AQA Devised Component
Devising Log

## This Is a Pandemic

Lampros Papadogiannakis
Princethorpe College

Candidate Number 8589
Centre 31210
Section 1:

Our initial stimulus was the photo of the faceless man. We found
the image quite shocking at face value but were inspired by the
idea of being "faceless". We started the devising process by
looking at government surveillance and authoritarianism and how
this in itself is a suppression of human identity however this topic
was deselected. This led us to think about health care workers
during the hight of the COVID-19 pandemic and how through
layers of PPE and sanitation they too became "faceless". We
wanted to portray how behind all the masks, visors and PPE, there
was a humanity and that these workers were more than just health
care workers, they were, wives, husbands, fathers, mothers,
neighbours, and not just faceless key workers. We further
narrowed our discussion point by choosing to talk about the
mental impact the pandemic had had on front line workers,
exploring the depression and PTSD many still live with today. I
found this topic would take us off the beaten path and look
deeper into an issue only just coming to light. Since choosing this
specific topic as a group we have researched individual doctors'
stories, read about PTSD and other mental disorders and watched
theatre and programmes related to it such as the Channel 4
drama, 'HELP'.

"Power is in tearing human minds to pieces and putting them together again in new shapes of your own choosing."
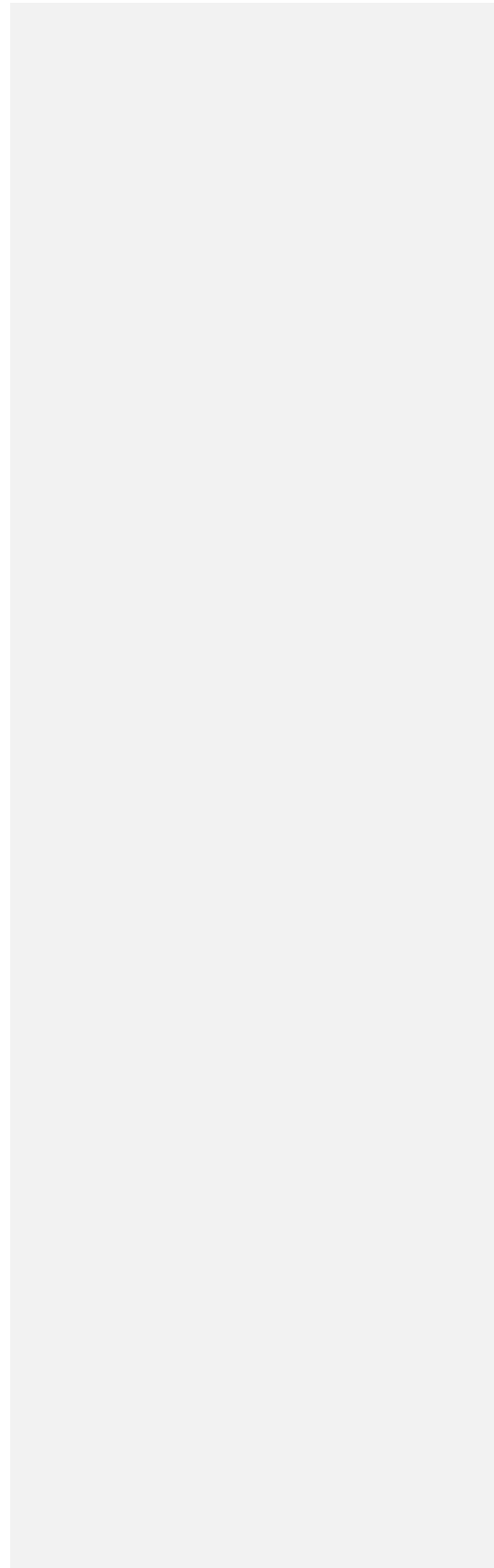
As a group we took inspiration from the literature of the author George Orwell. We were most inspired by his novel 1984, the novel served as a timeless reminder about the importance of freedom in society and the strength of the human mind. We took inspiration from the bleak, dystopian and imposing landscape of Oceania in particular. We felt the book possessed many metaphors and deeper meanings and can be interpreted in so many ways depending on the reader, 1984 has never been more relevant. In particular we focused in on the image of the faceless man, using this as our focal inspiration leading us to later look at the idea of being faceless and having your identity distorted. We were able to draw parallels from the way that Orwell portrayed the nature of authoritarian governance and organisation and the authoritarian way with which the NHS bosses treated healthcare staff especially regarding the lack of PPE (gagging orders). There is an addition aspect in 1984 that is the description of the dehumanizing affect that authoritarian organisation have on people, where people are treated as numbers and assents rather than individuals. The same effects became evident in the way that NHS staff were treated by some of the NHS bosses.

Having been inspired by the dystopian, totalitarian society George Orwell had built in his book 1984. I began to research authoritarian governance and organisation as well as the impacts of 'dehumanisation'. I focused my research on China and North Korea, both countries known for their authoritative leadership. I researched Chinas new 'social credit system', a system which gives citizens a 'social score' depending on the social life and socioeconomic status. I read news articles criticizing it as well as the theoretical benefits to this type of society. When researching the concept of 'dehumanisation' I looked at the treatment of prisoners of war during the Iraq war, from this I was able to see how through the loss of humanity we risk dissociating and desensitising ourselves to the pain and humanity of others. As we further narrowed our scope of research to look more specifically at health care workers during the COVID-19 pandemic and the 'dehumanisation' and isolation they experienced behind layers of PPE and sanitation, I was able to apply these ideas. Specifically, I used my research in an interrogation scene where I took

inspiration from my study on authoritarianism to construct imposing authority figures which loom large over our protagonist and a particularly shocking scene where our protagonist breaks down and yells "who even am I any more", in reference to loosing her identity and becoming 'dehumanised', this scene fed of the research we did on 'dehumanisation'.

We chose epic/ political drama as our style. We believed it gave us freedom to experiment with political ideas and world affairs and history. It also let us apply many of the Brechtian techniques we aimed to use such as the use of placards, freeze frames and the breaking of the fourth wall. We used these distinctively Brechtian techniques selectively in order to draw better attention to a certain point our piece was trying to make. Such as using a freeze frame during the 'silent scream' in order to better prologue the moment and to emphasise the severity of the moment.

We drew inspiration from the work and techniques of practitioner Bertolt Brecht. Brechtian conventions such as placards and the use of narrators will help us achieve some of the dramatic aims of our piece. We found upon further research that our dramatic aims often overlapped with those Brecht tried to convey in his work. We particularly liked the idea of the verfremdungseffekt and distancing, these ideas are widely applicable in socio-political dramas as it encourages the audience to look at the deeper meaning behind a character or auction.

In our piece we explore the world of a health care worker during the hight of the pandemic (March-May). We explore the themes of social isolation and dehumanisation in regard to key workers. We aimed to make our piece feel somewhat dystopian yet urgent in terms of its message.

In my theatrical performance we greatly used the idea of 'multi-rolling', there are very few concreate characters as we aimed to show the scope of the situation by displaying to the audience that this was the reality for some many of our health care workers not just the reality of a handful characters. In this performance I 'multi-

role' as; a doctor, an NHS boss, a patient, and a journalist. My most poignant moment in the performance is played as a patient, here I display a greater range of emotions that are purposefully lost in some of my other characters.

My personal aims in this performance are to be as true to the message as I can be and to appropriately convey some of the greater criticisms and political messages behind our performance.

Our aim as a group is to portray the difficulties and isolation that health care workers faced during the pandemic and the reality for so many working in that environment. Our aim is to use our theatre and performance as a way to portray our criticism and analysis of the COVID-19 response and to portray this message in a captivating, engaging and appropriate way.

Section 1 word count: **1095**

Section 2:

We began our devising process by building ideas and a narrative around our stimulus (the image of a man with no face). We began to discuss the idea of being 'faceless' and lacking an identity. During our devising process we drew inspiration from George Orwell's novel '1984' which led us on to researching and experimenting with the idea of authoritarianism and government surveillance. We later deselected the idea of government surveillance so we could more greatly focus on the mental health impact of the pandemic on health care workers and the 'dehumanisation' they experienced working in the pandemic.

We discussed how we could implement Brechtian techniques in our drama, such as placards. I personally feel like Brechtian techniques can help us better highlight a deeper metaphoric meaning to our piece of drama as it allows us to place less of an emphasis on the story itself and more on more on a truer meaning behind our drama. We used the techniques of placards in the mask scene where we take of our masks to portray a hidden

message, this was particularly helpful as it gave greater focus to the message compared to saying it verbally. Another example of a Brechtian technique was the freeze frame we placed during the silent scream, this gave greater focus and meaning to the moment and allowed the audience a breath moment of reflection to take in the scene.

During our devising we ensured we took the time to properly research the metal health issues we were trying to portray so that we could correctly adjust our acting to portray that and also so that we can get a better understanding of the condition itself and to be true the nature of the illness. We wanted to give a convincing performance and to show with the greatest accuracy what living with post-traumatic stress disorder looks like and we did this by researching it thoroughly. Our research was mostly comprised of reading from trusted medical sites, reading the first-hand accounts of those who have suffered with the disease and watching how other actors portrayed the condition in their performances.

A major challenged we faced during our devising process was giving our piece a distinct identity and meaning rather than having it give the impression of a greater meaning yet having little substance so show for it. Our group was split on the direction we wanted our piece to go, with some wanting a greater emphasis on government tyranny and surveillance and some wanting a greater focus on a mental health and the pandemic.
We overcame this by sitting and discussing as a group in what direction we individually wanted for the piece as well as setting and sharing our personal and group goals. We eventually decided on focusing on the mental health of health care professions during the pandemic and doing our best to explore some of the dystopian themes we had discussed prior.

Our audience feedback was clear that we needed to better balance the characters as some members of the group had more weighted characters than others. We acted on this by introducing better 'multi-rolling' and redistributing script so that the characters and actors were more evenly balanced.

Section 2 word count: **534**

Section 3:

In retrospect I believe our performance achieved our dramatic aims and was successful despite our initial challenges. Through this process I believe my acting has improved drastically. This performance challenged me as an actor as I often played roles that opposed my personality and my natural mannerisms. In this performance I adopted different accents such as the received pronunciation I did for my NHS boss role and my midlands accent I used for my COVID patient role. I believe a success of our performance was being able to engage and hold the interest of our audience as we performed. We had considered this in our devising and rehearsal process, as we wanted our performance to be meaningful and to achieve our dramatic aims while making it digestible and engaging for our audience. As an actor I feel improved most drastically in my multirolling, a technique which before devising this piece was foreign to me as I was used to playing a single character. My most challenging and prolonged role in this performance was my character "Patient 3421", who was an early COVID patient. "Patient 3421", was based off David Hare's monologue "Beat the Devil", where Hare details his experience as a COVID patient. I used this as an archetype for my character and used excerpts from "Beat the Devil" to help form my own monologue and direct address. As "Patient 3421" I emphasised my physical deterioration through my facial expressions, posture, and gait. As I deliver the final lines of my initial monologue, I shift my posture from and upright and confident posture to slouching posture as I begin to sway and lose my balance. This was vastly different to my portrayal of an "NHS Boss". For that role I ensure I had a perfect posture and altered my facial expression to give a deceptive and forced smile, which I used tactically to portray the "fake" nature of corporate management when engaging in interviews and public engagement. This character was informed off the research I did on corporate management and was based in part off the SNL "Corporate Nightmare" skit, where corporate bosses were played in a melodramatic fashion that highlighted the contempt they treated rank in file workers with.

Commented [VR1]: you could explain how these accents differed. (use of inflections, tones etc with quotations)

Commented [VR2]: I

Commented [VR3]: you could talk about the challenge being able to show a variety of contrasting characters of age background etc

Commented [VR4]: on

Commented [VR5]: the archetype of a patient?

Commented [VR6]: using direct address

Commented [VR7]: give more detail here about the character at the start of this monologue and at the end. Was it just your posture you change or did your voice, breathing, expressions change?

Commented [VR8]: what do you mean by that?

Commented [VR9]: define this role...CEO, Clinical manager? i.e a character in an office and not on the front line?

Commented [VR10]: Talk about the differences in your characterisation in relation to certain scenes rather than in general

Commented [VR11]: Was it successful? what did the audience take from your performance, how did it benefit the piece or the group?

I believe I was able to benefit my group greatly through bringing ideas, experience and knowledge that ultimately helped shape our piece. Due to the extensive research, I had done on the COVID outbreak in care homes as well as my personal knowledge on the PPE crisis and the handling of the crisis my government and management I had an informed opinion on how we can move the piece onward while remaining factual and offering a truthful portrayal to our audience. In this piece I specifically came up with the idea of the hospital montage, a scene were we each play hospital staff performing a specific action before regrouping to wash our hands and sing "happy birthday", as a way of criticising the UK's early pandemic response. I also persisted in the addition of the "Press Briefing" scene and the "Downing Street Party" scene, which both were received positively by our audience. The introduction of the "Downing Street Party" scene in particular helped lighten the mood and bring in a bit of comedy to an otherwise emotionally taxing piece. This therefore helped get our message across using parody and comedy, a Brechtian technique. My consistent introduction of ideas help ensure that as a group we were able to progress quickly and I ensured that we kept a good ratio of rehearsal and devising so that we were never stagnant and aimless.

Over all I had a great impact on the final piece. My performance as "Patient 3421" in particular helped drive the plot of our story and my role was able to captivate the attention of the audience as well as my role as "Boris Johnson" helping to lighten the mood of the performance significantly. My favourite scene was the pan-ultimate "Press Briefing" scene where I play "Dr Tendros", based off the WHO Director-General "Dr Tendros Ghebreyeus" and his infamous press briefing, in this scene I perform monologue where I deliver the now famous line of "This is a pandemic", which is also the name of our piece. I felt this helped bring a sense of closure to the piece. If we had the opportunity to redo our piece with further rehearsal time, I think we could have helped added better transitions and flesh out the character of "Head Nurse" better. I am pleased with our final performance and my group as well as the effort we all put in and believe our final performance reflects that.

Section 3 word count: **777**

Commented [VR12]: why, what did they think or experience?

Commented [VR13]: how did you and your performance or process add to the success of this?

Commented [VR14]: Spass? and what is the effect of this?