing things - any existing entities - with attention to the compositions this thing enters and not through the standard moralistic divisions between good and evil that our mind suggests (Emilie and Julien Deleuze 9). A Spinozian action is acknowledging the ability to affect and be affected. By asking *what a body can do?*, the body does not have to be defined by its organs and functions. According to the original text by Deleuze, the pure Spinozist in this sense is a child calling an organ in his body a "peepee-maker" – "referring not to an organ or an organic function but basically to a material, in other words, to an aggregate whose elements vary

according to its connections, its relations of movement and rest, the different individuated assemblages it enters” (“A Thousand Plateaus” 256).

Buchanan and Duff offer similar understanding of an affect. Affect can be defined as a capacity to form relations, while relations are only realizable to the extent that they can be connected to an existing capacity to form them (Buchanan 81). The affects stand for a particular state at any specific moment, as well as its passage or transition from one affective state to another, and thus from one quantum of power to another (Duff, “Assemblages of Health” 43). For my research, this means that the diseased body, being affective and affecting, acquires new possibilities or is deprived of them; this introduces a new category of power. By entering into an exchange with these affects, a diseased body gains new knowledge and possibly subverts its condition of a medical diagnosis, becoming something we have “never heard of.”

Deleuze himself verbalizes an affect as an impersonal feeling of unknown nature, something tightly woven into the fabric of daily life, into daily interactions and collisions of powers. He discusses affects when he is describing how different humans are fascinated by observing animals. This fascination emerges not because the human is watching one animal, but because he is observing the pack, the multiplicity, and their interactions with each other. For instance, the wolf is not fundamentally a characteristic or a certain number of characteristics; it is a “wolfing.” Deleuze links this process of becoming-an-animal with the processes within a society, within the state (“A Thousand Plateaus” 240-242).

The most crucial characteristic in regard to illness and health is processualism, rather than a list of characteristics (*e.g.* they are ill not because they are feeling unwell and it is visible on the body, but because of a certain processualism, becoming-ill). Conceptualization, fixed terminology, categorization of nature - these steps go against Deleuzian philosophy, and our existence is firmly implanted in the universal event which means that there is no strict

ending or beginning of the things. When you accidentally touch a stranger in a crowd you create a wave of affects, affecting each other as a consequence. Speed and motion are central components of both Spinoza and Deleuze's way of understanding the world, in their metaphysics (Emilie and Julien Deleuze 5–6). In the context of this thesis, it means that there will be no strict definition of health or illness because it goes against the methodological framework that I am proposing. Instead, I intend to focus on the way these notions are conceptualized in certain moments in relation with other multiple entities, *i.e.* the way certain components affect and are affected by each other.

This question then proposes an actual methodological step in our research – I am not attempting to define a healthy or ill body, but instead I am asking: what can this body do? What relations is a patient body capable of composing? Health and illness do not own their independent existence. Deleuze's work provided an empirical basis for the study of health and disease, in which neither health nor disease are regarded as stable and recognizable properties of the individual body, but rather as intensive processes of becoming. I propose that this changes our perception of the case studies selected. My task is to analyse various extensive parts, both human and non-human bodies that make up assemblages of health and illness. This analysis implies the investigation of the ethological composition of these constituent parts “in order to identify the specific relations, affects and events that enable joyous (or healthy) encounters between bodies, and those that precipitate sad (or unhealthy) relations” (Duff, “Assemblages of Health” 53). The fullness of the human body and subsequently a disease itself sometimes emerges only as a lived reality in moments of interaction with different agents. Thus, by staging these interactions, performance becomes a vision machine with which disease can be analysed through the concept of “affect.” In the following subsections, I will show that this analysis in the case of invisible diseases is crucial,

obligatory even, since often only in a collision with other agents - those who dissect and name - these diseases are generally recognized as such.

1.2 Visualization techniques

As I have stated in the previous subsection, Duff, Buchanan and Fox clearly emphasize the importance of analysing the process of a diseased body affecting and being affected using quite similar approaches and concepts. One of these new collisions that visualize the disease can be a body that is confronted with visualization techniques. In this case the invisible is an equivalent of unlocalized.

One's disease can be invisible because it is hidden inside the undissected body. We do not have access to the inside of our body, and we may feel lost and insecure about not being able to locate the disease on our own. To understand this insecurity about one's illness it is necessary to unpack the concept of messiness of the body, which was introduced by Petra Kuppers, although it has been applied by numerous authors in relation to dissection practices in medicine. Both Kuppers and Foucault offer a way of thinking about visualization of the inside of bodies as a tool to extract a bodily knowledge, although Foucault addresses these dissecting practices as rather problematic and put them into domain of power relations. Regardless, they both emphasize this act as a way of seeing a body.

Telling a story of an invisible disease involves sharing knowledge. Petra Kuppers terms this knowledge as "bodily fantasy." This fantasy acts as

the labour of imaging and fashioning that surrounds the coming into being of bodies as selves and social beings... the meetings of image and experience at the sites of medical imagery and private body knowledge, expressed in contemporary creative labour. Knowledge becomes a performance, a recitation, an ordering act, an action.

(Kuppers 8)

Medical knowledge becomes fused with knowledge of the private body. Kuppers analyses various visualisation techniques in performing arts, that can employ a variety of disability aesthetics — the generation of differences, the vagueness of corporal limits. The ‘inside’ of human bodies is one of the latest frontiers of knowledge. Bodies are messy, unknown, and disavowed in their materiality in everyday life (Kuppers 32). The dissection culture acts as a tool for structuring “messy flesh” (Kuppers 37).

I claim that the process of imagining can be seen as a crucial component of the invisibility of an illness. Any pain, chronic or not, might be difficult to localize. For instance, mental problems may manifest as chronic pain in any limb followed by unexplained cramps. A cancerous tumour does not necessarily appear on the body. In this sense, invisibility is associated with the localisation of pain. Where is my pain located? What if it’s all over my body? Unlocated, viscous, periodically disappearing pain can be fixated using medical devices such as MRI or X-rays or blood tests with various indicators. At the moment of fixation, a vigorous medical practice enters the assemblage of the disease.

It was the philosopher Michel Foucault who pointed out the significance of the radical shift in medicine. He suggested that the French Revolution can be considered a starting point of the flourishing of “anatomy-politics,” in which the body becomes part of industrialization assemblages and is constantly reconfigured to be converted to an ideal disciplined body (Foucault 50-51). Anatomy-politics involves supervising the body to become docile and productive (Kuppers 3). In his work, Foucault made it apparent that the “life” of a human emerges as the object of political strategies, which makes it possible to create economically productive bodies (Lemke 165). This aligns with Deleuze and Guattari’s understanding of the body. Foucault shows that life in capitalism is treated as a text (because it can be scanned and dissected by medical technologies), which narrows the epistemological and normative border between humans and non-humans; “If life can be reduced to genetic structures, then the

differences between humans and nonhumans are gradual, not categorical” (Lemke 172). For Foucault these techniques are connected to “disciplinary power”: so, visualisation techniques are surveillance tools and a panoptical organization of institutional spaces where the body is always seen (Martins and Muñoz 2).

Both Foucault and Kupperts link different visualization techniques to the desire of finding reliable knowledge about the body, whether healthy or not. Also, the sites of these blind spots that need to be investigated are not culturally neutral; “different ways of knowing bodies, that is, different bodies, create different blind spots and sensitivities” (Kupperts 33). The performance of an invisible disease can be seen as an act of questioning the localisation. Which cells in my body are responsible for my pain? Where are they located?

Bodies that are afflicted by the disease often demand to be made visible by machines. This argument can further be supported by findings in the volume *Performance and the Medical Body* (Mermikides and Bouchard). Quoting Maaïke Bleeker, who has identified theatre as a “vision machine,” researchers call attention to the similar designation which can be applied to modern conceptions of medicine and the ways it engages with the body. “Both medicine and performance look at the bodies to construct knowledge, and both are informed by ideological framings that shape, influence and even distort those displays and their interpretation” (2). Mermikides and Bouchard also emphasize the potentiality of a performance to turn this vision machine into something less judgmental, less violent, and more humane, because “bodies can be staged in ways that draw attention to the potentially brutalizing effects of treating subjects and specimens and it can establish a dynamic of care and ethics of spectatorship that runs against the persistence of objectifying medical vision and intrusive revelation” (Mermikides and Bouchard 54). However, this argument involves an ethical engagement of the audience, *i.e.*, a sort of sentimentality, and it highlights the narratives of compassion and trauma. This is not always the case in the performances

discussed in this thesis. Indeed, all three performances present an “alternative vision machine.” In the following chapters, I will highlight how different dramaturgical and choreographic decisions lead to the visibility of the invisible disease. What is more, I will show how theatre can turn dissection into an individual practice, which attempts to annihilate the “disciplinary power” that Foucault talks about.

1.3 The power of naming

In this section, I further highlight the issues regarding the significance of naming, including the concepts of pain and diseases, which did not exist until recent times (Kononchuk, “Blesk i nishcheta bolezni”). Before the Age of Enlightenment, pain was not institutionalized - it did not have its own discourse. Additionally, pain did not have an immanent value in culture. Rather, it was perceived as a medium that conveys the message: it brings the message of God and raises the martyrs to God (Kononchuk, “Blesk i nishcheta bolezni”). Until the 16th and 17th centuries, illness and pain had only a functional meaning, and it was usually symbolic (Kononchuk, “Blesk i nishcheta bolezni”).

One of the strategies that can visualize the invisible disease is naming. When the body is affected by agents who “call out” the disease, whether it is a diagnosis conducted by a doctor or being labelled as “diseased” by society in general, the condition becomes visible. Knowledge about illnesses is temporary, it changes depending on the agent that investigates the disease. It is influenced by “the power of naming.” The power of naming can refer to two perspectives: it is either verbalized as an official diagnosis by a medical institution or it is generated by the person experiencing pain.

Considering the temporality of knowledge, the concept of invisibility can be elaborated by the pronouncement of the illness’ historicity. This involves dismantling the labels by asking questions – *what are the conditions that are labelled as deviant or abnormal*

nowadays? Was it acknowledged as a disease 10 years ago? A century ago? Is it acknowledged by health institutions, like the World Health Organization? Who holds the power of labelling? Historicity is defined as the historical determination of certain conditions that are seen as deviant of the current times. For instance, it was only in relatively recent times that “homosexuality” was dropped from the Mental Health register (Kuppers 59). Labelling or naming is not only fluid depending on the historical context, but also conditioned by it. For my analysis, this means that knowledge about an invisible disease, which becomes apparent in a performance, is consumed by historical conditioning. In particular, it becomes a crucial component in one of the performances, which I will discuss in more detail below, that capitalism as a historical condition determines the terminology of the disease.

The diseased body doesn't become visible by presenting itself as well as its scars or marks on the stage. Thus, it manifests itself by constantly questioning the localization of pain and it's labelling: *How can I, along with others, identify this condition? Can I complain about my feelings if I have not been labelled as a sick person in medical facilities? Who has the responsibility to make my condition visible?*

Diseases can often be unpredictable at the molecular level - our body at some point loses its ability to fight against the disease due to the malignant cells/virus being able to disguise and deceive the body. Medical practice compels us to constantly question and label. Based on these notes, I would argue that my case studies also put the invisible conditions in the domain of visibility by an endless process of questioning. The terminology around any kind of painful condition is incomprehensible and thus it is verbalized in metaphors, nicknames, and official diagnoses. This, once again, confirms the proceduralism and instability of disease and health, their fragmentation and stratification as assemblages, and their dependence on the affects. Naming or labelling demonstrates in what way performance

acts as a vision machine: it allows the audience to witness how new languages and knowledge are generated by presenting us with “labels” in the textual landscape.

1.4 Dysfunctionality

One of the ways of distinguishing a healthy body is observing its constant change when it is being affected by other agents and itself. However, sometimes when it reduces the speed and intensity of these interactions, when it is detached from this back and forth of affect, it can be seen as dysfunctional. The creators of the performances that I will analyse in the following chapters manage to stage invisible disease through thinking about dysfunction, thus creating a possibility to draw a parallel between a diseased body and a dysfunctional body, almost blending them together. I also feel that I must recognize that the term "dysfunctional" echoes, in a sense, the same problematic connotation as the use of the term disability. “Able-bodied” term holds the inherent problem of binary differentiation it implies with “disabled” bodies who are equally or more able in differing ways (Morris 123). In this case, it might be more correct to use the term “differently abled,” which is also employed as a language choice that recognizes and values all forms of difference and places the emphasis on ability, rather than on disability. Notwithstanding the importance of this acknowledgement, the narrative of dysfunction still demands our attention, because I believe that the creators of performances, especially in *Only Mine Alone*, question this notion and show how the modern world acts as an agent that calls people “dysfunctional.” Here I would like to draw on the authors whose concepts play an important role in my research, acknowledging the gap regarding dysfunction.

According to Duff/Buchanan/Fox, who follow Deleuze, as well as Kuppers, there are no dysfunctional bodies, and this term does not fit into their theoretical universe. However, we need dysfunction to show that diseased body means a body that ceased its functions and cannot affect and be affected like it used to be.

To start, I would like to introduce the concept of *productivity* as presented by Koppers from a personal perspective. She identifies herself as a disabled cultural researcher and her work is highly influenced by her own experience. She argues that the scar (as the imprint of an illness whether visible or not) can be seen as a living, breathing site of protest in the flesh (Koppers 10-11). For her, “the scar, trauma, and cut, are not simply tragic sites of loss, but also sites of fresh (and skinly) productivity...” (18-19). “For me, and for many others I know, pain as a condition of life interrogates certainties and borders. In pain ... I experience an opening toward interior and exterior sensations” (135). In this quote it is important to note the phrase “opening toward interior and exterior sensations.” This phrase corresponds with the idea of what a healthy body can do, which is to affect and be affected. Opening implies a positive narrative about the absence of dysfunction as such - a narrative about full existence and about the ability to experience.

Deleuze and Guattari’s way of thinking about the capacities of the body invites us to reconsider health as a priori notion that we must fight for. This means that when patients are ill, they are not losing any “interior self” because the anatomical body is not the carapace of the self. The lived physical body and the self which ‘experiences’ itself as being ‘inside’ the body are both consequences of reflexive, normative ways of thinking about embodiment and individuality (Fox 352). I do not reject the notion of such a struggle, as most illnesses require an act of *fighting for health*, which can be psychologically and physically painful. Instead, I contend that the dysfunction in my thesis will be regarded only as an external social label, but not as an internal quality of a person. This perspective requires particular attention to dysfunction, which I will examine in the second chapter, without limiting it to the narrative about “losing oneself” and “returning to the true self.”

To rephrase: our main function is to stay in the process of entering different relations according to Deleuze and Guattari. However, simply acknowledging this is not enough to

analyse the assemblages of health and illness in the performative practices, because dysfunction on its own acts as a powerful descriptive term in the chosen cases which needs to be evaluated further. The following chapters will examine more closely the characteristics of this flexible notion, which I propose acts as one of the pillars of the assemblage of illness. However, I can already state that a concept of dysfunctionality will show the power of performance as vision machine: although we are surrounded by medical images and different explanatory schemes, sometimes only a “failure” in achieving demanded tasks acts as an indicator of the disease. The case studies manage to stage these “failures,” showing through dance movements a body that “fails” to function.

1.5 Staging gorgeous accidents

The dancing body can signify various modes of organisation – embodying the experience of a diseased body is a desire to work beyond knowing, desire to show other agents that affect and could be affected. I wish to propose lenses for looking at the creation process of the performance and the performance itself as an action of “practising” as it is evaluated in the volume *Practising with Deleuze*. Antonia Pont argues that the artistic process of practising as a mode of doing “can be joyously accompanied by Deleuzian conceptual rigour and inventiveness” (Pont 16). Pont further argues that it is the philosophy of Deleuze that entails practising. Deleuzian philosophy functions by constantly querying how change happens – politically, larvally, socially, amorously, molecularly, and aesthetically (Pont 16). This practising, then, intersects with the “secret, tenacious, and often unacknowledged, preoccupation of practice, which – whether it knows it or not – operates in a sibling laboratory, staging gorgeous and terrifying accidents, courting intensities, and not-precluding joyous collisions” (Pont 16).

This means that practising and creating involves constant change – we reframe objects and materials for a performance composition – turn sounds, movements, and objects in space

into dramaturgical tools that gain new forces. According to Pont, for Deleuze, art begins already in these new relations and compositions, even without a *flesh* – a human on stage. It is the place of the performative that gives rise to the possibility of staging gorgeous and terrifying accidents (Pont 16).

To analyse how dance performances work with procedures of becoming-healthy and becoming-ill through choreography, I will turn to the chapters of the volume *Practising with Deleuze*, since the author views contemporary dance from the same angle that I propose to look at disease. This angle lies in proceduralism, in analysing the process of “becoming”. Drawing from Philipa Rothfield’s writing on practising dance with Deleuze, we can interpret a dancing body as a depiction of health and illness as a process of endless (re)territorialization.

Dance can possibly orient the body away from the subjectivity of experience and towards a non-human sense of corporeal agency (Rothfield 123). The dancing body in our case is the body that is able to signify myriads of modes of organization. As Rothfield notes about postmodern dance practice: it challenged established ways of making dance through a process of questioning and investigating movement (Rothfield 142). This can also be applied while thinking about the disease – questioning how we move when we are ill: our “habitual” and “repetitive” movements are shifted and changed. This not only happens externally, but also physically on a molecular level. The arguments that Rothfield demonstrates about postmodern dance can be applied to other forms of contemporary choreography. A key element is the “desire to work beyond knowing,” which aims to decentre and displace the familiar kinaesthetic territory of the choreographer and dancer (Rothfield 143).

Contemporary choreographic practice opens up the dancer’s kinaesthetic territory; a new corporeal logic can be enacted that allows them to embody the experiences of a diseased body.

In what follows, I will continue considering a question: *what can a body do?* and attempt to situate the performances in relation to this question. This exact question, which has been analysed in this chapter through writings by Fox, Buchanan, and Duff, forms the trajectory of the performance. By placing it together with Pont's and Rothfield's arguments, I suggest that contemporary choreography as a form of performance art allows to ask this question in the dance itself, and investigate different ways of moving when the body is affected by different agents.

In the next chapters, I will continue to develop the methodological approaches and concepts introduced in the first chapter in connection with the case studies of my thesis. I will derive specific staging strategies that put the invisible disease into the domain of visibility, by also referring to the concepts that were described in this chapter.

Chapter 2. *Ephemeral Life of an Octopus* as a place of monstrosity

In this chapter I will unpack how the practices of fixation and decoding the invisible parts of the body are presented dramaturgically and choreographically in the case studies. I have followed Koppers in her argumentation about the messiness of the body in Chapter 1 of this thesis. The performing arts can suggest replacements of vision machines, alternatives that reflect the practice of looking “inside” the diseased creature. I will start with a statement that conceptualizes the work *Ephemeral Life of an Octopus* (2019) by Léa Tirabasso, which suggests a division of mind and body to show a monstrosity. This prompts the discussion of different strategies that help to achieve the visibility of the monstrous diseased body. I will then introduce the “machinistic hum,” which helps me analyse both the sound environment and choreography of the piece. I then analyse the active deconstruction of the habitual movement used in practising contemporary dance, which shifts the experience of illness in the domain of visibility. I finish this chapter by returning to the quality of the monstrosity, which emphasizes the messiness of the body once again.

2.1 Monstrosity of the cancer cells

The first case study of focus is the *Ephemeral Life of an Octopus* (2019) by UK based choreographer Léa Tirabasso. The performance is based on the personal choreographer’s experience of ovarian cancer, particularly dysgerminoma. Before diving directly into the analysis of the performance, I will first delve into the text with a similar name, which served as one of the most important inspirations and references for creating Tirabasso's work. This text is *Human and the Octopus* by Philosophy professor Tom Stern. The most “humane” thing for the author is the ability to “forget about your own blood vessels and your bones” (Stern). Stern recalls his own experience of being at the hospital during a serious and extremely painful exacerbation of his chronic illness. He states:

perhaps it was for this reason that Nietzsche, no stranger himself to illness, posited an ‘active forgetfulness’ in man—a constant energy in the healthy person required to block out what he called ‘the noise and battle with which our underworld of serviceable organs work with and against each other.’ (Stern)

Stern also introduces the reader to Proust’s Octopus; “but to ask pity of our body is like discoursing in front of an octopus, for which our words can have no more meaning than the sound of the tides, and with which we should be appalled to find ourselves condemned to live” (Stern). From this quote, Tirabasso finds inspiration for the idea of a foreign body. In the process of having a disease we are “surprised by a body,” but this body is detached from us, from the spirit - it is another creature, a tangible, live octopus (Stern). “What illness creates is a confrontation and a terrifying awakening: that this thinking thing is attached to something else—something alien, brutal and deaf to reason” (Stern).

The disease makes the division of the body and the self-apparent. The piece *The Ephemeral Life of an Octopus* invites us to witness the octopuses’ non-human cancerous cells that have non-anthropocentric corporeal logic. During the rehearsals, the choreographer, who had a personal experience of cancer, made cancer cells the subject of the research in order to form the choreographic text. The question that can be derived from the production process is: *Even though these cells are located within the biological body, do they have the same qualities as living creatures?* For instance, Tirabasso, along with the dancers, worked with the idea of *apoptosis* - programmed cell death. “Isn't that incredible that when a cell is defective, it commits suicide, it saves the whole body by self-destroying... Well, a cancer cell is a cell that had lost this ability to commit suicide. Does it try? This, we're not sure of this and in the middle of rehearsal, we emailed Dr Eisinger to check our facts” (Tirabasso). Apparently, they have found out that cancerous cells do not die like that, and they are ‘ironically too full of life’ (Tirabasso). The immortality of cancerous cells puts them in the

domain of monstrosity as they are depicted as beasts. I believe that this beast nature of the disease, which I suggest calling “monstrosity” is what forms the choreography and the dramaturgical choices of the piece. I propose that one of the ways of staging invisible disease can be a confrontation with a monstrous nature of the human body. For Duff, Buchanan and Fox who build on Deleuze’s affect concept, that would mean that a monstrous nature is detaching Self from the Body and allowing to visualise a diseased body that while being affected by a condition turns to an alien.

In the following subsection, I show how monstrosity and beast nature is portrayed through mainly something that I call a “machinistic hum”- dramaturgical or choreographic qualities that are achieved through sound and breakage of movement, among other strategies.

2.2 A broken factory

As I have mentioned in Chapter 1, the anatomical body with its organic, biological qualities cannot be seen as the carapace of the self, according to Deleuze and Guattari. Here, I want to suggest the term “machinistic hum” which clearly describes the quality that is achieved through different staging strategies. I created the term "machinist hum" after having seen the scenes in relation to the works of Soviet avant-garde (1920-s) poet from the Soviet Union, Alexei Gastev, who worked on the idea of the perfect, rhythmic human body of a factory worker. He was enthralled by the marvel of the machine's monstrosity and wrote about how the perfect efficient worker should move, sound, and which rhythm he should follow (Kendal “Alexei Gastev”). The scenes that I will describe portray the human organism as a factory, *i.e.*, huge machinery. Huge machinery in this case demands the mechanization of man, whose movements are perfectly mastered in order to compete with the efficiency of the machine.

Ephemeral Life of an Octopus starts with performers appearing in everyday clothes, who then change into sport shorts and swimwear. The vibrant colours of the clothes highlight the uncomfortable and monstrous vivacity of cancer cells. In the next scene, the performers begin to move on the stage filled with microphone wires, which symbolises the disease creeping through the flesh of the body.

The huge machinery is created by the soundscape² and the choreography. At one point in the performance, the classical music in the background slowly fades into rhythmic, mechanical sounds. By infecting one another, the performers come to a synchronized monotonous movement. They start moving like rhythmic machines, mimicking each other. However, this machinistic hum is constantly being interrupted by a recurring error. The organism acts as a motor working not smoothly. Their movements, abrupt and precise, echo the factory. However, it is at this rhythmic, precise moment of the performance that the dysfunction of the cancer cell- the brokenness of the body, like a factory- is manifested. When all four performers repeat the movements one after the other, working as a harmonious organism at the same pace, like a heart beating a clear rhythm, one of them deviates from the synchronized movement. A second person may try to adjust their movement to restore synchronization, but someone else may change their movement again. Through such a machine hum, the audience gets the feeling that an error is created, and it is evident that the machine cannot, despite its best efforts, continue production.

This is what I call the constant “breaking of the movement”. A sudden fall or the wild movement of limbs to depict a loss of control evokes a demonic sensation. The breaking of the movement is apparent in the choreographic text. For instance, one of the performers initially stands in the arabesque pose known from classical ballet. But seconds after, she repeats the same arabesque pose in a broken, animalistic manner. These bodies cannot be

² Sound environment.

controlled or tamed and gradually the choreography intensifies in the animal state: performers bite themselves and each other like playing dogs. The soundscape is following the uncontrollability created in the choreographic text.

The disease in *The Ephemeral Life of an Octopus* is no longer human-like. What is crucial is that the cancerous body is not presented as traumatized or suffering. On the contrary, the performers seem full of joy and liveliness. For these deadly cells, their movements are a monstrous routine. They even yawn from time to time. Tirabasso navigates through different dance patterns that always seem unstable. I will further engage with some of these parts, but for now I want to emphasize that already from the very start of the performance we are presented with animals or creatures that lack human features. This quality, as I see it, is attained through the choreography itself.

2.3 How does the change occur?

How can the liveness of cancer cells and unique corporeal logic of cancer be achieved through choreography? In this subsection, I will delve deeper into the production and rehearsal process of the piece *The Ephemeral Life of an Octopus* that involves both scientific and bodily research, and I will show how the monstrosity of the cancer cells is achieved in the choreography.

The sensation that a body is doing something without one's consent was part of the movement research during rehearsals. While looking at Tirabasso's notes from the production process, I will further explore what Rothfield calls "dancing with Deleuze" in contemporary postmodern dance (Rothfield 137). Focusing on the solos or hybrid parts, performers question their movement in relation to different non-human agents. This is evident in the comment from the rehearsals that Tirabasso worked on during production: "today, we danced and improvised cells making mass / bodily needs [...] It feels like there would be so much more

to explore. From DNA to strange cellular phenomena whose names are impossible to remember" (Tirabasso). This indeed seems like a practice where change is at stake: *how does change occur?* At the molecular level, dance becomes a tool to explore different corporeal territories, *i.e.*, creatures of illness that enter into relationships with each other. We are not just confronted by the harm of the cancerous cells, but with its liveness instead. In *The Ephemeral Life of an Octopus* the movement logic of cancerous cells is being discovered through the choreographed dance of animals – dogs or wild creatures, which are healthy or unhealthy. In this sense I can agree with Rothfield, who believes that “postmodern kinaesthetic values and practices... aim to exceed (or recuse) the subjectivity of the dancer towards other modes of performative practice” (147).

This active deconstruction of the habitual movement, used in contemporary dance, can be seen as a dramaturgical practice, which places the constantly changing narrative of illness in the domain of visibility. Monstrosity is defined by a change - a person becoming a beast is a process, an unknown process that is being revealed in the rehearsals. Furthermore, the fact that this newly born beast is new to humans is exemplified by the lack of knowledge of the inside of one's body. Onwards, I will show how the messiness of the body becomes visible in *The Ephemeral Life of an Octopus*.

2.4 Messines of the body

Tirabasso uses dissection as a basic tool for rehearsing the piece - *i.e.*, she, along with the dancers, conducts research to “look inside” the body. She has collaborated with oncologists, gynaecologists, geneticists, and surgeons to understand what causes a healthy cell to become cancerous. She interprets this knowledge as both philosophical and phenomenological. For something to be phenomenological,³ she suggests, is for it to arouse

³ Phenomenological here can be defined as choreographer's personal experience.

“the feeling of having your body taken from one place to another, open, pierced, observed through different mechanisms and scopes, each going always deeper inside you” (Northern School of Contemporary Dance, “In Conversation with...Léa Tirabasso”). Collecting the medical data, she subverts the knowledge about a cancerous body and presents it in the performance, sharing these findings from her own perspective.

The stage design in a piece helps to illustrate the messiness of the diseased body. The stage in the performance *The Ephemeral Life of an Octopus* is structured in a way that resembles the messiness of the body - microphone wires are scattered in a huge heap on the stage; performers, acting like cancer cells, entangle themselves in these wires, resembling arteries and veins. Performers encounter wires and at the same time constantly move, thus making it impossible to fix them in one specific place in space. The same procedure, as I perceive it, happens when one is trying to localize the pain. The microphones resemble vision machines of modern medicine; visualizations that give a voice to the pain, make it heard and visible. The experience of having a disease, then indeed, becomes part of the medical framework of diagnosis and treatment. The illness is not a localized, isolated phenomenon within the body, it is part of interactions with vision machines that function as sources of knowledge. The location of pain can be seen as one of the major struggles of those experiencing pain. Sometimes its location within the body is ambivalent. It is crucial to note that during the whole performance the wires are just lying on the stage floor in a chaotic manner.

The beasts and the cancerous cells pronounce the messiness of the body, including the limited knowledge of the female anatomy.⁴ Tirabasso acknowledges a lack of knowledge about female bodies, particularly about the ways it can be affected by cancer, and it echoes

⁴ This corresponds with the complexity of the knowledge of the body as it had been evaluated in Chapter 2. It is not just about the knowledge about anybody, but also explicitly the female body.

the concepts of “messiness of the body” introduced by Kuppers, or more precisely “messy flesh” (Kuppers 37). In the very last scene, however, one of the performers takes the microphone from the floor and starts whispering. Even though she is mostly mumbling, she is heard, and her pain is understood. Other performers take the remaining microphones to her organs as if performing a thorough X-ray examination in an attempt to localize the disease. At the very end, this medical procedure causes her to be completely entangled in the wires. The choreographer arguably shows the ambiguity and complexity of our knowledge about cancer and the human body, showcasing the struggles that we face when trying to visualize or localize something we know so little about.

The patient’s voice can be easily lost amidst procedures, doctors, and medical interventions. In the performance, all the dramaturgical tools and the choreography of the dancers can quench the vital need to subvert certainties of medical knowledge, a desire to know, to localize, to vocalize and visualize something that is hidden from the patient. In fact, the performance gives an insight into the messiness of the body by the patients (meaning choreographers or dancers) themselves, because the choreographers are sharing their own experiences. By dissecting the body, as shown by the choreography, they can regain possession of medical knowledge. While sharing the story of the disease in the performance, a “messy body” is temporarily taken away from the visual machines, scanners, and X-rays, and is exposed in a performative story. *Ephemeral Life of an Octopus* (2019) highlights the monstrosity of the disease. Soundscape, stage design, and the choreographic tools help to put the experience of ovarian cancer, an unpredictable and complex condition that is not well known, into the domain of visibility.

Even though dissection as a practice acts as one of the tools that visualise a diseased body in this performance, I can agree with Gianna Bouchard on the way dissection practice can be reconsidered in performance. In her article *The pain of ‘Specimenhood’* (139-151) in

the mentioned collection *Performance and the Medical Body*, she argues after Jonathan Sawday that the dissected subject can be represented as were represented as being alive and fully participant in the dissective process, embodying the “living anatomy” (Mermikides and Bouchard 145). In the case of *Ephemeral life of an Octopus*, medical gaze and dissection practice does not suppress the individual, as Kupperts or Foucault argue about the violent nature of anatomy. Although the piece was made in a close dialogue with medical actors, it is the performance practice that returns us to individual dissection. The choreographer along with dancers vocalize and visualize cancer cells. They do not show the organs and the body’s interior on display, in a literal way, but perform it, delving deeper into its logic and nature, with respect to its own way of behaving that sometimes cannot be controlled by the patients and doctors. Terrifying and fragile, the cancerous body becomes visible.

Chapter 3. The unknown creature in *Bent out of shape*

In this chapter, I will analyse the performance *Bent out of shape* (2019) by Mattias Ekholm and Suzie Davies. The textual landscape invites us to think about “becoming a non-person” and “becoming a no-body,” which belongs to the narrative of pain. Here, the pain is detached from a biological state of the body and belongs to an unknown creature, *i.e.*, a “non-person,” as Suzie Davies calls herself in the performance. In this chapter, I will demonstrate how choreographers analyse the process of “becoming a non-person,” which enables them to evaluate the new corporeality of the diseased body. The “laboratory setting” acts as a space for this research. I demonstrate how this setting is created through choreographic text and stage design. Additionally, I depict how a body that can no longer participate in daily routines, (*i.e.*, a body that cannot affect and be affected), is visualised in the textual landscape created in the performance. Finally, I summarise my findings with the statement that the piece shows the process of research and self-reflection surrounding disease, rather than making the disease fully visible.

3.1 Call for dividing the anatomical body from the self

As I have mentioned in Chapter 1, the anatomical body with its organic, biological qualities, according to Deleuze and Guattari, cannot be seen as the carapace of the self. I want to further explore how this acts as the cornerstone for the performance’s narrative.

The division of body and self occurs in the performance *Bent out of Shape* by Suzie Davies and Mattias Ekholm. Suzie, a dancer and a choreographer herself, doesn’t name her chronic illness, instead, she shows how a trained, trusted body of a dancer becomes unknown and betrays the owner. The body is placed in a laboratory setting. The light is unnatural, even unsettling, and the bodies are lit as if they were at an anatomical theatre. The illuminated bodies of Suzy and David resemble the separation between the body and the mind. The sound

we hear during the performance resembles the sounds of medical apparatuses, like in a lab or a surgery room. The textual landscape in the piece ensures a clear narrative in *Bent out of Shape*. We can hear Suzie's voice guiding us through her illness history. She is dancing with her partner, and he appears as a listener - someone she is sharing her experience with.

The voice that we hear invites us into an intimate, personal story of Suzie's experience of the disease. However, the choreography doesn't seem to match the story. We hear Suzie asking herself the questions:

what is going on in my head? Does it coincide with what I am doing physically? Or what my body is doing? Is my body aware that my movements are compromised? Is it possible to be two halves of the same body? One part fully functioning and the other compromised? A bodily structure that could be perfect, in no way misshaped or misaligned, becomes spiky and damaged.

While we hear Suzie's voice and see her scanning and questioning her own corporeality, David acts as "others" as he asks her questions and helps move. In the performance, David, Suzie's life partner and a performer in *Bent out of Shape*, acknowledges her presence:

"Here I am getting up ...

You see we do it!

Yes, you can do it. I can see it"

In *Bent out of Shape*, issues of agency intrude upon the nexus between the disease and medical practice. Different voices engage in montages of visibility. Even though Suzie mentions that she has visited a hospital, we can see that she has shifted her disease into the domain of visibility by engaging with other agents: David, her partner, and with herself. At one point of the performance, Suzie starts scanning herself with her hands, touching her knees and stroking her legs until she reaches the floor. She also investigates her own

movement, by sitting in different, sometimes uncomfortable, positions (*can my body get into this position?*). Even though she states that she is becoming a no-person, she still acts like she knows what her inside looks like: “I am no longer soft and fluid. I am spikey and damaged. Maybe that is not completely visible. But inside that is the way it looks” (*Bent out of Shape*). Devoid of emotions, this lab choreography slowly investigates the mechanisms of illness created by Suzie’s voice. Occasionally, Suzie touches her legs with her hands, as if to determine the length of her limbs- the structure of her own physical carapace. Suzie and David dive into the mechanics, the motion qualities of an illness. For instance, when Suzie lies in pain, she doesn’t express her pain; her face is calm, and she just explores the bodily mechanics of a diseased body, the way it moves. They investigate what it means to be ill and how it influences the movements.

It seems as if sometimes Davis decidedly fiddles with different deformed corporealities, preventing spectators from witnessing a constructed “reality” of the disease by not making it fully visible. She is reminded of her fear when she goes to a hospital and sees the deformed hands of “old ladies”. David, possibly representing these “crippled women”-as Suzie calls them- lifts his hands normally, showing healthy, common hand gestures. Even though Suzie and David are those investigating the ill corporeality through the lab choreography, they do not fully reveal the situation and thus, the audience is limited in their knowledge. Understanding the disease is processual research, mixed with a personal, intimate experience. I propose to see artists creating the performance as active curators, who, as is stated in the volume *Performance and the Medical*, “working self-consciously and self-reflexively to offer an insight into happenings which are often hidden from the public view” (97).

3.2 The space for a “non-person”

Bent out of Shape frustrates the desire to see a constructed narrative of the ill corporeality of one particular human. These daily experiences of a sick person blend, and this human, as Suzie states, enters a process of “becoming a non-person” and “becoming a no-body.” Suzie tells us how her body stops entering its usual relation with other non-human bodies, like simple objects in her house; she could not get out of the chair or bed, causing her to consider buying a special device that can lift a person. I had the feeling that this body can not affect as it used to. Ironically, the chair on the stage is completely ordinary and not adapted for such a body - for a body that is “becoming a no-person” and that is no longer able to carry out daily interactions and be affected and affect as it used to. The space is not suitable for this new creature, a non-person whose body can no longer carry out habitual interactions. Listening to the sound, we hear Suzie sharing very intimate daily struggles that she faced, such as when her body “betrayed her” and she was unable to climb the stairs, sit, or sleep.

The stage scenography is built like an empty laboratory place - a beautiful, minimalistic square where a dancer’s body is encouraged to perform in the best way it can. The body is seen, and the audience awaits the professional to provide choreography. It seems to me that the creators of this performance work with incompatibility – a conflict that is created between different staging strategies. The choreography and the space are deprived of emotions- it lacks empathy. Thus, the textual landscape invites us to dive into intimate vulnerability and the struggle of one who is diseased.

3.3 Conclusion

The book *Anatomy Live: Performance and the Operating Theatre*, which includes the outcomes from the international conference *The Anatomical Theatre Revisited* as well as

other essays, edited by Maaïke Bleeker, explores the questions “*how can the body be known? What does it mean to be known?*” in the context of contemporary performing arts (14). The process of dissection, a very anti-individual practice, turns the body into a mute corporeal object (14). However, I argue once again, that in both *The Ephemeral Life of an Octopus* and *Bent out of Shape*, the body is not muted for two reasons. To start with, the body, in an anthropocentric sense, is not present anymore, as I have shown in the above sections. Additionally, the body in the performances are not dissected by an anatomist, a medical practitioner, or an authoritarian figure. In the performances, the body is not a muted object of dissection, but a monstrous creature that investigates itself. The body is not sterile and not deprived of personal history- it is not reduced to medical data. We are confronted with the viscosity that cannot be investigated in the medical cabinet anymore.

To sum it up, both dramaturgical and choreographic choices in *Bent out of Shape* lead to a rather ambivalent, complex result. The lab choreography of “self-research” and a bleak, laboratorial stage setting is confronted with an intimate, personal textual landscape that is shaped by Suzie’s experience of an invisible, chronic condition. The audience is not presented with the knowledge of the disease, yet the research is conducted by Suzie and David themselves, and they regain the power to discover disease without “other” agents. If a body enters the process of becoming a non-person, then the body can be treated as an object of self-research and reflection.

Chapter 4. *Only Mine Alone* as a setting for disease in capitalism

Only Mine Alone focuses on the depression that artists in precarious positions often face. This hour-long piece was made and performed in 2016 by Serbian artistic duo Ana Dubljević and Igor Koruga. I start this chapter by analysing the connection between dysfunction and capitalism, because it is through its connection to the capitalistic culture that the depression in *Only Mine Alone* becomes visible. I then analyse the dramaturgical strategy of “machinistic hum”, the term that I introduced in Chapter 2. I discuss the space structure, textual landscape, and rhythmic choreography. Furthermore, I analyse the power of labelling, which is shown through machinistic hum tools.

4.1 Dysfunctionality in late-stage capitalism

In this subsection, I wish to visit the arguments that have woven themselves densely around the location of dysfunction in capitalism. I will mostly focus on the article *Capitalism and Suffering* by Olivier Bert, who links crucial tendencies of capitalist regimes with the mental and physical outcomes people face while being engaged with them on a daily basis. This subject needs to be studied precisely from the standpoint of capitalism.

Dysfunctionality as a notion has an important function in the narratives that are constructed in all three performances. It creates the possibility of unfolding the assemblages of illness and health that include notions of political and social obligations. Having argued after Koppers that labelling acts as one of the indicators of the instability of a disease, I will show how Koppers’ understanding echoes a perspective of Deleuze and Guattari and how it resonates with the performances, while also proposing to look at this particular subject through Olivier Bert’s perspective.

Bert argues that ideology of choice, which is essential for capitalism as such, brings two states to concurrent existence – joy and anxiety. Capitalism demands to “enjoy yourself”

and involves an increase in choice, which supposedly shall lead to more satisfaction, but on the contrary leads to anxiety, greater feelings of inadequacy and guilt (Bert 5).

Capitalism as an economic system is driven by the imperative to diversify commodities continuously to stimulate demand, and the discourse of choice [...] functions virtually imperceptibly (as ideology always does) to inculcate a collective mindset oriented according to its precepts. At the same time, the more pervasive this culture of choice gets – supposedly aimed at providing all the ingredients for optimal individual fulfilment – the more it becomes a psychological burden, and the source of uncertainty and anxiety. This explains why one of its consequences has been the emergence of “advice culture” predicated on relieving individuals from the onerous task of choosing for themselves. (Bert 7)

This passage almost mirrors the textual landscape that is created in the performance *Only Mine Alone* (2016). The performers create a narrative based on questions that people facing depression are often met with. This corresponds with the invisibility of a pain that I have discussed previously: all the questions seem to seek the main reason of the condition, urge to localize the pain, and find an explanation. However, nothing resembles chemical and strictly biological explanation of the reasons of the disease. Performers, who are confronted with something insoluble and invisible, seem to experience depression because of deep-seated capitalism.

Is it because there is plenty of choice, but none of them are yours?

Is it because everything has become competitive? Consumers? Capitalized? (“Only mine alone”)

Indeed, in *Only Mine Alone* it is through connecting the body to capitalism and consumption culture that the performance makes the invisible disease, namely depression, visible. Failure

to be able to operate effectively in these settings, to consume and to be productive leads to the dysfunction. In the *Only Mine Alone* the illness itself cannot be named or identified: the state that performers talk about is directly dependent on the ways the processes of work, production, and consumption affect the body. This “depressed state” is also caused not only by the logic of consumption, but also by the culture of labour in general. This culture “demands of workers a painfully repetitive and stressful, conscientious commitment to productive work, and anxiety or fear and depression are always awaiting, lest one should feel, as one invariably does, sooner or later, that one is not meeting expectations which have by then been internalized” (Bert 13). It seems like the labouring subjects are stuck in this stress-inducing situation where they experience the stress in both situations – whether they are working and always looking for better outcomes, or whether they are not working because of an illness, for example.

Referring to *Only Mine Alone* again, performers continue: “is it because you do not work? Is it because you have a lot of work? If you lose any sense of reality, please, advise your closest physician or pharmacist.”

Bert goes further in describing the working culture in capitalism, quoting Silvia Federici who has written a lot on the relation of body and capitalism.

The abstraction and regimentation of labour has reached today its completion and so has our sense of alienation and de-socialization. What levels of stress this situation is producing in our lives can be measured by the massification of mental diseases – panic, anxiety, fear, attention deficit, the escalating consumption of drugs from Prozac to Viagra ... Fear and anxiety are only one aspect of the terror that today is employed to suffocate the growing revolt against the global work machine. (15)

Federici is linking stress, anxiety, and insecurity to capitalism - a system “that normalizes the destruction of our livelihood, our social relations, our creativity” (16). For her, capitalism has treated our bodies as work-machines because it is the social system that most systematically has made of human labour the essence of the accumulation of wealth and has most needed to maximize its exploitation⁵ (11).

Additionally, late-stage capitalism demands a certain level of individualism and independence. Illness, on the other hand, may involve dependence; one becomes dependent on the medication, procedures, and doctors. There is an agenda here that goes beyond the clinic and the academy and encompasses health and social policy, economics, and the politics of welfare. Different mental conditions are inseparable from the culture of choice which is dominant in the capitalist regime. The author of the article calls these kinds of conditions “suffering” which are inseparably bound up with neoliberal capitalism. To sum it up, a dysfunctional body that is presented to us in the performance, with the support from the writings of Bert, is a body that stopped working, consuming, producing and making daily choices. In the following section, I will analyse how this body is made visible in the performance *Only Mine Alone*.

4.2 Notions of work and consumption as defining elements of the disease

Dysfunction in *Only Mine Alone* acts as a defining quality of the disease. The body seems depressed because of its relation to dysfunctionality. At the very start, two performers in casual clothes sit on the floor in a cube on stage, which resembles a room. This “room” is filled with a muted, sickly orange light. This space plays an important dramaturgical role to

⁵ This also echoes Foucault anato-mo-politics. Although Federici acknowledges the fundamental gap in Foucault writings which is neglecting “the fundamental violence that allowed the development of the conditions of the capitalist mode of production: that of patriarchy” (Fajardo 295), her insights are still strongly indebted to his understanding of biopolitics. Disciplinary power that Foucault argues about trains human behaviours in accordance with the valorisation of capital, and political techniques help to reduce human beings to data in motion to force them to work (Fajardo 295).

show the unwillingness and inability of a depressed person to breathe deeply and go out into the world. Limitation, stiffness, and lethargy form the slow, viscous movements of the performers which are apparent in the first scenes. They touch the ceiling of a wooden structure, as if acknowledging how suffocating the space is for a depressed person, crawl down to the walls, showing the inability to act, limply shifting their legs. Gradually, the dancers, sitting on their knees, come to the rhythmic, simultaneous movement, which will be the basis of the whole piece. They begin to bang their heads against the walls and on the floor at the same time, sounding like a motor or unstoppable machine that needs to work with no stop, therefore producing more and more movement.

This synchronized movement coexists with the textual landscape that is created by the dialogue of the performers. And it is in the dialogue where dysfunction is manifested. However, this dysfunction is not a quality of a biological state. The dysfunction in this piece is tightly woven in the fabric of the expectations from the individual living in the capitalistic system. This affects the very idea of the disease in the piece: the depressed body is placed in the vicious circle, where the very core of the capitalistic logic causes the depressive state, but at the same time demands the human to be fully functional and not depressed in order to consume and produce. The machinistic hum in this case acts rather like a metaphor for the capitalist machine: an unstoppable, demanding organism that cannot tolerate its details to fall out of the process.

As it is stated in the opening quote by Ana Dubljević in the video recording of the performance, “If we manage to get to know each other through our depressions, then maybe we could use it for generating new models of socialites that will lead us, not only towards the exit from our impasses (deadens) but also help us to understand the impasse as a state with a productive potential” (Only Mine Alone). But how do we get to know each other through depression?

The rhythmic choreography of the performers simultaneously banging their heads blend with the rhythmic dialogue. The performers start to search for the cause of this depressive state, questioning its reason. *Is it because you don't work? Is it because you have a lot of work? Is it because you are always tired? Is it because you work only for yourself? Is it because you work on something you find absurd? Is it because the thing that you love for work has no value?* (Only Mine Alone). The depression acts as a consequence of the precarious, unstable position of the workers. This echoes the Deleuzian question that is described by Buchanan, Duff and Fox: *what can a body do?* The illness is then fully dependent on the capacity of the body to affect and be affected, and biological reasoning is fully neglected. The performers continue:

Is it because you always chase after something that never comes? Is it because there are plenty of choices, but none of them are yours? Is it because you do not accomplish yourself creatively? Is it because everything has become competitive? Is it because everything has become comparative? Is it because everything has become corporative? Is it because everything has become capitalized? Is it because you alienate yourself? Is it because the State has to differ the unhappy, and the aggressively depressive on the labour market? Is it because the system makes you forget how to take care about others around you?

All these questions remained unanswered, and all the audience had was a suffocating, closed cube space of the stage and monotonous choreography of performers' bodies, who perform the dysfunctionality of a depressed person.

4.3 The power of labelling

In the next scene, the light changes abruptly to flashing. Performers stop banging their heads but continue moving simultaneously on their knees following the same rhythmic pattern. The next part is closely connected to what I referred to as *the power of naming* in Chapter 1. As I have also stated there, the illness cannot be defined, as it constantly enters new assemblages, changing its name all the time. The performers in *Only Mine Alone* start to call out the different names for depression and inflict social labels on those that experience it: Anxiety, Apathy, Aggression, Helplessness, Concern, Pain. As well as the names, we are presented with other agents of the assemblage of depression: pills, metaphors, feelings, societal constructs, Ibuprofen, Anti-depressant, Valerian, Drama Queen, Victim, Isolation.

The performers demonstrate that the power of labelling is so strong that they can generate numerous labels starting even using the same letters. For instance: fuckery [zajeb], why? [zašto], clogged [zapušeni], vicious circle [Začarani krug] all start with “za”. What is crucial to mention is that the listing of these components in Serbian⁶ is very rhythmic and musical. It continues the effect of machinistic hum that is created within the movement language.

Here I want to emphasize the importance of the issue of historicity for Igor Koruga and Ana Dublević’s performance *Only Mine Alone* (2016). At some point in the performance this process of labelling resembles a random word game - throwing away various conditions, descriptive constructions, sometimes medical, and sometimes similar to name-calling given by those who think that depression comes from laziness and absence of labour in one’s life. These labels or names are indeed formed through acts of relation – with medical institutions, bosses at work, society, and self. They are blended and disidentified. Considering this, the

⁶ This quality is not apparent in English translation though.

illness comes into the domain of visibility when it is “called out” or “labelled” and self-diagnostics, in this case, is not enough. The names of a depressive stage can turn into passing constructions and temporary knowledge that are generated by various agents. However, these agents are irreducible and unidentifiable. One’s attention is attracted to the fact that all these agents are framed in a “wide system” of a capitalistic regime. Referring to the cinema and media theorist Vivian Sobchack, Kuppers links bodily invasion and labelling to these kinds of “wide systems:” the power of naming which is a distinctive feature of the medical diagnostic regime can be seen as part of the wide system of relations and structures. These structures question the notion of self-ownership, autonomy, and agency. “The power of naming is part of the medical diagnostic regimen: to write a name for the condition presented, capture it, label the subject” (146). Furthermore, the descriptive language of science and metaphors about illnesses are also shaped by wider cultural frameworks.

We can take with us in our further investigations that the messiness of the body, as it has been shown through Kuppers writings, is tightly tied up to the subsequent desire for knowledge. Performance art, according to the authors of *Performance and the Medical Body*, can act as a way of regaining the possession of medical knowledge thus being an alternative vision machine. Besides questioning locatibility, the assemblage of disease is very much affected by the power of labelling or naming. In this chapter the argument of disease and health being a very unstable and processual notion was substantiated by the essence of naming: the terminology around any condition is extremely vast and depended on the agents that are sharing the knowledge. Finally, I argued that capitalism also sets the capacity of the body to affect and be affected, hence being able to control the level of anxiety, inadequacy, and guilt. We can conclude that since capitalism is treating the body as a working machine, a diseased body is very much threatening the productivity of capitalistic endless circling. It is through connecting to the capitalist culture the depression in the *Only Mine Alone* becomes

visible. After conducting a performance analysis, I discovered a “machinistic hum” again, which was apparent in textual landscape, where “power of labelling” was at stake, as well as through choreographic choices. I also showed how space architecture, particularly the stage, makes the feelings of a depressed person apparent.

Conclusion

In these chapters, I developed an understanding of the ways the contemporary dance performance allows an invisible disease to become visible. By presenting several concepts, I have followed a proposed methodological step, which involved asking the question *what a body can do?* Focusing on the mechanics of affects, I have shown how the invisible diseased body can be staged: I distinguished two different strategies that sometimes are combined in one performance. One of the strategies involves showing a “dysfunctional body:” a body that cannot affect or be affected as much as it is being asked to, either from the society or in general from daily life. The second strategy that I described involved staging a diseased body in new interactions. The invisible disease can be staged in a dance performance by colliding with different practices including dissection or labelling, when the body is being “called out,” named, or when the strive for knowledge about it leads to dissecting the body.

While doing so, I have come to realise that the diseased body can be brought to the domain of visibility by regaining the power of knowledge from the ones responsible for healing, *i.e.* doctors and medical institutions. This knowledge doesn't have to be complete or medically verified, nor does it have to be fully conveyed in the performance. What is more important is the shift of agency - a newly gained ability to refer to the experience of one's body- whether as a choreographer or a dancer. I have come to realise that some practices, such as dissection, that had been considered problematic from the power relations domain, can actually be reversed in performance. Various dramaturgical and choreographic decisions make these practices individual. Self-reflection upon their own ill bodies, self-investigation of the insides in the performance enables diseased bodies to act out, enact, go against the passivity of problematic practices as dissection.

I have come to understand that performance allows gorgeous accidents to happen- unexpected collisions of dramaturgical elements that highlight the assemblages of the invisible disease. However, to grasp these collisions, or to fully observe a “theatre of landscape” as Bleeker calls it (165), the problematization of the notion of the disease was needed. For this matter, I approached disease as a very unstable, fluid notion and referred to Fox, Duff and Buchanan.

In this context, I have come to understand that the creators did not just seek to share their personal stories and develop a narrative in order to put their experiences in the domain of invisibility. On the contrary, sometimes the disease was not even perceived as invisible. Even though the disease was not manifested on the surface of the body, it was visible by daily interactions and by the way the body changed its power to affect and be affected. The knowledge about the disease, though, was not fully shared. Different practices of creating narratives about invisible diseases in contemporary performance art embrace the complexity of a disease. The approach to a body by Deleuze and Guattari, which recognizes this complexity, is imperative for understanding the processualism of the performative worlds, where the categories of mind, body, health, and illness are troubled. The different constituent agents that I have analysed demonstrate how dance can stimulate new ways of sharing one’s experience of having a disease. I have shown how the division of the self and the anatomical body acts as a starting point for reflecting on the experience of the disease. Although the spectators are presented with the new emerging non-human-becomings, the pieces still frustrate the desire to gain constructed knowledge about someone’s corporeality.

In this atmosphere of acknowledging the unstable nature of the disease, three choreographies invite spectators to experience the environment in which the debilitated body lives. I have analysed how this is achieved both through dramaturgical tools as well as movement texture itself. In *The Ephemeral Life of an Octopus* (2019) by UK based

choreographer, Léa Tirabasso I introduced the term “monstrosity” - the quality of a cancerous body presented as a creature with non-anthropocentric logic. This “monstrosity” is achieved through various choreographic and dramaturgical tools that I’ve combined in the term “machinistic hum,” which depicts a body as broken machinery. I showed how this is constructed through soundscape and choreography. Referring to Rothfield’s writings, I demonstrated how active deconstruction of movement leads to “breaking of the movement” - a unique choreographic style in *The Ephemeral Life of an Octopus* (2019), which involves deviation from synchronized movements. I showed how a diseased body became visible, but also acknowledged the fact that the piece depicts the complexity of the knowledge about cancer and its rather demonic nature. I also analysed how the tool of dissection functions in the piece both in rehearsal process as well as in the performance itself. To sum it up, the piece invents a strategy to make the hidden disease visible – it explores the beast nature of cancer through three components that I distinguished: monotonous choreography with deviations, a soundscape that I unite under the “machinistic hum,” and stage design that depicts a practice of “looking inside” of the body - a dissection.

For the second case study, the performance *Bent Out of Shape* (2019) by Suzie Davies and Mattias Ekholm, I introduced a “laboratory setting” in which the narrative of the disease became an object of self-reflection of the dancers. I indicated how the visibility of a chronic illness is achieved through stage design and investigative “lab” choreography combined with the textual landscape that introduces the intimate, vulnerable monologue of Suzie. I have shown how the combination of these two dramaturgical elements leads to the representation of a body of a diseased person struggling in daily interactions with the world, a body that betrays the owner. *Bent Out of Shape* similarly to *The Ephemeral Life of an Octopus* (2019) visualises the body with a personal history, the body that cannot be reduced to medical data. Yet, both performances keep the narrative of a disease having a no-human

nature. The second case study has shown that in order to stage an invisible disease the precise, constructed reality is not a must, and it can be done through observing self-investigation and self-reflection of someone who has experienced this disease, someone who is still questioning it.

In the last case study of my thesis, *Only Mine Alone* (2016) by Ana Dubljević and Igor Koruga, I returned to the “machinistic hum” and demonstrated how dysfunction in capitalism is shown through the text and rhythmic choreography. I also focused on “the power of labelling”, to show how the temporary knowledge about the disease is created by various agents. In the end, I suggested that the experience of depression becomes visible in this piece by investigating the relations with capitalism culture, by showing how the body is affected by different forces. By demonstrating how capitalism affects the body through different dramaturgical tools, such as choreography, stage design and sound, the piece manages to bring depression into the realm of visibility.

Finally, I think it is also important to keep in mind that the question under study was formulated from a white, Western⁷ experience of a disease. Even though the stories had been shared by those who, for instance, positioned themselves on a precarious level, as dancers in *Only Mine Alone*, most of the examples depict experiences of people who had access to medical services and assistance. Even though some of the mentioned wide cultural frameworks affect the assemblages of disease, like consumption culture or late-stage capitalism, I acknowledge that this research can be taken to a broader field. For instance, I understand that all the assemblages that have been explored could be influenced by other factors outside my field of vision. These factors could include individual interactions with medical or pharmaceutical institutions or with family members, that have not been openly shared in the performance narrative, but that have still influenced the experience of the

⁷ Particularly European.

disease and subsequently it's story. The theoretical framework of this research calls for an investigation of the constituent parts of the disease in each of the cases. I believe it provides tools for further potential continuation, where other diseases can be considered, as well as other experiences such as those who outline a lack of access to basic medical services. What is more, I limited the choices to dance performances according to my personal interest in the field, but I strongly believe that contemporary theatre, not only dance-based performance, provides various examples that can be studied. By selecting case studies showcasing "invisible disease," I limited myself from taking into account other performances that investigate more apparent conditions. I acknowledge that this research trajectory will come with its own complexities, but I also see it as a step of entering a relatively more variable field in performance art theory, which will allow researchers to make more connections. However, as long as the "disease" is understood as a complex notion, we can continue to embrace the healing modality of performance art.

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