Missing Language, Silent Voices and the Art of Listening: Artists operating in the Health Service.

English which can express the thoughts of Hamlet and the tragedy of Lear has no words for the shiver or the headache. The merest schoolgirl when she falls in love has Shakespeare or Keats to speak her mind for her but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry.[i] *Virgina Woolfe*

Vincent K. from Kildare wore a borrowed suit to Dominic Thorpe's performance. He looked dapper, leaning in the doorway, half in the room and half outside it, looking on as Dominic Thorpe scratched the words 'mind matter' over and over on a small mirror, seated on a broken chair, back to the audience and singing a song from Kildare. The performance lasts approximately two hours or until the performer can no longer hold himself up. The words 'mind/ matter' suggest surmounting pain, of heroically separating it and putting it outside the body so that it might be overcome, (mind over matter), but the words too are a grim reminder that we are mortal beings, just matter, all of us, each and everyone the same. Thorpe's performance is a means of getting close to Vincent's pain, to distil in language, imagery and repetitive action, so as he might cross over into another's physical pain and give it some kind of voice. For pain really has no voice, its locus is the body and it is well recognised that sufferers of physical pain have difficulty expressing it and we have difficulty imagining it. *Other people's* pain writes Elaine Scarry seems *like an invisible geography as distant as the interstellar events are for scientists who speak of not yet detectable intergalactic screams, or of very distant Seyfert galaxies.*[ii] Pain occurring in other peoples bodies flickers before the mind, and then disappears. So as Scarry suggests there is an absolute split between our own reality and the reality of the sufferer. *Pain*, she writes *comes unsharably into our midst*, and even though people suffering pain is an everyday reality *these people often cease to become visible to us.*[iii] Removed from common experience, placed in hospitals and institutions or confined in their homes, withdrawn from world, their absence represents a diminishing power, so according to Scarry the problem of pain is also bound up with the problem of power and the loss of power and sometimes too the loss of social roles.

Dominic Thrope's project was part of an experiment conceived by Pfizer Ltd. and NCAD. It asked a group of visual artists to work closely with neuropathic pain sufferers to see if they could assist with visual description of pain so as the medics might draw on the findings as a source of understanding and improving diagnostics. The doctors found neuropathic pain sufferers to have great difficulty articulating their physical pain, as if language were inadequate. For Thorpe whose artistic practice is founded on principles of listening and who uses imagery, material, action and

language in a process of sifting down 'the dirt and mess of life'[iv], such an invitation presented a genuine challenge to find a way of collaboration with Vincent to give physical pain a voice so as it might begin to tell its story. But it also supported a process in which Thorpe set out to transcend the limits of the experiment and not to see this 'sick man' and his illness as an isolated object to be, in the words of Michel de Certeau *transformed or eliminated by technicians devoted to the defence of health.*[v] Instead Thorpe befriended Vincent so that a mutual trust between them formed a two-way process of exchange and a getting to know the other which gave time for collective interaction. Vincent's vocabulary of pain, was contrary to the doctors' perception, sharp, visceral and to the point, using metaphors of war and weapons to convey something of the felt experience of his suffering - 'rows of nine inch nails pierced through feet', 'insides scratched by gut-rolls of spiked-wire'. He spoke of 'hot and shooting pain', suggestive of a pain that is both temporal and spatial. Such boisterous language becomes a means for making art - translated into visual imagery, photography, objects and performance, it is given agency - and through Thorpe's performance, a way of sharing is found that brings the language of physical pain into a public discourse and begins to dissolve those dual realities and the inadequacies of language, Elaine Scarry so accurately writes of. The artist's interest in collaborative process enables a functional dimension to his work– it assists the medical world to gain a more precise insight into what is going on inside the body of a sufferer, but it also allows this information to go outside the borders of hospitals, clinic and the administration of healing, to hold meaning within the wider world and, also, within the social, aesthetic, relational and political drives of contemporary arts practice.

Contemporary arts practice which places an emphasis on a social dimension of participation and collaboration has proliferated since the 1990's but it is also part of a longer historical trajectory that finds its roots in the historical and neo-avant-garde movements that set out to reconnect art and life - in the Dada of 1920's, Neo Concretism in Brazil of 1950's, the Situationists in France of the 1960's, the Happenings of 1970's America. Nicolas Bourriaud's *Relational Aesthetics,* written in 1998 drew attention to contemporary arts practice that operates within the social interstices, producing a '*specific sociability and encouraging an interhuman intercourse'*.[vi] Grant Kester's dialogical aesthetic draws on the philosophies of Jürgan Habermas and Jean-François Lyotard, to present a very different image of the artist; - *one defined in terms of open-ness, of listening and a willingness to accept dependence and intersubjective vulnerability*,[vii] Claire Bishop writing more recently on participatory arts stresses its critical ambitions, firstly, to create an active and emancipated subject able to determine their own social and political reality; secondly the ceding of authorial control and thirdly that there is a desire for some kind of collective responsibility.[viii] Suzi Gablik, writing in Suzanne Lacy's seminal book "New Genre Public Art' writes of an art that is

'*rooted in listening, that comes into its own through dialogue, as open conversation, in which one listens and includes other voices.*[ix] When Michelle Browne was invited to curate an exhibition as part of the Arts Council's seminar on Arts and Health she was clear that she wanted to use this occasion to showcase some of the more complex and involved collaborative arts projects currently happening within the health service in Ireland. '*The health service is about people and dealing with people and it is the human element of such contemporary arts practices that is of interest to me within such contexts, rather than the art making something beautiful.*[x] *Vital Signs,* the title of the exhibition stakes a claim on the role artists of all disciplines might have within the health service, where focus is on patients and people, and where such practice is lodged in collaborative experimentation, critical research enquiry and negotiation and where through a more self-reflexive interactive process art is made. The human dimension is vital and foremost to this work. The search towards *positive* results legimatising art within the discourses of medicine offers another site of reception, a source of recognition, an expansion of clinical knowledge, and a desire to engage with human suffering in a purposeful way, it is also a means of funding. So, for a number of the twelve artists in *Vital Signs,* they have found themselves working at the vanguard of art and medicine, brokering new ground across disciplines and collaborating with a range of people in their work – psychiatrists, doctors, nurses, lab-technicians, patients and families of the sick and dead. Their work is done in the pursuit of kindness, in seeking answers, new understandings, or as artist Seamus McGuinness puts it, i*n finding a new knowledge through equal and collective sharing.*[xi] Their work is also made in exploration of the language of art and in pursuit of artistic and aesthetic practices that are not founded in therapy but rather in communication.

McGuinness is undertaking a practice-based PhD with the School of Medicine where his supervisors are Dr. Kevin Malone, Professor of Psychiatry at UCD[xii] and Dr. Janice Jeffries, Head of Textiles at Goldsmiths College, University of London. His enquiry into male suicide in Ireland, which has claimed thousands of lives, operates within what Professor Malone terms a *knowledge vacuum.* Through a creative research collaboration with families of the deceased, scholars in suicide studies and Professor Kevin Malone, McGuinness' work is made in acknowledgement of devastating distress and despair and the stigma of suicide. Through a discursive collaboration between art and science there is a collective ambition to find new tools to look more closely at the loss behind the statistics and *to help reduce suicide deaths in Ireland.*[xiii] Finding inspiration in C.P. Snow's 1959 Reid Lecture, *The Two Cultures and the Scientific Revolution*[xiv] where Snow identified the gulf between the two cultures of modern society – literary intellectuals and natural scientists - as a major hindrance to solving the world's problems, McGuinness' work opens a common ground between science and art. His project *Lost Portraits – Materialising Stories of Suicide in Ireland,*

begins with listening to 'lay knowledge' gathered in an interview process, where McGuinness writes *"in order to hear the silent voices of these lost, but lived lives, we must create a mode of listening in the interviewing process in order to facilitate the development of an intersubjective space between listeners*".[xv] In McGuinness' slow and empathetic approach there is an awareness that the intensity of human experience can sometimes be beyond words**.** How can we speak of those human experiences which are not 'contained' by discourse? How can we comprehend and make sense of the eruption of the real? How can we speak these silences? His emphasis begins with small and unique memories and the value that these hold. His primary artistic practice is in textile and with this he positions cloth as a core material; its closeness to the body, its textuality and ability to hold memories, its material potency bound up in a person's identity. In establishing a Visual Autopsy akin to the Psychological Autopsy he creates a place for donations of fragments - clothing, photographs and objects of the families choice - and together with the families consent they build an archive of cloth, material, stories, firstly for themselves and now, as part of *Vital Signs*, it will go into the public domain. With this courageous gesture personal trauma is brought further into the light and in a way that might awaken a public empathy for a dark reality in our midst.

Like McGuinness, Denis Roche's *Open Window* also sees an interdisciplinary collaborative process between medicine and art based on long-term investigation into the acute care environment of patients who have had bone marrow transplants. Isolated for up to eight weeks after transplants, these patients immune systems' are fragile, their bodies weak and selves unsettled. Recovery can be long and lonely. Joining forces with Catherine McCabe from the School of Nursing whose PhD is on the clinical side of his art practice, they set about *clearing a space* around the transplant patients and together start an investigation that might contribute to a better, more attentive and active recovery. Some preliminary research suggests that the recovery of patients who have a room with a view is faster and more effective.[xvi] The idea of being able to look out a window gives hope and distraction, the outside world made visible diminishing a sense of entrapment and claustrophobia, allowing an imaginative access to beauty and familiarity and a connection to a greater narrative. *Let the great world spin for ever down the spinning grooves of change.*[xvii] This is the basis of Roche's research to create with patients a virtual view where transformative effects lift spirits. His gallery of projections includes newly commissioned artworks, a catalogue of well known works of art and a space for individuals to create their own picture-gallery. Many of these works are based on landscape and familiar things - photos of family, places of memory, dreams, animals. The art videos play at a slow unfolding pace, like John Gerrard's *Dust Tree or* Roche's video shot as he circles an island on a lake in Wexford. Roche sees his role as *a service provider* negotiating within the highly regulated and politicised system of a hospital, he is able to take

advantage of the free space he can claim as an artist and get close to the patients in the way that maybe only the cleaners or porters might. He is not checking pulse or administering drugs, his conversations are more flexible and go much further than the territories of a sick bed. Like McGuiness and Thorpe where listening is at the root of his research, Roche's work has been taken seriously by the medical hegemony. He is not motivated by 'doing good' or driven by a moral conscience, but the fact that his art is scientifically measured and demonstrates a real use where clinical validation matters.[xviii] And it matters too that his practice is understood and given critical meaning within expansive capacities of contemporary arts practice, where, as Grant Kester argues, the new *locus of evaluation is not centered on the physical object… but on the character of dialogical exchange itself.*[xix]

The simple quiet presence of another, just being there, silent, like a ghost visitor is how Jennie Moran began her residency in Galway's University Hospital's unit for stroke patients. Sitting in the corner of rooms knitting or sketching and listening. Moving about between the small wards of bed-ridden patients, details filtering through her observations and then conversations starting up. Memories are everything where the possibility of memory loss is real. Patients like to talk about their lives, and personalities prevail in resistance of pessimism, in the struggle against hopelessness, in the desire to be back to themselves and useful - *not parasitic on the rationality of work*[xx]. For the hospital seems like a space closed in upon itself, - a heterotopia as Michel Foucault terms it. Crossing in and out of it is on the basis of strict rules. Jennie Moran like all the other visitors and workers must purify herself before entering and wash in an alcoholic substance to keep bacteria out. But the modern hospital is less like a place of crisis and more a therapeutic institution, dedicated to the production of knowledge and this small hospital is quite beautiful, peaceful in way that low buildings can be, close to the ground and in the grass rabbits running wild and the free feeling of the outside coming in. Moran's practice is founded on the principles of micro-solutions - small interventions into daily living that make a difference. For the Stroke Unit she is stitching and printing onto pillowcases hybrid slivers of conversations, fragments of memories stitched into images from the hospital's paraphernalia - equipment, medical instruments, drugs – cables (from mountain cable cars) with hoists (from hospital beds). Images threaded onto bed linen, permanently leaving a simple mark where heads lie down to sleep. *"Sleep, sleep is so important for the repair of the brain"* says Katherine Waugh, philosopher, who is working alongside Moran here.

The effects of hospitalisation and illness on children have been well documented. The strange environment of a hospital causing fear and anxiety in young children and delaying recovery. It has resulted in a greater awareness and the establishment of the Hospital Play Specialist where play is

recognised as having a special function in a hospital. Puppeteer and Clown Doctor Helenà Hugel. has dedicated her recent practice to working within hospital contexts and utilising the materials of such environments to create unique puppet shows for sick children. Puppets are made out of stethoscopes, bandages and syringes and shows are performed from the end of the bed. Such resourcefulness and inventiveness combines magical fictions and odyssies, the way she can moves things and makes objects come to life, transforming the hospital ward into a whole other world in a true suspension of disbelieve. Her entrepreneurial skills see her establishing *Helium* -a virtual network with other artists working in children's' hospitals and sharing performances and experiences through webcam and the internet. The experience of working in the health service has expanded the capacities for her artistic practice pushing the creative and performative dimension and opening out new possibilities for relationships with her audience. Hugel is interested in the spaces of performances, in the ideas of spontaneity and, in listening. *Silence*, she says *is very much a part of the performance*, t*here is a removal of the ego, a co-operation with the children and trust between me and them.*[xxi] *Bed Maker*, the title of her new work, is adapted for public performance. Here an audience of six children between the ages of three to five will travel with her on a giant bed where she will use puppetry, interactive storytelling, tactile set and sound to tell her story.

The contemporary artist operating within the interstices, capable of intelligent and sensitive negotiation and strategic collaboration within medical and healthcare disciplines is a theme so well demonstrated within the range of works being brought into public exhibition here by Michelle Browne. The five projects included in this essay are part of a larger programme of artistic intervention which also includes Paul Gregg's very special *Subaquatic Dublin* – an original fish tank made for the children's hospital in Crumlin and John Tunney *Sing us another song* at Kilmaley Daycare Centre, County Clare. Browne's assemblage identifies a particular and poignant narrative of the artist working within such contexts –the presence of the artist, the performative dimension of their work, an interest in collaboration and engagement, the pursuit of knowledge, an identification with the human dimension and the experience of 'otherness'. As such Browne affords us an opportunity to focus both the artistic drives behind the artists' work as well as its potential value or usefulness. This usefulness, which may or may not have a practical function, is not founded in the application of art as therapy, but rather in the more elusive spaces of dialogue, empathy, sharing and listening, in the transformative power of the imagination, in finding missing language and in the silences that matter too. And within the presentation, Browne remains courageously inventive, curating the show of performances and artworks, taking them outside of hospital contexts and institutions of care and representing them as a small walking tour along Thomas Street, Dublin and including St. James Hospital, Dr. Stephen's hospital, a doctor's clininc, a pharmacy shop and

NCAD's new gallery – the emphasis always on the experiential.

Cliodhna Shaffrey

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[i] Virginia Woolf, '*On Being Ill'* in Collected Essays, vol. 4, London, Hogarth Press, 1967, p.194
[ii] Elaine Scarry, *The Body in Pain, The Making and Unmaking of the World*, New York, Oxford University Press, 1985, pp. 3-4
[iii] Ibid
[iv] In conversation with Dominic Thorpe
[v] Michel de Certeau, (trans. Steven Rendall) *The Practice of Everyday Life*, Chapter XIV *The Unnamable,* University of California Press, 1988, pp 191
[vi] Nicolas Bourriaud, (trans. Simon Pleasance & Fiona Woods), *Relational Aesthetics*, les presses du réel,1998.
[vii] Grant Kester, *Conversation Pieces: The Role of Dialogue in Socially-Engaged Art,* University of San Diego, California, 2004. http://digitalarts.ucsd.edu/~gkester/Research%20copy/Blackwell.htm
[viii] See *Viewers as Producers* in *Participation, Documents in Contemporary Art,* (ed) Claire Bishop, Whitechapel and MIT Press, 2006, pp 10-17.
[ix] Suzi Gablik, *Connective Aesthetics, Art after Individualism* in Suzanne Lacy, *Mapping the Terrain, New Genre Public Art,* Bay Press, Seattle, 1995, pp 82-83
[x] In conversation with Michelle Browne
[xi] In conversation with Seamus McGuinness
[xii] Dr. Kevin Malone is Professor of Psychiatry, UCD/St Vincent's Hospital, Dublin.
[xiii]Dr. Kevin Malone, *Lost Portraits, Materializing Stories of Suicide in Ireland,* in Sally Timmons (ed), *Rigor Mort*, Dundalk Arts Office, 2006, pp 120
[xiv] C. P. Snow *The Two Cultures and the Scientific Revolution* a lecture given at Reid Cambridge 1959.
[xv] Seamus McGuinness, Lost Portraits, Materializing Stories of Suicide in Ireland, in Sally Timmons (ed), *Rigor Mort*, Dundalk Arts Office, 2006, pp 124-126
[xvi] Dr Roger Ulrich's *View through a Window can influence the Recovery from Surgery,* Science (224): 420421, 1984.
[xvii] Lord Alfred Tennyson, Locksley Hall, 1831. http://poetry.poetryx.com/poems/1831/
[xviii] Roche's project which began in 2002 is based in St. James Hospital, Dublin. He has received substantial funding including monies from The Cancer Research Funds
[xix] Grant Kester, ibid.
[xx] Michel de Certeau, ibid, in this essay de Certeau writes on how everything that is parrasitic on the rationality of work – waste products, delinquency,infirmity, old age is driven out of society, pp. 191.
[xxi] In Conversation with Helenà Hugule