

Lived Lives:

Materializing Stories of Young Irish Suicide 2003-2008



Fig.1 *21g (2003)*

In terms of context, the seeds of *Lived Lives* can be directly traced back to a work I made artist in 2004, *21g (2003)*, as part of my ongoing practice (Fig.1). *Lived Lives* originated from a discourse between gender and cloth, which extended into the domain of medical research, seeking to articulate the often-silent presence and affects of youth suicide in Ireland. *21g (2003)* is a visual representation of the most up to date official statistics available at the time of making, through the Irish Central Statistics Office (CSO), regarding young male suicide in Ireland in the year 2003. *21g (2003)* consisted of “in excess of” 92 white shirt fragments, mainly collars, torn from the main body, each weighing 21g, the mythical decline in body weight at the precise moment of death, was the genesis for the *Lived Lives* project. (Fig.2)

Building on *21g (2003)*, *Lived Lives* was conceived as a art practice led research PhD and operated within The School of Medicine and Medical Science at University College

Dublin, thus creating a cross-disciplinary research platform, between scientist Kevin Malone and artist Seamus Mc Guinness. The interactive artworks emerged from this unique collaboration. McGuinness was the first Ad Astra Scholar in Suicide Studies at UCD and was awarded his PhD in Dec 2010.



Fig.2 Detail *21g* (2003)

The research process was 4 years in duration and continues to unfold (Fig 3). It is shaped and formed by these collaborations: in particular with the 62 families who participated in the project and the PhD supervisors in this research, Kevin Malone, Professor of Psychiatry, School of Medicine and Medical Science, St. Vincent's University Hospital/University College Dublin, and Janis Jefferies, Professor of Visual Arts, Computing Department, Goldsmiths College, University of London.¹ As an impact of this

¹ In addition, the contributions of the Doctoral studies panel of Dr.Ed Carroll, Director BlueDrum, and Dr. Brian Maurer, Chairman Irish Heart Foundation is acknowledged. Many thanks to PhD examiners Prof Cecily Kelleher,

collaborative research process, my practice now closely works with a community of suicide-bereaved people and now closely identifies with New Genre Public Art Practice².



Fig.3 Conversation with *Lived Lives* Families, Galway ‘09

Suicide is a dark and complex subject matter, which is cloaked in secrecy and stigma. The increase in the number of younger people (under 35) taking their own lives in Ireland in recent years is a major cause of concern for Irish society. Available statistical evidence indicates that suicide is the leading cause of death in young males, exceeding road traffic accidents and cancer. Hidden behind the statistics, however, lay personal, untold, stories of loved ones lost to suicide. *Lived Lives* searches behind the cold clinical statistics and captures stories of some of the young (under 35) lives lost to suicide in Ireland (the Lived Life) and the lived experience of their families dealing with the aftermath (the lost life).

Professor of Epidemiology and Public Health. Head of UCD School of Public Health, and Mary Jane Jacob, Prof of Sculpture and Executive Director of Exhibitions, School of the Art Institute of Chicago.

² Suzanne Lacy coined this term in 1989, during the City Sites series that she organized in Oakland, California. The issues discussed at this eventually evolved into Lacy’s *Mapping The Terrain*, published in 1995.

Within *Lived Lives*, the Visual Arts Autopsy (VAA) method was created³ placing emphasis on the lived life and the lost life. Donations of belongings and stories associated with the suicide-deceased were donated by the families following informed conversational interviews conducted in the participants homes. This project was subject to Ethical approval from St. Vincent University Hospital /UCD Ethics and Medical Council. Uniquely, many families chose to donate images and names revealing the identity of their deceased loved one, which challenged the prevailing academic research ethics codes of confidentiality and anonymity.

From these donations of objects, images, writing and stories, a series of artworks in progress were made, including the *Archive Rooms*, Figs and *Lost Portraits* which were initially presented back to the families for private engagement, reflection and feedback (Ennistymon 2009: Galway 2009) Figs.4-11 and for their approval to transport these works based on the families private loss and pain into the public domain. Figs 11-13.

ARCHIVE ROOMS



Fig.4. *Patrick's Archive Room Galway '09*

³The Visual Art Autopsy is a self-developed art method, which adapts, reflects, and recasts the Psychological Autopsy Model. (PAM), which is the most common research method employed when conducting research into deaths by suicide. The PAM was first employed in the USA in the late 1950's and was first employed in Europe by Brian Barraclough in the UK in 1974. Briefly, surviving relatives are interviewed in the hope of shedding light on the deceased individual and the events leading up to their death.



Archive Room: Ross 19; "Lived Lives", Galway, June 2009

Fig.5 Ross's Archive Room, Galway '09



Fig.6 Neasa's Archive Room, Galway '09



Fig .7 *Family Engagements Archive Rooms Galway'09*



Family engagement with VAA Archive Rooms; "*Lived Lives*" Galway, June 2009

Fig .8

Lost Portraits Gallery



Family engagement, "Lived Lives", Galway, June 2009

Fig 9

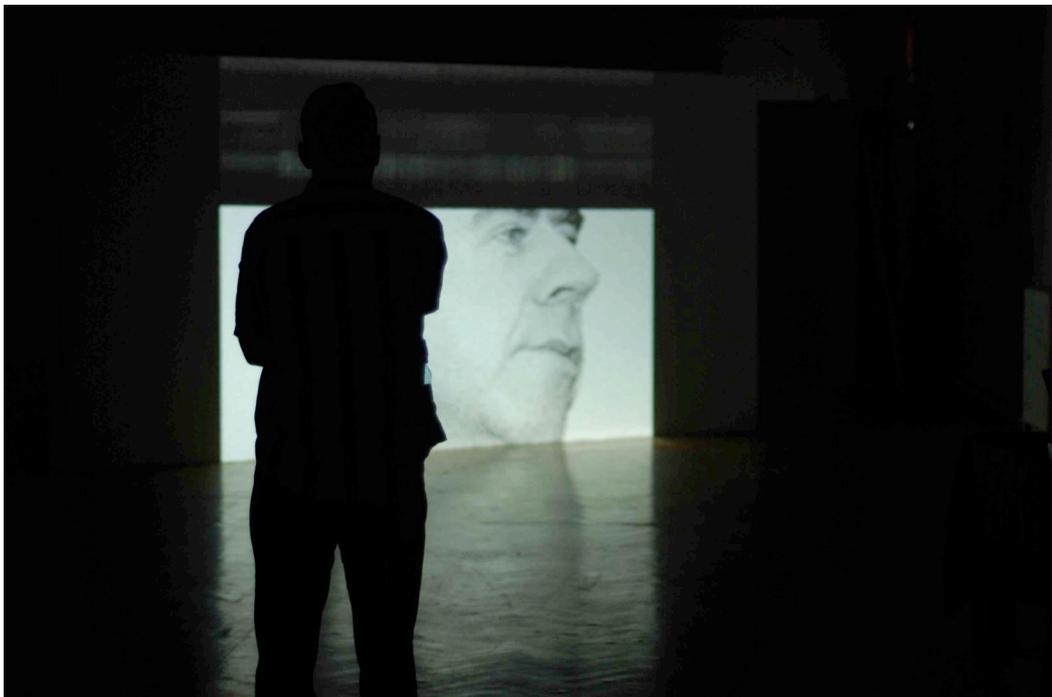


Fig.10 *Lost Portrait Projections Galway '09*



Fig.11 *Family Engagements Lost Portraits Gallery Galway '09*



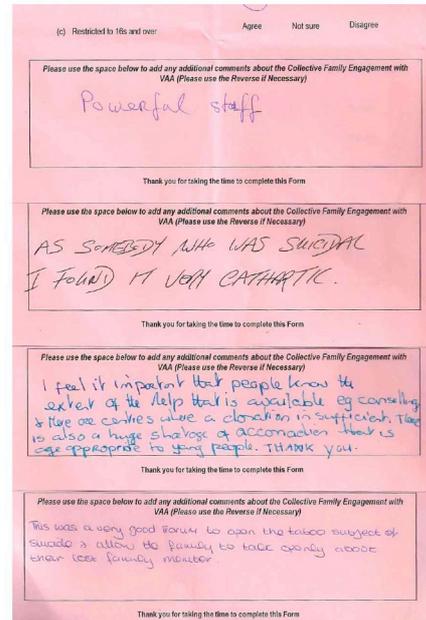
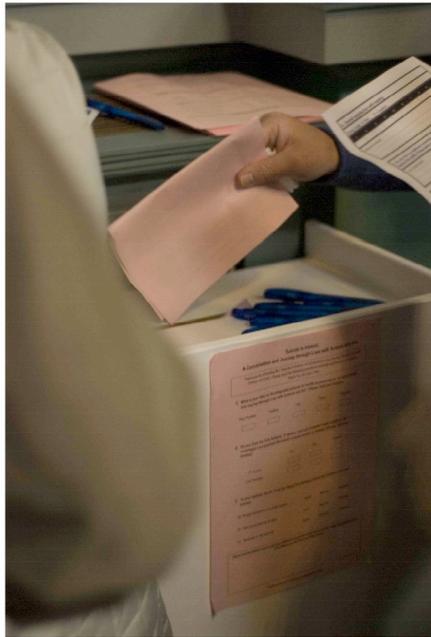
Fig.12- Continued Conversations with *Lived Lives* Families and others. Royal College of Physicians, Dublin, 2010

Uniquely, the families have been involved in decision-making from the conception of *Lived Lives*, and continue to be actively involved in co-producing co ownership and disseminating their private experiences of loss into the public. By such actions this making public of something that was once a private experience, to provide insight to that experience to a wider group of people helped to develop a way into the understanding of such loss within a wider community. Ordinary objects combined with the families' stories created a platform for collective mourning, acknowledgment for individual loss, an insight to the pain of others, and the means to ask difficult question regarding the ominous presence of suicide in Irish society.



Fig.13 Public Audience -Royal College of Physicians, Dublin, 2010

Although these works containing artefacts of material culture and stories of loss have been described as 'like walking into a grave', as 'memorial sites to the dead' and 'profound' by many, to me the most profound element has been the families' and public audiences' interaction with the works. This is evidenced in the hundreds of feedback forms and photographic documentation of audience interaction with the works. The feedback forms were integral to the *Lived Lives* distribution strategies. (Fig.14).



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Fig.14 Mechanisms - A Democratic Voice. Royal College of Physicians, Dublin, 2010

This device of providing a mechanism for audiences to actually take time and physically respond had many roles. Through the act of taking time, reflection and writing, the audience moved from a mere recognition of pain of another person toward a sense of shared social responsibility to humanity. They became active contributors to the process, they did not consume. They added their voice to the voices of the bereaved families, contributing directly to collaborative questions that research raised e.g., what forms should the research materialize in, where it should be shown, should these work be experienced by under 14's.

The strategies of *Lived Lives*: a combination of a collaborative research process between first and foremost people, disciplines, dialogic processes, visual and experiential engagement, and written response is an example of how a cloth driven public art practice can remain an effective, responsible, social and democratic process. The impact of these events has been a transformation of my work practices, one, which now closely identifies with new genre public art practices. It is working closely with communities over a long

period of time, (The *Lived Lives* project was initiated in 2005 and continues), other disciplines and a variety of other people and institution woven together through the agency of art to articulate and visualize the silence of stigma within Irish society. (Fig.15) *Lived Lives* has opened up new possibilities for people to engage with contemporary art, to re-imagine human relationships and loss and to re-examine civil processes and responsibilities regarding young Irish lives lost to suicide.



Fig.15 *Continued Family Conversations* Royal College of Physicians, Dublin 2011.

Because of these durational conversations and engagements, I have learned from the combination of my skills and experiences that the engagements, the dialogues, the continual conversations and negotiations with not only the family members but collaborators, institutions and public have become embedded in my practice. Now my practice contains all the above elements as much as my ability to make Jacquards, installation or video works. Within *Lived Lives* I assume many roles not simply about being a producer of work in isolation. Rather it is about being deeply embedded in society and my work practice, with responsibilities to others. The *Lived Lives* Project has identified effective and innovative methods, informed by a collaborative and integrated process between artists, a scientists, bereaved families, doctoral panel,

multidisciplinary roundtable conversations, various cultural and medical institutions, government bodies, and public audiences.



Fig.16-*Taking Back* –Royal College of Physicians Dublin 2011

It acknowledges the need and responsibilities that artist's and researchers working in the public sphere have, the need to build a communicative language –which is coherent and meaningful in those other sectors that we now work in , while representing what we argue is the value of ours. It is driven by the ongoing question what art can 'do' as opposed to what 'is' art.⁴ (Figs.16, 17) To me, what *Lived Lives* can do, is to contribute to the creation of a public democratic space within Irish society, one that articulates the unspoken presence of suicide in Irish society. *Lived Lives* is distinctive because it is a durational, collaborative, cross-disciplinary research process. (i.e. the works are a result of a long-term collaboration between various parties- artist/scientist, family members, research advisory panel, production team and publics).

It also requires involvement by people as co-producers and co curators, and not consumers at any stage. It is a collective creative action woven together, one that

⁴ Prof.Declan McGonagle, Director NCAD in *Passive to Active Citizenship-A Role for the Arts, Bologna In Context*, Dublin Oct 10th 2010

involves a journey or performance by many individuals who have come together motivated by a common concern, young Irish lives lost to suicide. The operational context of *Lived Lives* has been one of stigma and taboo around young suicide in Ireland. Ireland. It positions itself within an uncomfortable certainty in Irish society that has created (and perhaps perpetuated) its own culture of stigma and taboo. It is complex in its method of collaborative production; the aesthetic qualities it produced; the social issue of suicide that it addressed and its distribution strategies. It continues to unfold. (Fig. 16-17)



Fig.17-Taking Back –Royal College of Physicians , Dublin 2011

To me it suggests *Lived Lives* is an art practice, deeply rooted in cloth and society that can bear witness to, validate and responsibly engage society with sensitive human issues, where silence perpetuates stigma.

End

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March 2012.

