

**INFECTING THE WELFARE STATE – THE SWEDISH
PLAY *KURAGE* AND THE “AIDS CRISIS”**

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ABSTRACT

The article focuses on the Swedish documentary theatre play *Kurage* (2020) in which three protagonists look back on how Sweden handled the “AIDS crisis” in the 1980s. In doing so, the play challenges the narrative of exceptional social conditions in Sweden and delivers a queer perspective on welfare state politics. Specifically, in the aesthetic conception of the play, the complex relation between welfare state and illness comes to the fore. I argue that *Kurage* not only builds on persistent metaphors of illness in literature but also expands epidemic narratives and thus exposes mechanisms of exclusion and marginalization in the welfare state. Finally, the article investigates in what ways pathology, medical institutions, or in a more general way: the understanding of medicine as a “neutral” science play a part in eliminating bodies, writing them out of the body politic and thus allowing for suffering and disappearing.

Keywords: *Kurage*, Swedish literature, theatre, somatechnics, AIDS, queer narratives, welfare state, Riksteatern

During the 1968 election campaign, in a mixture of prophecy and promise of salvation, Olof Palme announced “wonderful days lie ahead” (Berggren 6). These wonderful days, now idiomatic thanks to Henrik Berggren’s biography on Palme, condense the idea of the Swedish welfare state as an inclusive and including social system that promises the greatest possible security with a high degree of participation. The realization of Palme’s vision is closely tied to the aspect of health; the health of the individual as well as the collective takes on significance in Sweden’s exemplary welfare state (Schnurbein 8), functioning both as a promise and a precondition of the so-called *folkhem* (home of the people). Timothy Warburton further underlines the importance of this connection: “A ‘healthy’ nation with universal healthcare for its citizens [is] a cornerstone of its *folkhem* agenda.” (Warburton 101)

If health is part of the trademark and key assurance of society, how does society deal with an infectious disease such as AIDS, which is perceived as a threat? How does the body politic resist a possible infection and what consequences does this have for the individual? What happens when the wonderful days do not arrive for all, when over the course of the 1980s and 1990s countless, predominantly young people die and the

division into “healthy” and “sick” triggers social hysteria and stigmatization? Put another way: Who is actually meant with Palme’s “we”? With these questions in mind, I will look closer at the Swedish play *Kurage*, which premiered in March 2020 and looks back from today at how the Swedish welfare state dealt with the so-called AIDS crisis. As the title of the article indicates, my analysis centres around the relation between community and illness.

To do so, I will first consider the extensive repertoire of metaphors connected to representations of illness in literature and theatre. Using selected scenes from the play, I will shed light on how the welfare state treats the sick and dying. My thesis is that *Kurage* makes use of the rich literary and dramatic imagery, but also expands it with new aspects in order to deconstruct the ideal of the Swedish welfare state and to reveal its exclusionary mechanisms. Adopting the theoretical concepts of *somatechnics*, I examine the role of medicine in the functioning of the body politic – a field of tension the play focuses on. In the final part of my article, I explore how the play nevertheless grants the characters agency, how it dilutes the supposedly fixed boundaries between those “affected” by the disease and those “unaffected”, and thus sounds out the potential (performative) leeway. Before I illustrate more precisely which literary means and dramaturgical strategies *Kurage* works with, I would like to introduce this noteworthy play in more detail.

***Kurage* – the Play**

The play *Kurage* premiered in early 2020. The title, derived from the French “coeur” (heart) can best be translated as fearlessness, bravery or courageousness. The production arose from a collaboration between *Riksteatern*¹, *Teater Västernorrland* and *Folkteatern Gävleborg*. The script of the play is also a coproduction: Depending on how you interpret it, it was created by two to five playwrights. *Kurage* stems “from Mårten Andersson and Mattias Brunn. Editing: Mårten Andersson, Joakim Rindå, Victor Wigardt, Lotta Östlin-Stenshäll”. In the following, I will refer exclusively to the script, the staging itself – to be understood as its own text (Fischer-Lichte 10–14) – is not considered in this article. This should however not distract from the fact that, particularly in contemporary theatre, plays are frequently developed in the interplay of the rehearsals and writing and are not primarily focused on readers.

In their script, the playwrights collective uses a documentary-like technique to tell the story of three protagonists. We meet PO, a doctor specialized in infectious diseases, who is one of the key figures in the field of medicine, who participates in the discovery, description and treatment of HIV and AIDS – as we call it today – in Stockholm. He plays an important role at Roslagstull Hospital, where a special ward for HIV-infected patients is setup, Ward 53.² The pastor and hospital chaplain, Ulla-Brit, also works here

¹ *Riksteatern* functions as a national stage, whose work it is to provide rural areas that do not have their own theaters, with productions.

² A further moving homage to Ward 53 was found in the extremely controversial exhibition *Ecce Homo*, in which the photographer Elisabeth Ohlson translated twelve biblical scenes into a modern queer milieu. One of the photos – *Woman, Behold your Son* (John 19, 26) – was taken on Ward 53 and depicts Jesus dying of AIDS in the arms of his mother, inspired by Michelangelo’s world famous *Pietà*

and her many years of unconventional work on this ward earns her national reputation as the “AIDS pastor”. Finally, we meet the mortician, Krister, who, after initially feeling anxious reserve, becomes one of the most important contacts for those dying on Ward 53 and their relatives.

Using interviews with the non-fictional people PO, Ulla-Britt and Krister, which the collective of authors conducted in the preliminary stages of the work, the play points to its own documentary-like character. These interviews were edited and the lines of the characters interlaced with one another, resulting in passages that frequently resemble dialogues and scenic transactions. This assembly technique (Wind 99), known within documentary theatre³ since the 1960s, allows the dramatis personae to remain recognizable and negotiable as such. Through this assembly technique, conversations that seem to take place, never actually occur, the authenticity of the texts and characters thus remain unjeopardized as a background. The cutting technique of documentary theatre allows “facts from different sources to be brought together in a thematic context” (Barton 5).

In thirteen scenes, the characters look back from today at the 1980s, they tell of their work life and the experiences they had at Roslagstull. In the process, Ward 53 represents the main location – if one can even speak of a traditional location in this post-dramatic form. Each of the scenes has a different focus, which is already clarified in the scene titles – a device used in epic theatre. The first known case of an unknown illness is told (“First Case” / “Första Fallet”), the positive HIV-diagnosis of the pastor’s son (“Illness/Notification” / (“Sjukdom/Beskedet”), the establishment of Ward 53 (“Roslagstull/Ward 53” / “Roslagstull/Avd. 53”), the shocking handling of the young men’s dead bodies and how the mortician Krister’s respectful treatment propelled him to become an important contact on Ward 53 (“Handling Bodies” / “Hantera Kroppar”). The highly comedic scene “Illness Antidotes” tells of day-to-day life on the ward, of living in dying. As the play continues, it shows the drastic way in which the cultural practice of burial changes (“Burials” / “Begravningar”; “Dress Rehearsal” / “Genrep”) as well as the profound concerns, fears, powerlessness (“Mourning” / “Sorg”) and finally the first promises of hope that come with medicines that can slow the disease’s progression (“Medicines are Coming” / “Medicinen kommer”). Already in this very brief summary, it is clear that the play offers a stage to a crowd of quite unusual characters and reports. The themes discussed extend far beyond the relation between illness and the welfare state.

The Welfare State and Health/Illness in Literature

In Sweden, *Kurage* is – at least thematically – not a singular literary phenomenon. Quite the opposite: over the past 10 years – unlike in for example, Germany – the subject of HIV and AIDS has been widely discussed from a historical perspective and has called the welfare state into question. The fact that this topic is the subject of public interest must be seen above all as a merit of literature and theatre. Two examples prove to be particu-

(Ahlstrom 102–105). The exhibition premiered in Stockholm in 1998 and, afterwards, became an international success.

³ A quick side note to point out that the problematic of the term ‘documentary theatre’ is discussed extensively by Brian Barton (Barton 2–4).

larly effective.⁴ Jonas Gardell's trilogy *Torka aldrig tårar utan handskar* (*Don't Ever Wipe Tears without Gloves*) was published between 2012 and 2013. The books follow a generation of young, gay men in Sweden in the 1970s and 1980s and tell of their coming-outs, of rural life in Sweden and of a Stockholm that goes from a place of longing to the centre of excessive, exuberant life. Above all, these books tell of HIV and AIDS, they illuminate a time, in which this seemingly unknown "plague" arrives in Sweden and begins to interest the public. Gardell's novels demonstrate the impact of AIDS on the gay community and the number of lives the disease cost. They address how one can live and survive amidst a climate of fear, hysteria, unending suffering and marginalization – described by the author as characteristic of Sweden in the 1980s. The success of *Don't Ever Wipe Tears without Gloves* in Sweden is remarkable. Its clever publication as a trilogy also helped ensure the subject remained a public presence over a long period of time and was in no way limited to the literary field: the author and his books were showered with awards and accolades. The television adaptation of the material, broadcast in 2012, also in three parts, was a blockbuster in Sweden and was made accessible for an international audience.

Theatre then took up the thread. In 2018, the Swedish national theatre *Dramaten* presented a remarkable staging of *Angels in America*, Tony Kushner's first dramatic analysis of AIDS, released in 1993 (part one: *Millennium Approaches*) and 1994 (part two: *Perestrojka*). Both parts were rehearsed under the direction of Farnaz Arbabi⁵ and presented – on selected days – one after the other. This theatrical event thus became a mammoth project, occupying the audience for over eight hours. Performed in the vacated Stockholm transformer station (*e-verket*), this nationally acclaimed production⁶ also stood out spatially. In 2020, *Kurage* thus meets an audience already familiar with the topic of HIV and AIDS, not only in performative and literary forms.

Literary stories about illnesses – beyond AIDS and HIV – hit the welfare state at a central point. The multifaceted debates about the welfare states in Scandinavian countries demonstrate that health and health policies are central to the model of the welfare state (Schnurbein 8). The focus here is not just on curing diseases and ensuring access to medical services for all; Eva Palmblad and Bengt Erik Eriksson have, for example, highlighted the significant ways in which a medically based health discourse in Sweden determines social norms and political actions. In doing so, they show how this discourse is designed to understand public health (also) as a national economic term. According to the researchers, this results in the individual responsibility to ensure or establish physical well-being. (Palmblad, Eriksson 146–149) This "soft imperative" (Hirdmann 15), however, often obfuscates the underlying power structures and the resulting exclusionary mechanisms.

This means, in turn, that the mechanisms of exclusion produced by the welfare state require particular concealment, since they would otherwise impact the ability of the (welfare) state to function. This strategy of concealment is carried out prominently via the

⁴ Further examples: Lars O. Westerholms *Fångad i flykten* (1989), Ola Klingbergs *Onans bok* (1999), Walter Heidenkampfs *I sin skugga* (2004) and Bodil Sjöströms. *Happy Holiday* (2013). All of these works however, only have a small readership. (Parikas 92–97)

⁵ Premiere part 1 (*Millennium*) February 1, 2018, premiere part 2 (*Perestrojka*) February 24, 2018.

⁶ Translation: Nils Gredeby, Stage Design: Jenny Kronberg, Costumes: Lena Lindgren, Choreography: Sofia Södergård.

metaphor of the *folkhem*, from which Olof Palme's promise of the glorious future's salvation, quoted at the start of this article, originates. Since the 1930s, the *folkhem* has been a key element of the welfare state's rhetoric, introduced by Per Albin Hansson, the Swedish Prime Minister between 1932 and 1956:

The basis of the home is community and togetherness. The good home does not recognize any privileged or neglected members, nor any favorite or stepchildren. In the good home there is equality, consideration, co-operation, and helpfulness. Applied to the great people's and citizens' home this would mean the breaking down of all the social and economic barriers that now separate citizens into the privileged and the neglected, into the rulers and the dependents, into the rich and the poor, the propertied and the impoverished, the plunderers and the plundered. (Berman 163)

With this (idealized) image of a common house, a meaningful long-term concept of order is established, which – alongside the election campaign rhetoric – assists in vaulting over “the dysfunctionalities and disharmonies in a constantly changing modern society” (Henningsen 317). The question of the potential for inclusion, the “right to live” in the *folkhem* has been a frequent topic in Swedish literature. Consider the so-called workers' literature, feminist literature or *invandrarlitteratur* (“immigrant literature”). Already in these classifications it becomes apparent that the prerequisites of participation shape the 20th and 21st century (not just) in literary terms. In negotiating the belonging to and participation in the welfare state, *Kurage* joins a virulent literary discourse and – as I will illustrate using three selected scenes – extends it with its own perspectives and aesthetic formations.

The Infectious Disease Physician: Equal access for everyone?

To begin with, I will focus on the character of the doctor. In the fourth scene, PO, speaks about the admission and care of the first patients, who exhibit unusual symptoms, at his workplace in Stockholm in 1982:

Det blir fler och fler patienter. Men väldigt få vill syssla med AIDS. Det är en undersköterska, Kerttu, så är det jag och en annan underläkare, Linda. Ingen av oss har någon tillsvidareanställning. Vi är vikarier som säger att vi vill. [...] Det som är påtagligt svårt är att det är så mycket fördömande. Kollegor som inte tycker att vi ska syssla med det här, att folk får skylla sig själva. Man kan även rättsligt döma den som utsätter andra för smittorisk till tvångsisolering på obestämd tid. [...] Många av kollegorna, och chefer, tycker att “nä det där är inget att syssla med, det är bögar och missbrukare som är drabbade av en dödlig sjukdom, det är väl lika bra att de får dö.” (Kurage 8–9)

The number of patients keeps growing. But there are only very few here who are willing to work with AIDS. A nurse, Kerttu, myself and one other assistant doctor, Linda. None of us have a permanent position. We are only subs, but we said we are willing. [...] What makes it difficult, is the prejudgements. Colleagues, who believe we shouldn't get involved, that it is their own faults. It is even possible to legally prosecute those who expose others to conta-

gion: Forced isolation for an indefinite period. [...] Many of our colleagues and bosses are of the opinion that “you shouldn’t bother with it, this deadly disease affects gays and addicts, it’s just as well they die.”

The character of the doctor addresses three aspects, which prove to be formative to the play’s plot: First, he introduces the powerful narrative of the sick’s own culpability for their illness, second the doctor raises the subject of the social panic, which the (unknown) illness produces. Finally, he points out the drastic possibilities of sanctions from the side of the state.

These motifs linked to (contagious) diseases seem known, *Kurage* is in no way the first play that delivers an epidemic narrative. Quite the contrary: World literature is teeming with stories that deal with contagious diseases, which – as also indicated here – are sinfully charged, in that they demonstrate connections between (forbidden) desire, illness and death (Hutcheon, Hutcheon 14–15). Since the list can go on indeterminately I will name just a few examples: *Oedipus*, *La Traviata*, *La Bohème*, *Death in Venice*, *Parsifal*. The protagonists in these works suffer from various illnesses and mostly die from them – the plague, cholera, tuberculosis or syphilis. Towards the end of the 1980s, a “new” disease appears in the literary and performative field, which makes manifold use of the tried and tested repertoire of metaphors and thus pursues powerful, recurring traditions with plagues or illnesses: A mix of social panic, medically based fear and moralistic or moralising recriminations, built upon the idea of illness as a divine punishment for violations and transgressions (Hutcheon, Hutcheon 204). As with other epidemics, AIDS is understood not only as moral punishment, but also especially as a disease of the cities, which since the time of Sodom and Gomorra are traditionally havens for plagues.

Narratives about diseases often include moments of romanticism and heroism, this phenomenon can be identified especially in the performative arts. Particularly on the opera stage, death from a plague appear heightened, frequently rapturous and almost desirable: No one sings more beautifully than “the tubercular heroines” Violetta and Mimi or Wagner’s syphilitic grail knight Amfortas (Hutcheon, Hutcheon 68–71). In the brief passage from *Kurage* cited above, we can trace how these efficacious literary images are translatable into the present: However, through the use of the documentary form they are deconstructed aesthetically and develop a narrative brutality. The doctor’s report resembles a witness’ description, it is as if he is testifying before a court: short sentences, repetition of quotes, remembering details, identifying a known location, placing oneself at the scene. The political dimension of the statement is emphasized by the soberness in which it is made, since a central premise of the welfare state – the health system – is exposed as dysfunctional.

The hospital is in no way a place open to those looking for help. PO’s description of the doctors’ and medical personnel’s refusal to treat those infected with HIV, stands in strong opposition to the rule laid out for doctors in Sweden’s 1952 *Codex Ethicus Medicorum Svecorum* to treat patients “independent of race, religion, political views and position in society” (Eklöf 80).⁷ All the more striking is who is ready to help: doctors such as PO, who do not have permanent contracts, that is who are precariously employed as well as

⁷ The rules developed by Sten von Stapelmohr at the start of the 1950s, came into effect first in 1952 and were slightly expanded or modified in 1968, 2002 and 2009.

two nurses, who in Sweden are also in the lower third of the medical earnings table. The character PO thus functions in two ways as an outsider: Firstly, in terms of labour laws he is an outsider, secondly, his willingness to act differently than his colleagues can be interpreted as breaking the rules. He thus detaches himself from the (imagined) medical corps, in which standing together and respecting each other are key elements – the *Codex* states: one should “show every consideration for the interests and reputation of one’s *yrkesbröder* (literally ‘work brothers’)” (Eklöf 81).

The hospital’s exclusionary practices are all the more serious when one considers that the Swedish health system – the hospitals, doctors etc. – is paid for by taxpayers (Henningsson 113–116). This scene from *Kurage* pointedly shows though that this does not mean all the institutions are equally open to everyone. The welfare state’s promise “of equal access to all health and medical care” (Sermer 104) is deceptive.

Krister: Threat and Resistance

In the play, this diagnosis takes on relevance beyond the concrete site of the hospital. This is evident for example, in the monologue of the mortician Krister – the scene is captioned “Dealing with Bodies” – in which he tells of his first contact with the virus, the disease and the dead. At the start of the scene, Krister explains that he grew up in an extremely homophobic family, moulded by his father’s fear that his children could be abused. After marrying, he learnt the undertaker trade from his father-in-law and took over the business after his death. Since his father-in-law was engaged in a free church, the business had specialized in this clientele. In the early 1980s, a new “specialization” developed since Krister came into contact with young people who were dying from an infectious disease:

De första fallen är på Roslagstull. [...] Transportpersonalen kräver att personalen ska lägga ner kroppen i en transportsäck, annars kommer de inte hantera den. En transportsäck är en plastsäck. Och sedan tar de i varsitt hörn i säcken och lägger säcken på baren. Så kör de över till Danderyd. Där får kroppen ligga kvar i säcken tills man ska göra obduktion. Läkarna är otroligt intresserade av att få göra obduktion. Det här är ju forskning, någon slags spetsvetenskap. På en bild som publiceras i tidningen från någon av de första obduktionerna ser man att personalen har någon slags heltäckande dräkt, rymddräkt på sig. De har visir, huva, de ser ut som astronauter. När de är klara så lägger de kroppen i en ny hermetisk tillsluten säck. Så klistrar man gul/svarta remsor runt som det står “smittfarligt riskavfall” på. Där ligger en ung kropp, inlindad i en svart sopsäck. Och längre bak på bilden kan man se att det ligger en annan, död kropp på obduktionsbänken, redo för samma behandling. (Kurage 12)

The first cases are at Roslagstull. [...] The transportation firm insists that the [hospital] personnel pack the bodies in transportation bags, otherwise they will not take them. A transportation bag is a plastic bag. They then each take a corner and lay it on the stretcher. They drive like this to Danderyd. There the body remains in the bag up until the autopsy is conducted. The doctors are extremely interested in the post-mortem examination. This is research, a type of cutting-edge research. In a photograph of one of the first autopsies published in a newspaper, you can see the personnel are wearing full body suits. Space suits.

They have visors, a helmet, they look like astronauts. When they are done, they place the body in a new hermetically sealed bag. It is then wrapped with a black and yellow tape that says “biohazardous waste”. There is a young body, wrapped in a black garbage bag. And in the background of the photo, we can see there is another dead body on the autopsy table, waiting to be treated the same way.

This nightmarish scene further questions the role and function of medicine and medical personnel in the welfare state. At the start of the quote from the doctor PO, he reports how doctors and nurses refuse to treat patients, to alleviate suffering. In Krister’s statement it becomes clear that “treating” dead bodies seems more appealing than treating sick bodies. “Cutting-edge research” promises prestige. At the same time, the autopsies and research are staged as a service to society, which, through the dressing up in space suits, is presented as extremely dangerous.

The text here seems particularly authentic, since the playwrights collective makes use of a dual certification strategy: The mortician’s monologue extends over three pages in total and is not interrupted by any other character. The documentary theatre character is underlined by the use of ellipses, changes in tense and primarily short sentences, which emphasizes the speech character, functions again like a witness statement and in this way brings in “particles of reality” (Barton 4). Furthermore, the witness, i.e., Krister, describes an additional period document: a press photo. He delivers a description of the image, which he fills in with background information from his practical experience, bringing it to life and making it a moving photo.

This double notarization allows the horror of the described events to emerge prominently and at the same time, the body is staged in a special way: On the one hand, as the sick/dying body of the homosexual man. On the other hand, as the seemingly endangered body politic. It is also striking how these bodily attributions bring about a change in the pathologizing of male homosexuality: Homosexuality was legalized in Sweden in 1944.⁸ Nevertheless, it was still considered a psychological illness (Warburton 94) and was only officially dropped as a classification by the *Socialstyrelsen* (*The National Board of Health and Welfare*) in 1979 (Warburton 13). As one can quite clearly see in this example, with the start of the “AIDS crisis” homosexuality increasingly manifests as a physical illness; AIDS and homosexuality are used synonymously. The initially unknown disease is first called *bögpest* (gay plague) or *bögcancer* (gay cancer), reinforcing the image of the gay man as both the cause and victim of his infection (Hutcheon, Hutcheon 216). The body of the homosexual man – which already in the original narrative is mainly referred to as “affected” – functions as proof of his sickness: At the latest in a painful death, AIDS and homosexuality merge into a verifiable diagnosis.

The suffering however, does not remain limited to the individual body, rather it is stigmatized as a threat to society as a whole. Susan Sontag describes this in her essay *AIDS and its Metaphors*:

⁸ This in no way means legal equality though: thus, for example, up until 1978 the age of consent was different for hetero- and homosexual relationships. Further legal steps towards equality took place in the 1990s: 1995 law on registered partnership; 1999 law against discrimination in the labour market; 2002 law on adoption by homosexual couples. (Rydström 204–207)

More than cancer, but rather like syphilis, AIDS seems to foster ominous fantasies about a disease that is marker of both individual and social vulnerabilities. The virus invades the body; the disease (or, in the newer version, the fear of the disease) is described as invading the whole society. (Sontag 151)

The social hysteria caused by the seemingly dangerous “invasion” can be clearly seen in Krister’s description of the image: The disposal of the “contaminated” corpses in the garbage bags and the refusal to treat the living are staged as serving the protection of the community, as necessary brutalities, to counteract an invasion of the whole society. The foremost task of medicine and medical personnel is thus to protect the state – and not the sick, suffering individual. The image of the medical-astronauts illustrates the state of emergency that the threatening disease triggers, that society must oppose with utmost effort.

Ulla-Britt: Body Stagings

Kurage illustrates this relation between individual bodies and the body politic also with personal experiences, which are primarily linked to the character of Ulla-Britt. She is an important fixture in life on Ward 53, which she intensively accompanies as the hospital chaplain. In addition to many others, her son Johan dies there as a result of AIDS. This means that the character Ulla-Britt engenders different “bodies”: The body of the pastor is a (transcendent) body politic – up until 2000 the Swedish church, which employs her, is the state church (Sidenvall 313–314). The body of a patient’s mother, who is continually abandoned by doctors, can be situated as a body natural (following Kantorowicz’s concept of the king’s two bodies). The challenge of merging these two bodies of the pastor is not so much the result of a principle incompatibility of these areas – as is the case in Kantorowicz’s description of monarchy – as it is the result of the welfare state’s failure.

Johan har fruktansvärt ont i magen, läkaren är upptagen någon annanstans. [...] Jag står där i mitt nattlinne, och med mig en sköterska med en lång blond hårfläta. Vi står och håller Johan i händerna och säger “doktor kommer snart, doktor kommer snart”. Som ett skådespel. [...]

Jag sover vid Johans dödsögonblick. Jag är med hela natten, men så sover jag just då. Jag hade ju varit vaken så länge. (*Kurage* 25)

Johan has terrible stomach pains, the doctors are occupied somewhere else. [...] I’m standing there in my nightgown, and there is a nurse with a long blond ponytail with me. We are holding Johan’s hands and saying “the doctor will be here shortly, the doctor will be here shortly”. Like in a play [...]

I sleep as Johan dies. I was beside him the entire night, but right then I sleep. I had been awake for so long.

The clinic becomes a stage upon which a mother pretends for her son that rescue and relief are at hand. With this image, *Kurage* once again delivers a duplication, in which a theatrical process is set on stage. The scenic effectiveness lies in the simultaneity of the

two theatre situations – that is the performance of *Kurage* and the performance at the clinic – precisely because fundamental differences emerge. In other words: Those who die in the hospital, are dead. The theatrical illusion can thus not be applied to the hospital; the barrier between signified and signifier (Lehmann 185), which is decisive for our understanding of theatre, is disassembled. This intrusion of the real is not due to a call for a dramaturgical-innovative reorientation of performative arts, rather the conceptualization of the clinic as a stage brings the powerlessness of the characters closer to the surface, a powerlessness that feeds on the manifold dysfunction of the welfare state's actors. And here, it is not just the above described absence of medical personnel that plays a role, the (hyper) presence can also evoke similar effects:

Sedan så ringer en av läkarna och säger att hon vill obducera Johan. "Nej" säger jag "han ska inte obduceras. Han ville inte det. Vi har klätt honom och han ligger så lugnt och skönt". "Du vet väl att vi kan obducera mot din vilja?" säger hon då. Så jag åker till bårhuset tillsammans med Krister, och de kommer med Johan, och han ligger i kistan så fin. Jag har med mig ett helt fång med rosor som jag bäddar runt honom med. Så läser jag en dikt för honom. Och sedan tar jag nyckeln till kistan, låser den, åker hem och lägger nyckeln i ett smyckesskrin. Så att ingen kan komma åt honom. (*Kurage* 25–26)

Then a doctor calls and says that she wants to conduct a post-mortem examination on Johan. "No," I say "he will not be autopsied. He did not want that. We have dressed him and he is resting serenely and beautifully". "You know, we can autopsy him against your will?" she replies. Thus, I drive with Krister to the morgue. They come there with Johan, he is lying there so peacefully in the coffin. I bring him an armful of roses, with which I cover him. Then I read a poem to him. I take the key to the casket, lock it, drive home and place the key in a jewellery box. No one should be able to get to him.

The still anonymous young men described in the photo by Krister, who are to be packed as hazardous waste and subsequently autopsied, are given a face here. Over the course of the play, we have gotten to know Johan through Ulla-Britt's stories: His earnestness, his hobbies, we almost hear his laughter. We have met his partner, seen the fear in his eyes after the positive HIV test and experienced his physical pain. We are there when his younger brother changes Johan's socks after he has died at the hospital, so that he does not have to go to heaven with a hole in his sock. As a result, the "desire" to autopsy him, hits the reader more personally. The information from Krister's description of the photo and the glimpse into Johan's world overlap and evoke affective distorted images.

This fissure is amplified by the addressed incompatibility of the pastor's two bodies: With the doctor's call Sweden's "unique and repressive legislation" (Lundberg 10) on infection control – especially in view of so-called venereal diseases, which from 1985 on included AIDS – enters the stage. With it, the state has extensive sanctions at its disposal, including forced confinement and isolation (Svéd 236). In closing the casket, Ulla-Britt denies – also metaphorically – the state access; her body natural undermines the authority of the body politic. In hiding the key, a piece of the welfare state's legitimization is seized and the (de)coding of the welfare states practices becomes impossible.

In this scene though, *Kurage* also shows how the narrative of the culpability of the sick for their suffering, which results in the doctors' refusal to treat them, ripples further: the

sinful body has to be thrown out (rather than taken in). Thus, as I read it, the health system, a central pillar of the welfare state, plays a key role in legitimizing these exclusionary mechanisms.

State and Medicine

I want to argue that *Kurage* demonstrates that the welfare state and medicine stabilize one another. Jessica Cadwallader impressively theorizes the state-bearing role of medicine. In her ground-breaking work “Diseased States: The Role of Pathology in the (Re) Production of the Body Politic” she pursues the question of how suffering is contextualized and generated in modern societies. In doing so, she assumes the following premise oriented on the Hobbesian understanding of the state: The social contract, underlying the formation of the community guarantees security in exchange for autonomy. The individuals accept the rules and regulations of the state, i.e. they forgo freedom; and in return, the body politic offers them security and protection – that is its central function. In this interpretation, the modern state emerges from a contractual relationship which leads from the “contingency of the natural state to the consistency of a common fiction” (Lünemann 166). Cadwallader follows this with a question, which I find particularly meaningful in view of *Kurage*: When the body politic exists under the premise of protecting from suffering, and there is undeniably suffering – as also described in the play – how does the body politic retain its legitimacy and remain functional (Cadwallader 19)? In which way does the social contract remain in force, if it is only conditionally fulfilled from one side?

Cadwallader elaborates that the health system (or more generally: medicine) assumes the central role in this process of legitimization. The body politic, she says, is designed to represent and protect a supposedly homogenous population. This universal body – Hobbes’ Leviathan – is however much more specific than it is universal: “not only male but middle classed, able-bodied, heterosexual, cis-gendered, white and even circumcised” (Cadwallader 17). This constitution means that all those who do not correspond to the body politic that represents them or should represent them, are constituted as less significant politically. This only works when the deviations are pathologized and inscribed in the individual bodies. In this process medicine assumes the leading role. By constructing bodies as either healthy or sick, the medical discourse becomes all the more efficacious. Healthy bodies are those that correspond to the image of the body politic, deviations from it are defined as sick. “If and when an individual body becomes *pathological*, however, the suffering engendered is not, apparently, the work of the body politic: when the source of suffering arises from a perversion within the body, it cannot be the responsibility of the political incorporation.” (Cadwallader 21)

Returning to the title of my article *Infecting the Welfare State*, the play *Kurage* illuminates how the welfare state supposedly protects itself against infection: namely, medically. Not in that it strives to help the suffering, but rather in that it pathologizes their illness as individual deviation. Doing so, allows the state to evade responsibility or to at least only assume it to a limited extent while still maintaining its ability to function and keep its “promise of salvation.” The prerequisites for participation, the question of the “right to

live” in the *folkhem* are reflected back into the individual bodies, who have not complied with the demand to maintain/promote their own health. The infection of the individual functions, as *Kurage* shows, as proof of their own transgressions and thus joins the (literary) narratives of illness as punishment. And though these narratives are no longer religiously connotated here, they still powerfully legitimize exclusionary mechanisms.

Risk Group Agencies

However, in no way does *Kurage* remain tied to the narrative of the welfare state’s failure. The playwrights collective does not remain focused on the mechanisms that arouse fear and harden prejudices by marking the threatening nature of the illness, rather the play generates agencies for its characters – and this I address here in the concluding section. The hospital thus functions as a place that stacks different modes of being and spaces of possibility for the characters: powerlessness, exclusion and marginalization. At the same time though, the clinic figures as a living cosmos, in which the rules and norms of the “real” world only have a limited effect. To be able to better grasp this special status, I suggest reading Ward 53 as a heterotopy in Foucault’s sense, as a (dramatic) place that “is capable of juxtaposing in a single real place several spaces, several sites that are in themselves incompatible” (Foucault 25).

In (re)claiming this space, (linguistic) images take on a key function: As Susan Sontag demonstrates, an important metaphor in the social management of infectious disease is the differentiation between the affected and unaffected. A characterization aimed at the systematization of people into those infected or those who are not. Furthermore, it is concerned with creating group identities:

In contrast to cancer, understood in a modern way as a disease incurred by (and revealing of) individuals, AIDS is understood in a premodern way, as a disease incurred by people both as individuals and as members of a ‘risk group’ – that neutral-sounding, bureaucratic, category which also revives the archaic idea of a tainted community that illness has judged. (Sontag 132)

Homosexual men are considered the main group at risk of AIDS, a tainted community. I have already explained the consequences of this linguistic construction – risk group – for the individual, as well as how these are coupled to tried and tested illness metaphors. *Kurage* expands the repertoire of metaphors and in this way dilutes the constructed group identities, that is, the play pursues the question “of controllability (or uncontrollability) of metaphors and their performative effects in the production of discourse” (Lüdemann 32). In order to illustrate these processes, I want to follow the journey of the bodies in the plastic bags further and to return to Krister, whose monologue describing the image continues as follows:

Svarta säckar är sopsäckar. Alla förtjänar att bli väl omhändertagna när de dör. [...] Dem som är rädda i min bransch och inte tar reda på vad det egentligen handlar om, de vågar ju inte göra annat än att lägga ner säcken i kistan. Om det nu är så farligt att inte ens läkaren vågar ta i dem, varför skulle vi våga?

Att klippa den där säcken, det är en en ganska hög tröskel, om jag nu inte ska överdriva. Jag har kirurghandskar på mig.

Plastförkläde. Jag känner mig rädd, "funkar verkligen det här?" Jag stoppar ordentligt ner slipsen i skjortan så att den inte ska hänga utanför och bli slaskig. Kollegorna tycker inte att jag är klok. (Kurage 13)

Black bags are garbage bags. Everyone has the right to be taken care of, when they die. [...] In my line of work, many are simply afraid and don't ask what it is all about. They just lay the black bag in the casket. If it is so dangerous, that not even doctors touch the dead, what should we trust ourselves to do?

It takes a lot of effort to cut open the bag. I don't want to exaggerate. I wear medical gloves. A plastic apron. I am afraid "will this actually work"? I conscientiously tuck my tie into my shirt, so that it doesn't hang and get dirty. My colleagues think I am crazy.

Cutting open the black garbage bag is perhaps *the* metaphor of the play. Since, this is not just the story of how a mortician handles a corpse, but of his decision to respectfully lay someone dead in the casket and to respectfully bury them. The character Krister here, opens up a symbolic world: As if from a cocoon an empowerment emerges, the character finds his own ways to deal with those marked as "contaminated". The play thus sets the manoeuvrability of the dramatis personae in the centre. It generates agency for the characters, thus suggesting the medical-political frame is changeable, or at least editable.

The play extensively considers what a cut-open garbage bag can become. Krister, PO and particularly Ulla-Britt become important "cohabitants" of Ward 53, they become co-creators of this heterotopy, in which people live, laugh, suffer and die together. The documentary and post-dramatic form of the play changes how the characters are perceived. Instead of traditional hero/ines, they become participants who wrestle rooms from a panic-struck society, a welfare state that is powerless to act and a helpless medicine, enabling new paths and new perspectives. These empowerments are established on different levels: in how the daily living and dying is organized, in the cultural practices and also in the relation between the individual and the state. Must caskets always be made of dark wood? As a pastor, can one wear a short skirt? Who is allowed to be in the first row at a funeral? Why does one buy all kinds of shoes when one is in a wheelchair? Asked in other words: How does one live, just before they die? And what is the cause of these young men's death – officially – actually; who decides what story of their lives will be told?

Through this togetherness the "status" of the characters changes in the play. Ulla-Britt, Krister and PO report from today, looking back at the height of the epidemic. Following their implied biographies, we can assume that they are not homosexual and are thus not part of the "risk group": Ulla-Britt tells of her husband and children, most extensively about Johan, who dies on the ward. The doctor PO takes a break in the play, in order to be able to care for his wife and children, who have been neglected due to the intensive work at the clinic. And Krister marries the "girl on the other side of his garden fence" ("grannflickan på andra sidan staketet", Kurage 11) and consequently, inherits the funeral home. In the play, socially constructed group identities become permeable, the boundary between "affected" and "unaffected" loses its clarity and sharpness, and becomes fluid. In their stories, the three dramatis personae continually bear witness to their being affected, they narrate not from the margins, but from the centre of the "afflicted community",

which they are part of. In this way, the play disassembles the construct of the “risk group”, breaking the link between sexual orientation and the status of “affected”.

In doing so *Kurage* adds to the performative and impactful metaphors related to contagion. The danger of contagion emanating from the supposed risk group no longer forms just the basis for isolation and border demarcation, it also functions as a figure of connection, “since contagious particles are something that moves in interstitial spaces. They cross the thin line between normal and abnormal.” (Gestrinch 17) The heterotopy *Ward 53* blurs the “status” of the dramatis personae, giving the characters agency, which – quite comically – changes practices far beyond the heterotopy, as is clear in the play’s second to last, short scene (“Dress Rehearsal”):

Krister: En kväll är jag uppe hos en kille på Södersjukhuset. Han säger då att: “Jag håller på att planera min begravning.” “Jaha, ja det är bra” säger jag, “det skulle vi göra allihopa.” Han är operakunnig, en riktigt operanörd. “Jag ska ha den här musiken.” Och det är en helt fantastisk komposition han har fått ihop. Jag antecknar och har lite småidéer och kanske spär på med nånting mer. Men sen när jag ska gå så känner jag bara...

“Hörredu, vi borde ta mig sjutton göra ett genrep, som du får vara med på, för är det inte ett himla slöseri att ligga och planera det här och sen inte få vara med?”

“Ja jävlar”, säger han. “Vi gör ett genrep.” (*Kurage* 28)

Krister: One evening I am visiting one of the guys in the hospital. He tells me “I’m planning my funeral.” “That’s good” I say, “we should all do that”. He knows a lot about opera, a real opera nerd. “I want to have this music.” He put together a completely fantastic program. I make a few notes and have a few ideas and maybe I ask him something.

Just as I want to go, I think...

“You know what, we should damn well have a dress rehearsal, where you are a part of it, it’s a total waste laying here, planning all of it and then not being able to be there.” “Hell, ya!” he says, “we’re having a dress rehearsal.”

Who belongs to the affected at a funeral dress rehearsal? Here too, the text doubles the theatre situation, in that it puts a rehearsal in the centre. In contrast to the abovementioned hospital scene, in which Ulla-Britt “performs” for her dying son, this doubling takes place under different auspices: It is voluntary, it plays with the practice of burial that is understood culturally as a one time, final act. With “Hell ya, we’re having a dress rehearsal!” the character’s empowerment is sharpened. *Kurage* thus documents the extent to which culture and illness can mutually constitute one another, but also the (creative) possibilities of the characters. The play clearly shows that the function of literature does not have to be to cure epidemics through writing, it can, instead, work towards putting the “problem of particularly infectious metaphors” (Davis 832) up for debate.

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