Return to Sender

CLARA MEANEY TALKS TO EMILY ROBYN ARCHER ABOUT ‘THE POST ROOM PROJECT’ AT WATERFORD REGIONAL HOSPITAL.

Claire Meaney: What motivated you to apply for a residency with the Waterford Healing Arts Trust?

Emily Robyn Archer: My biggest motivation was to expand my own art practice outside of the studio. I wanted to work with a community and do something a little bit different. Also I’ve been interested in arts and healthcare in general for a while, and I had some previous experience working with people with mental disabilities, and also with the Open Window Project in St James’s Hospital in Dublin. I first came across the Waterford Healing Arts Trust while researching for my thesis and thought it seemed like a really interesting organisation.

CM: What prompted you to develop a project based around the Post Room in the hospital?

ERA: When I first arrived in the hospital, everything seemed so foreign and strangely intimidating in a way. The Post Room is the opposite; it’s not too different from your local post office, an everyday and familiar place in the otherwise unfamiliar surroundings. On closer inspection, I found it to be anything but ordinary, its daily deliveries include an array of medical samples, x-rays, test results, even breast milk!

But what really interested me was that it physically connects all of the many different wards and departments of the hospital, literally, from the laboratory to the laundry.

You and I had talked in the early stages about a collaborative drawing project involving the hospital community, so this seemed like a really interesting opportunity, a pre-existing network and a medium through which we could engage people and initiate a collaboration.

CM: And how did this collaboration work?

ERA: Basically I infiltrated the hospital postal system with a series of special internal mail packages, each containing a different drawing, story or other collaborative work. A letter introduced the project and invited each recipient to contribute to the artwork and then post the package on to someone else in the hospital – like a chain letter artwork.

When the package returned to the post room between recipients, I recorded each new contribution, this allowed me to document the drawing process and also meant I could keep track of where each envelope was at any given time.

CM: Why did you document the process?

ERA: I documented the work as it progressed because I was making animations of the artwork – growing from start to finish. I wanted staff and others in the hospital to see how the artworks were developing. I photographed each and every new mark made on the page. Each of these photographs became a new frame in the animation. The finished animations where hidden in special letterboxes installed in the hospital corridors so passers-by could stop and peer into the letterbox opening and see the animation playing inside.

CM: You initiated the project, photographed the development of the drawings and prose and sent on the letters/packages to others. How willing were people to take part? Did you use any other methods to engage participation or did the letters alone suffice?

ERA: It varied, but the majority of people who received a package participated, some people who hadn’t received a package but had heard about the project got in touch requesting one. It’s difficult to determine levels of engagement as so many of the interactions took place out of sight and feedback was never immediate.

The main problem I encountered was packages getting ‘stuck’ with people. The recipient had either forgotten to send it on, was on leave from work or felt they couldn’t contribute for some reason.

In the end, to avoid packages getting lost or ‘stuck’ I began my own rounds hand delivering the packages and found that a personal introduction to the project made a huge difference.

CM: Acute hospitals can be challenging places for artists to navigate. People are often busy and distracted. What challenges did you face in implementing your project and how did you overcome these challenges?

ERA: When I was preparing to mount the first of the animated letterboxes in a hospital corridor I wasn’t used to the amount of background paperwork and organization needed to complete a relatively simple install. I think it comes down to a clash of priorities really, you’re an artist trying to do something inventive in a new territory where everything has to be clinical, safe and washable, foreign concepts really.

With the Post Room Project I wanted to introduce an element of playfulness and creativity into this environment. Of course, along the great learning curve, the project changed constantly and my approach to the environment was also altered.

CM: And how do you think you were perceived by the hospital staff or patients?

ERA: Because Waterford Regional is such a progressive hospital in terms of Art and Health and because WHAT provides them with such a colourful and varied arts programme, I honestly think they viewed me as part of the furniture in there. Sometimes they seemed puzzled by my presence in the wards but once I explained the project and my involvement in it, staff couldn’t have been more accepting and helpful.

CM: At the same time as initiating this project you were also exploring a body of work without a collaborative element. Were you influenced in any way by the hospital context in the making of this work?

ERA: Definitely. I hadn’t intended that there would be cross-referencing between the community project and my own studio work but inevitably each did inform the other. As a result of my early research for the Post Room Project I became preoccupied with all things postal and began working on a series of postcard sized paintings and drawings. The idea was that a painting can say all the things that a postcard or a letter does with the Post Room Project I became preoccupied with all things postal and began working on a series of postcard sized paintings and drawings. The idea was that a painting can say all the things that a postcard or a letter does.