

Health Care and Ageing Masculinity in the Performance of *Notaufnahme – Hospitali*

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Introduction

In the domain of health care, the transnational space emerges as a crucial site of subtle, yet overt confrontation between the global South and the North. Imagining the diaspora as a space of encounters that centralizes critical debates on the reconstruction of narratives on African traditional healing methods, modern medicine is contested. It is significant to note that concerns about medicine and healing have widened the scope of diaspora discourses. If we concur with Leigh Raiford and Heike Raphael that migration, whether forced or voluntary, is a “long and “unfinished” process” as “[d]iasporic subjects plant new roots in each encounter” (2017: 6), new ways of dealing with new conditions of mobility and migration, precisely in a neoliberal era, become relevant. This paper attempts to explore the intersections of health care, elderhood, and African masculinity concerns represented through diaspora theatre. Posing as points of encounter, these intersections are embodied through a performance narrative in a bid to rewrite and archive histories of African traditional health care, deconstruct new narratives of power and also serve as strategies of decolonizing modern medicine. The debates advanced here centre on the performance of *Notaufnahme – Hospitali*, a German-Tanzanian theatre project, written and directed by Christoph M. Gosepath and Robert Schmidt. Performed

on its third day on September 24, 2018 at Vierte Welt in Berlin, the play features an elderly male Tanzanian artist, performed by an almost 70 years old Nkwabi Ng'hangasamala. The artist has lived in Berlin for almost a decade. Berlin is portrayed in the performance as a city that echoes complex meanings derived from the challenges associated with migrancy. The artist, however, admits that Berlin had seen better days, but the current reality threatens to estrange the artist from his art, from the understanding of his body, mind, and from his ethnic identification that translate into disillusionment. This situation invokes nostalgic sensibilities towards home that he demands to return to Tanzania. In pursuance of this, we will get to understand the performance space, the artist and his encounter with a younger female medical doctor, which serves as a blueprint to telling the story of mental decline and of resilience. While we pursue an understanding of the diaspora, an elderly African masculinity in the wake of resistance and resulting negotiation is examined.

Knowing the performance space and the artist

The performance space at the Vierte Welt seems to reflect the current, but imagined constellation of Berlin city with its attractive multicultural outlook harboring a slightly bizarre texture. The state of the artist's mind seems to convey these complexities, his reality as a diaspora subject and his health condition. Speaking with the researcher in a Zoom conversation on January 13, 2022, one of the playwrights and directors, Christoph Gosepath, stated that their choice of Vierte Welt for the performance was based on the theatre's preoccupation with political subjects and also the postcolonial thematic concerns articulated on its program. The structure of the Vierte Welt appears to be a fragmentary space and resonates with the unfinished project of the diaspora, belonging, and identity politics associated with post-colonialism, illustrating how the theatre space is crucial to the thematic concerns of *Notaufnahme – Hospitali*. Reverberating with the split structure of the play's plot that could be linked with the unstable mental condition of the artist, one discerns beams of wood

that are crisscrossed in squares, serving as the ceiling of the structure from where electric cables and lamps that lighten up the stage and room are hung. At the center of the theatre, four huge pillars are raised to the roof, apparently supporting the building that houses the theatre space. Clearly a nonconventional theater eligible for such themes, the audience sits in the round, reminiscent of traditional storytelling performances across Africa, as they are confronted at all angles with the different conditions of the artist. Depressing illustrations, painted in dark colors by the artist during his psychotic crisis, serve as the backdrop of the theatre, further intensifying and corresponding with the mood of despondency in the play, provoking empathetic but tense expressions from the audience.

In a blogpost of September 21, 2018 Richard Pettifer reviews the premiere of *Notaufnahme – Hospitali* stating that

The action – centred around a Berlin artist from Tanzania with mental illness – is supplemented by pre-recorded screens which approximate the action (rather like looking at a poorly lip-synced animation, but very effective). We follow the central character through his struggles with the German medical system, as in a maze of bureaucracy – mirrored by the scrawled wallpaper depicting a city skyline – and a fragmented, confused story emerges of the difficulties in addressing mental illness. This is a research-based project that attempts to communicate something very large – the imbalances in medical treatment between people, particularly between Tanzania and Germany...¹

Concurring with Pettifer's observations about the composition of the plot, the audience encounters the elderly performer as an artist, the storyteller, a restaurant owner and a traditional healer based in Tanzania. Embodying these different identities enable the performer to tell multiple narratives about diasporic experiences, elderhood and masculinity that result in the fragmented structure of the play. Foregrounding a

1 Richard Pettifer "Notaufnahme – Hospitali" <http://theaterstuck.blogspot.com/2018/09/notaufnahme-hospitali.html>, accessed 12. 01.2022.

negotiation of these identities, – artist, storyteller, restaurant owner and traditional healer – essential components that shape diasporic knowledge production, we turn to *Migrating the Black Body: The African Diaspora and Visual Culture*, in which Leigh Raiford and Heike Raphael ask, “in what ways have visual forms functioned as a “diasporic resource” – as raw material, as ore – among, between, and within transnational black communities?” (2017: 3) In response, the construction of multiple identities in the performance privileges visual components of movements, voice, silence, duration, tempo, and rhythm that consider the contradictions and discrepancies in the German-European health care system and indigenous Tanzanian healing procedures and the overall relations between countries, as one explores their impact on an elderly male African artist in *Notaufnahme – Hospitali*.

Inhabiting such a performance space, a trope of Berlin city, and enveloped in a declining mental health condition, the elderly artist seems to be accommodated, yet rejected by the space at the Vierte Welt. This paradoxical condition of existence tallies with the artist's biography, which the storyteller shares with the audience by informing them that “he earned some money with painting and illustrating” and was in good relationship with his neighbors. But as the plot unfolds, the audience is confronted with his mental breakdown, which eventually is not properly attended to at the emergency department of a hospital. While illustrating some designs on a paper placed on an easel (see Fig. 2), the audience lives this mental health condition. The artist screams the following as he breaks down in his atelier in coughing fits;

No! No! It's the other way around. I found my shadows, ja ... I find ... a continent ... I have turned all the wires, the cardboards, then draw, draw everything, draw everywhere, draw in the corners... Sheisse! The brightness, the light. (*Screams*) What! What is that!!I can't. (*mourning*) Just the voices ... in my head. I want to hear something else (*sings melancholically*). The voices in his head sounded like they were talking about him ... as if they were monitoring and commenting on everything he did. The only thing he couldn't do was try to describe the voices in his head. (*Illustrating authoritatively*)

Coordinates! Figures! Buildings! Characters! Ok. Storyline! Storyline!
Contours! Movements! Figures! Dynamics! (*Screaming and breaking
down*) Where am I? Where am I?

In the second part of the utterances, we notice that the artist briefly becomes the storyteller. In playing this role, the artist employs the third person perspective – “his, he” – as if he is talking about someone else. This omniscient point of view enables an accentuation of an important connection between the storyteller and the artist. In these circumstances, the artist, therefore, entertains moments of uncertainty, resulting in the reconfiguration of his art to articulate a chaotic desolation that his new environment dictates to him.

The moment of encounter

In an ensuing circumstance of marginalization, remembering and sickness that the artist eventually is confronted with, the transnational diaspora space becomes complex, conjuring the construction of varied perspectives on ethnic identifications that provoke racialized discourses and behaviours, by the medical doctor for instance, against African and black cultures in the performance. However, an attending negotiation of the diaspora space enables the artist to construct the diaspora as a site of knowledge production and resilience. This latter construction of the diaspora has probably encouraged Anna Rastas and Kaarina Nikunen (2019) to explore the diasporas as spaces of culture rather than engage with “the notion of (black and African) culture” (207) in a bid to centralize the peculiarities of the diverse cultural wealth of African and black communities that is carried across with the migrating black body to Europe. Traditional African health care is one of such areas that this article articulates in order to foreground “...identifications that are more complex and situational...” (208). In this way distorted cultural dialogue between peoples, who include the medical doctor and the artist, may be resolved as epistemic injustice, and accompanying fragmentation of

identities are contested through critical pedagogy and interventionist strategies such as theatre.

In Tanzania, 60% of the population resort to traditional healing methods and alternative medicine for the treatment of Non-Communicable Diseases (NCDs) (Stanifer et al: 2015). Across Africa, there have been debates and even measures undertaken to initiate collaboration between traditional practitioners and modern medical institutions, but these efforts have fairly materialized due to divergent views adhering to regulations, places of practice, procedures, approaches to diagnoses and treatment of physical and mental health problems. Therefore, Phares Gamba Mujinja and Pius Happiness Saronga speak of this collaboration by adding that “[i]n Tanzania, the Traditional Medicine Act was enacted in 2002 and a Traditional Medicine unit in the Ministry of Health was initiated” (2022, 1479). Following the preceding accounts from the Tanzanian context, which the artist carries with him to Berlin, prepares us for the cultural conflict that eventually emerges between the younger German medical doctor and the elderly artist in the performance. This conflict presupposes that integrating indigenous African healing methods in major hospitals in the West, is yet to be a major topic of debate. Besides, “African and black diaspora spaces in Europe have always been venues of intersecting transnational and local activism, as well as sites for collaboration among people of different professional and other background” (Rastas and Nikunen 2019, 209). Nevertheless, African and black cultures are nuanced and contested in such spaces underscoring the diaspora as “landscapes of people and agency... [particularly as] diasporas are global and transnational by nature- not only local histories, political and other forces shape the everyday lives of diaspora communities” (2019, 207, 208) when it comes, particularly, to the black diaspora. This paradigm of looking at the diaspora is particularly informative as both Rastas and Nikunen underscore the necessity for cultural flows that should enable the development, and perhaps transformation, of both African and European communities.

Fig. 1: At the emergency unit of the hospital. Photo by P. M. Chiangong



Fig. 2: The artist expressing his mental state through bleak illustrations. Photo by P. M. Chiangong.



That said, the moment of encounter with the artist, during which “transnational activism” and “collaboration” are noted, takes place in an emergency unit of a hospital where we find the artist in a state of unconsciousness (see Fig. 1). He is attended to by a female medical doctor, possibly of German ancestry, whom the narrator, but also the storyteller, informs the audience has an unfriendly personality, which has resulted

in the resignation of several other nurses at the hospital. The medical doctor is assisted in her duties by a nurse of African descent, whom the storyteller describes as “the beautiful one.” The African nurse also speaks Swahili and serves as the translator to the doctor who speaks neither English, nor Swahili; but to the surprise of the audience, the medical doctor eventually speaks some words of English. The artist, who as stated comes from Tanzania, also speaks Swahili, which is one of the national languages of Tanzania, and supposedly does not speak German.

What storytelling contributes

Storytelling is a key genre of performances in Africa, based on its functionality but crucially on how it creates enlivened spaces for the transmission of history, education, indigenous concepts, the wealth of language and most of all communality. Kudakwashe Tuwe clarifies that “[t]he function of storytelling has been identified as mediating and transmitting of knowledge and information across generations, conveying information to the younger generations about the culture, worldviews, morals and expectations, norms and values” (2016: 2). Further, storytelling accentuates the importance of its performers, the elderly in this case, by affirmation of their role and value. Storytelling is performed by elderly women and men, but C. Chesaina underscores that storytellers or oral artists are generally elderly women who are judged appropriate for the art, particularly because “owing to their age and long experience, they are carriers of values and wisdom of their communities.” (1994: 17). It is worth noting that elderly women perform mostly in private settings serving as instructors to children on the codes of conduct and in some cases contest hegemonic relations between humans through the art of storytelling. Elderly men mostly perform storytelling in public spaces with some of them travelling to different towns and villages as itinerant storytellers. Imagining the main performer of *Notaufnahme – Hospitali* as an itinerant performer who has travelled from Tanzania to Berlin as a performer, but also as an artist in the play, he serves as a curator of traditional Tanzanian culture and

history. He employs the technique of storytelling in the performance to connect traditional Tanzanian healing methods with Western medicine, and in this process attempts to connect communities and cultures in the diaspora; a function that is central to African orature.

Therefore, elderhood as it unfolds on a diaspora performance space, is guided by the request of “valuing older people’ and the meanings and interpretations people give to their experiences of later life, while trying to maintain an awareness of the structural pressures and constraints, such as wealth and inequality” (Walsh and Näre 2016: 2; see also Prendergast and Saxton 2010:170). In the context of the diaspora, Walsh and Näre go on to identify two groups of migrants in their later life, which include the “labour migrants ‘ageing in place’” category whose livelihood, as narrated through storytelling in the play, is marked by grave concerns about “social welfare, marginalization, and inequality” (5), where we could situate the artist, as opposed to “affluent retirement migrants” who do not necessarily negotiate their current status to survive in the host country, but abide in wealthy neighbourhoods in their home countries, affording to commute transnational routes. Performing allegories of deteriorating mental health, through storytelling, accelerated by the challenges of the diaspora as lived by the elderly labour migrant in tenuous economic conditions, the plot of *Notaufnahme – Hospitali* offers a narrative of the disintegration of one’s subjectivities and cultural identification, but significantly upholding a counter-discourse enacted from the corridors of oppression by racism. An ambiguity sets in as these developments, as observed later in the discussion, also undermine African masculinity.

Telling the story of despair and of resilience

The storyteller – begins the performance of *Notaufnahme – Hospitali* with his narrative, which is prerecorded and played to the audience. In the meantime, the medical doctor and her nurse assistant are occupied with consultations as they move briskly across the performance space. The artist walks unhurriedly in silence across the entire performance space as his prerecorded narration is played as a voice over. The play itself is

projected on screen in a delayed format, as indicated earlier by Pettifer, coupled with animations that designate specific scene changes in terms of space, place and of the main performers. The major concerns of the play, the storyteller informs the audience, are the power relations that frame communication between the medical doctor, her assistant, and an elderly African artist who is transported by a rescue service to the emergency unit of a hospital in Berlin. The intersection of the identities of the artist, performer, storyteller and traditional healer are worth noting as it makes the overall performance of elderhood complex, multifaceted and complicated by the diaspora space if we focalize the almost 70 years old body and identity of the artist. In the context of maturity and wisdom, the narration of the storyteller is conveyed through a stable and experienced tone, punctuated with meaningful pauses that resonate with thought. A cheerful youthfulness and euphoria are not registered in the pattern of story narration, making the performer eligible for the role of storyteller and importantly for the play's subject.

Speaking on casting Nkwabi Ng'hangasamala in the role of the artist, Christoph Gosepath remarked that the decision was based initially on his broad career in performance and relevant knowledge in mental health issues. His age, therefore became crucial as "it was indeed helpful to have him as an elderly performer because of his experiences. I think it was good that the protagonist of the play was an experienced older performer and not a young person."² He further maintained that it was important for Ng'hangasamala to play the role of the artist and storyteller because he embodied a personality of authority, eligible to contest Eurocentric perceptions on African traditional medicine and masculinity, disparaged since colonialism. That notwithstanding, Gosepath concluded that "in spite of age, in spite of authority and in spite of experience, Europeans tend to be really arrogant in the face of other cultures. And we wanted to show this primary arrogance through the performance" (2022). The pluralistic identity embodied in the performer and the characters that Ng'hangasamala impersonates broadens the understanding of old age to encapsulate esteem that accompanies

2 Zoom conversation with Christoph Gosepath, January 13, 2022.

chronological age, but also underscores personal and transnational knowledge and experiences that the actor has accumulated. Therefore, this esteem is seen in the tempo of the storyteller's narration that parallels the movements of the artist on stage, illustrating a certain level of responsibility and ultimately his germaneness as an informed character in the play and the communities, which he epitomizes. Further, evidence of maturity in the storyteller's narrative tone, communicates feelings of reflection, wisdom, and importantly of knowledge. The composition of the character of the artist benefits from Ng'hangasamala's experiences accrued through years of performing, of leading theatre programs in Tanzania and in Germany, together with his expertise in Tanzanian culture, which all emerge as important tools to confront racism and other biases towards an elderly African masculinity in the performance.

Spaces of diasporic encounter: masculinity, old age, and race

African masculinity is varied and specific to different cultures of the continent. Further, masculine tendencies and characteristics are susceptible to societal changes, offering these phenomena not only an inconsistent nature but also a propensity to dynamism. Therefore Lahoucine Ouzgane and Robert Morrell argue that "African masculinities are not uniform and monolithic, not generalizable to all men in Africa, and that masculine behaviour in Africa are not natural or unchanging, suggesting the possible emergence of new (and less violent and less oppressive) ways of being masculine" (2005: 8–9). Arguing that masculinity theory in the West was developed out of the convergences of debates over the objectification of women and gay men by heterosexual men, Sakhumzi Mfecane (2016) underscores that "[s]ocial life varies according to different cultural beliefs, class, race and other variables. This gives rise to the need to construct theories of masculinity that reflect varied life experiences" (205). Mfecane's view suggests that we note the positionality of the elderly male artist when he is undermined by a white, younger, female medical doctor.

In a Black South African context, Mfecane views masculinity, precisely Xhosa masculinity, as a norm that is associated with being a “real man” that is specifically constructed when Xhosa boys successfully complete the circumcision ritual, *ulwaluko*, a requirement, which elevates a man’s standing in the society. Central to embodiment, Xhosa masculinity is fundamentally structured on this ritual of circumcision, which all boys are expected by custom to undergo without the intervention of modern medicine. Should the later outcome be the case, a man’s status of manhood is interrogated and shunned by the community. “A real man” as an identity is recognized and respected from boyhood to elderhood in many African communities. Some ethnic groups in Tanzania practice male circumcision, which does not only serve as a rite of passage from boyhood to manhood, but importantly it is embedded in the notion of strength and bravery (Mshana et al 2011; Wambura et al 2011), which society perceives as manly traits. While we draw from Connell’s theorisation of hegemonic masculinities that underscores the dominance of men over women, gay men, and the establishment of patriarchy, Connell (2005) equally conceptualizes subordinate, marginal, and complicit masculinities. But are complicit masculinities also supported by hegemonic femininities? Carrie Paechter revisits Connell’s work on hegemonic masculinity and underlines that theories of gender “treat females and femininity as the Other of males and masculinity [positioning] Femininity ... in opposition and subordinate to it [masculinity], such that femininity cannot be conceptualized at all without a masculinity” (2018: 121). While “emphasized femininity” (Connell 1987; Paechter 2018) is theorized to be the counterpart and subordinate to hegemonic masculinity “performed to men” (122), one deeply ponders where to embed women, such as the younger female medical doctor in the performance, who embodies hegemonic behavioural traits that are shown towards a vulnerable elderly black male, an attitude that seems to resonate with what bell hooks has described as “imperialist ...

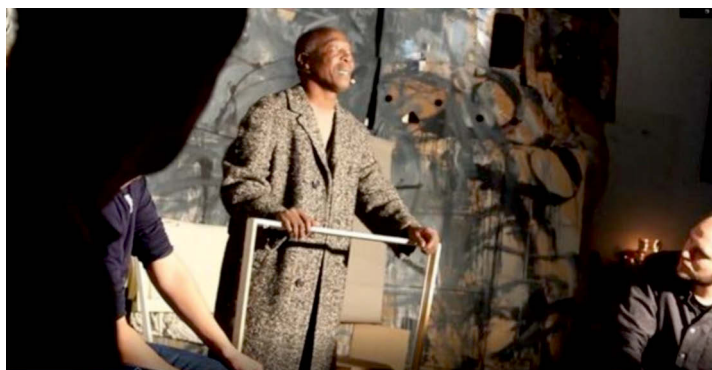
capitalist patriarchy.”³ While Paechter keeps female bodies outside her theorization of gender hegemonies, she makes an important point by stating that hegemonic femininity “would need to take into account the ways in which hegemonic gender forms are supportive of the status quo, that they perpetuate an unequal gender regime. It would also account for positions of female dominance, at least with respect to other women and girls” (218: 122) but also over “Other” vulnerable and subordinate masculinities. If Mimi Schippers suggests that hegemonic femininity establishes and legitimises a hierarchical comportment that resonates with hegemonic masculinity that in the end privileges men and objectifies women (2007: 94; qtd in Paechter 2018), it remains crucial for theorists to consider the position of elderly African men in the face of a dominant younger white female behaviour on a transnational diaspora space in order to critically explore claims of infantilising the elderly African male body in spaces of racial encounter. But Connell’s exploration of hegemonic masculinities centers on specific experiences that are akin to Western culture and could in many ways parallel the experiences of African men, particularly when they navigate both migration and diaspora contexts.

However, there is a dearth of research on the masculinity of elderly African men, particularly when such masculinity plays out in a transnational migration space (Markussen 2018). Elderhood, health care, race, ethnicity, class, and masculinity embody varied epistemological approaches to understand their formation and materiality, yet it becomes even more complex when these concepts concurrently frame the lives of individuals, groups, and communities. This intersectional epistemology allows for a critical assessment of what Gloria Wekker (2009) has termed “white innocence,” which Rastas and Nikunen take up to underpin today’s interrogation of the denial of racism, illustrate aptly in the attitude of the younger female medical doctor towards the elderly artist and towards Tanzanian traditional medicine.

3 bell hooks and John A. Powell, “Belonging through Connection, Connecting through Love: Oneself, the Other, and the Earth,” April 26, 2015, <https://www.youtube.com/watch?v=osX7fqIU4gQ>, accessed 13.01.2022.

Existing research on ageing in the diaspora is mostly centralized on the impact of migration on elderly women's identities, particularly those allied with remembering, with questions of nationalism and with ethnicity (Markussen 2018; Pasura and Christou 2018). But, given the situation of the artist in the play, one is compelled to agree with scholars of migration studies who have suggested that the diaspora offers more opportunities for women than it does for men as their self-worth is not only endangered but also devalued (Pasura 2014, p. 70), forcing the men to engage in strategies to enable them to construct "respectable masculinities" (Pasura 2014, Pasura and Christou 2017, Markussen 2018) for themselves. The storyteller employs his art in *Notaufnahme – Hospitali* to not only subvert the pejorative treatment of male migrants in some Berlin medical spaces, but equally serves as a platform of remembering and nostalgia evoked by the artist when he sings in his mother tongue at the peak of his mental health crisis (see Fig. 3.).

Fig. 3: The artist attempts to escape from his mental health crisis through the performance of song. Photo by P. M. Chiangong.



Later playing the role of a traditional healer, he unarchives ancestral knowledge on traditional medicine when later in the performance he educates the German medical doctor, who eventually travels to Tan-

zania, on how to diagnose his health condition, on Tanzanian cuisine and on traditional healing. In the middle of a confrontation between the two (see Fig. 5 below), he advises the medical doctor to return to school in order to improve her overall knowledge of mental health care and probably to learn that about 60% of Tanzanians rely on traditional medicine, a phenomenon that has encouraged the government to initiate a collaboration between modern and traditional healing institutions.

In spite of the values that one associates with the artist in the performance, the medical doctor falls short of employing any honorific address form to speak to the elderly artist. According to a 2011, Help Age International Report on Tanzania, "Older persons [in spite of ageism] play a key role in contributing to the social and economic fabric of the family... (2011:6), but the performance interrogates why such is not the case in the diaspora. Fundamentally, the esteem that many East African societies generally confer on elderly people, specifically men, addressed as *Mzee*, is disrupted when such an identity is relocated to the West. The artist encounters prejudice not only as an elderly man, but also because of his Tanzanian ethnicity and his class as a labour migrant. In an incessant quest to belong to a community and simultaneously feel respected, the elderly African male body and precisely that of the artist in *Notaufnahme – Hospitali* is positioned in the context of contesting masculinity and elderhood.

After gaining consciousness and in a stable condition, the artist, for the most part, remains silent when a string of questions, like in an interrogation, is posed by the medical doctor. Initially, the artist's silence when he is "interrogated" by the medical doctor below, conveys a sense of loss, of not being understood or fundamentally illustrative of a state of internal trauma and self-reflection:

Medical Doctor: (*Muttering to herself as she writes in a note book*) Name wissen wir nicht. Wissen Sie welcher Tag heute ist?

Artist: (*Silence*)

Medical Doctor: Wissen Sie wo Sie sind?

Artist: (*Silence*)

Medical Doctor: Haben Sie Angst für bestimmten Tiere ... für be-

stimmten Dingen?

Artist: *(Silence)*

Medical Doctor: Fühlen Sie mal verfolge... beim Anderen?

Artist: *(Silence)*

Medical Doctor: *(Mutters to herself as she continuous to write)* Überall keine Aussage. Haben Sie mal das Gefühl kein Gefühl zu haben? *(Again, mutters and writes)* Hm! Auch keine Aussage

Artist: *(Silence)*

Medical Doctor: Sind Sie depressiv?

Artist: *(Silence)*

Medical Doctor: Haben Sie manchmal das Gefühl nicht genug zu sein?...

But the silence conveys defiance, as it is accompanied by a slightly bent head and a stare (see Fig. 4 below).

Fig. 4: *The moment of “interrogating” the patient. Photo by P. M. Chiangong.*



Although he speaks only in order to voice his opinion on the consequences of anti-psychotics on his body, his silence equally communicates nostalgic feelings that translate into resilience and revolt not only against an individual, but correspondingly against a system that,

ostensibly, condones norms that under-privilege his black and elderly body. Remarkably, this debate suggests an ambivalence that encapsulates the thematic of silence as it uncovers a process of negotiating for a respectable masculinity through specific gestures of confrontation and use of space on stage.

The proximal space, distant in this case, that accompanies the stare from the artist detaches the artist from the doctor. These elements play emblematic roles as they differentiate the artist's silence from the rhythm and tempo of the medical doctor's questions. Resisting objectification, the artist through silence assesses the maturity, knowledge and competence of the medical doctor in care and healing, yet her social identity privileges her profession, ethnicity, gender, and class. These intersecting privileges materialize in her impatient tone, fast pace and rhythm in which her questions are delivered, in assigning instructions and in her occupation of the performance space. Stressing that a pyramidal relation marks this encounter, we recall the storyteller's earlier assessment of the medical doctor when he stated that an element of power was present whenever she took over "the command in those moments"; her command of her profession, but also of the performance space, an attitude, which the narrator reveals was not appreciated by everyone.

Further, the duration in this scene expresses the positionality of the artist and shapes a hierarchy that ruptures the platform for him to communicate crucial knowledge about his health condition that could enable precise diagnoses and treatment. Therefore, the duration that the doctor accords the patient is expeditious, significantly limited, and resonates with the conclusions she draws on the mental condition of the artist. In this context, she informs the artist that the source of his illness lies in his head, while the artist contests her diagnosis by emphasising that the cause of his health condition is located in his stomach. Walther R. Volbach's perception of duration in the theatre is still relevant today as he sees it "as the limited extent of an event or the time required for the execution of an event, i.e., on stage, of an action, speech (music), transition of lighting, or shifting of scenery" (1967:137). These observations about duration, rhythm and tempo put the medical doctor in a position of au-

thority and even more so because her encounter with an elderly African man on this space becomes the dominant discourse in the entire narrative of the performance. The emerging power dynamics at the hospital scene locate the doctor and her profession on a privileging spot that seemingly guarantees her control over the space and over her interlocutors.

Fig. 5: Confrontation between the medical doctor and the artist. Photo by P. M. Chiangong.



Concluding remarks

In *Notaufnahme – Hospitali*, an ageing African masculinity is in conflict with a conceited attitude of a younger female medical doctor that objectifies the elderly African artist in the performance. This paradigm of marginalization, as portrayed, in the performance is in the process of being deconstructed, resulting in a counter-discourse that contests dominance and creates a platform for the emergence of what Pasura and Christou (2018) have addressed as a respectable masculinity. The major question of interest in the performance of *Notaufnahme – Hospitali* has been the parallelism that marks the performer and the various

roles that he impersonates in the play. While elderhood connects the performer and the character, the multiple identities that he embodies in the play offer the space to conceptualize ageing from different angles. His chronological age has provided a convincing trope for the depiction of the complexity that frames mental health issues and the experiences of the diaspora, as they weigh on one's corporeality and psychology. On the one hand, wisdom and knowledge normally associated with old age and particularly how they are conveyed through a 70-years-old African performer, on the other hand, permits one to wonder whether performance as an aesthetic component employs the ageing body as constructive metaphor to depict biological ageing. Could the challenges of the diaspora, testing economic conditions, mental health issues, including the loss of self-esteem through racial prejudice age the body? This supposition does not dare to disparage old age, which is a normal process of human development, but allows one to critically reconsider the role of theatre in portraying old age, and in portraying the impact of prejudice on a male ageing body, as one seeks to unravel the possible avenues for resistance that emerge thereafter.

Works Cited

- Chesaina, Ciarunji. *Oral Literature of the Kalenjin*. Nairobi: East African Educational Publishers Ltd, 1994.
- Connell, R. W. *Gender and Power*. Cambridge: Polity Press, 1987.
- Connell, R. W., and J. W. Messerschmidt. "Hegemonic Masculinity: Rethinking the Concept." *Gender and Society*, 19.6 (2005): 829–859.
- hooks, bell and John A. Powell. "Belonging through Connection, Connecting through Love: Oneself, the Other, and the Earth, April 26." 2015. <https://www.youtube.com/watch?v=OsX7fqIU4gQ>. Accessed 13.01.2022.
- Markussen, Kristin Gullbekk Marith. "‘Nobody Comes to Baba for Advice’: Negotiating Ageing masculinities in the Somali Diaspora." *Journal of Ethnic and Migration Studies* 2018: 1–18.

- Mfecane, Sakhumzi. "Ndiyindoda" [I am a man]: Theorising Xhosa Masculinity," *Anthropology Southern Africa*, 39.3 (2016): 204–214.
- Mshana, Gerry, Mwita Wambura, Joseph Mwanga, Jacklin Mosha, Frank Mosha and John Changalucha. "Traditional Male Circumcision Practices Among the Kurya of North-eastern Tanzania and Implications for National Programmes," *Psychological and Socio-Medical Aspects of AIDS/HIV* 23.9 (2011): 1111–1116.
- Mujinja, Gamba Phares and Happiness Pius Saronga. "Traditional and Complementary Medicine in Tanzania: Regulation Awareness, Adherence and Challenges," *International Journal of Public Health Management* 11.8 (2022): 1496–1504.
- Ouzgane, Lahoucine and Robert Morrell. "African masculinities: An Introduction" *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*. Ed. Lahoucine Ouzgane and Robert Morrell. New York: Palgrave Macmillan, 2005. 1–20.
- Paechter, Carrie. "Rethinking the Possibilities for Hegemonic Femininity: Exploring a Gramscian Framework", *Women's Studies International Forum* 68 (2018): 121–128.
- Pasura, Dominic and Anastasia Christou. "Theorizing Black (African) Transnational Masculinities," *Men and Masculinities* 21.4 (2018): 521–546.
- Pasura, Dominic. "Do You Have a Visa?" Negotiating Respectable Masculinity in the Diaspora," in *African Transnational Diasporas: Fractured Communities and Plural Identities of Zimbabweans in Britain*, London: Palgrave Macmillan, 2014: 69–85.
- Prendergast, Monica and Juliana Saxton. "Reminiscence Theatre" in *Applied Theatre: International Case Studies and Challenges for Practice*, Bristol: Intellect, 2010. 169–171.
- Raiford, Leigh and Heike Raphael-Hernandez. "Introduction." *Migrating the Black Body: The African Diaspora and Visual Culture*. Ed. L. Raiford and H. Raphael-Hernandez. Seattle: University of Washington Press, 2017. 3–9.
- Rastas, Anna and Kaarina Nikunen. "Introduction: Contemporary African and Black Diasporic Spaces in Europe", *Open Cultural Studies*, 2 (2019): 207–218.

- Schippers, Mimi. "Recovering the Feminine Other: Masculinity, Femininity, and Gender Hegemony." *Theory and Society*, 36.1 (2007): 85–102.
- Stanifer, John W., Joseph Lunyera, David Boyd, Francis Karia, Venance Maro, Justin Omolo and Uptal D. Patel. "Traditional Medicine Practices among Community Members with Chronic Kidney Disease in Northern Tanzania: an Ethnomedical Survey." *BMC Nephrology*, 16.170 (2015), 1–11.
- Tuwe, Kudakwashe. "The African Oral Tradition Paradigm of Storytelling as a Methodological Framework: Employment Experiences for African communities." *New Zealand, African Studies Association of Australasia and the Pacific (AFSAAP) Proceedings of the 38th AFSAAP Conference: 21st Century Tensions and Transformation in Africa*, Deakin University, 28th–30th October, 2015, (2016): 1–18. <https://www.ecald.com/assets/Resources/Assets/Tuwe-Africa-n-Storytelling-Research-Method.pdf>. Accessed 13.01.2022.
- Vice President's Office-United Republic of Tanzania, "Ageing and Poverty in Tanzania: Country Position Paper," http://www.tanzania.gateway.org/docs/Ageing_and_Poverty_in_Tanzania.pdf. Accessed 14.04.2021.
- Volbach, R. Walther. "Time and Space on the Stage." *Educational Theatre Journal*, 19.2 (1967): 134–141.
- Walsh, Katie and Lena Näre. "Introduction: Transnational Migration and Home in Older Age" *Transnational Migration and Home in Older Age*. Ed. K. Walsh and L. Näre. London: Routledge, 2016. 1–22.
- Wambura, Mwita, Joseph R Mwanga, Jacklin F Mosha, Gerry Mshana, Frank Mosha and John Chungalucha. "Acceptability of Medical Male Circumcision in the Traditionally Circumcising Communities in Northern Tanzania", *BMC Public Health*, 11.373 (2011): 1–8.
- Wekker, Gloria. "Another Dream of a Common Language. Imagining Black Europe." *Black Europe and the African Diaspora*. Ed. Darlene Clark Hine, Trica Danielle Keaton and Stephen Small. Champaign, Ill.: University of Illinois Press, 2009. 277–289.

