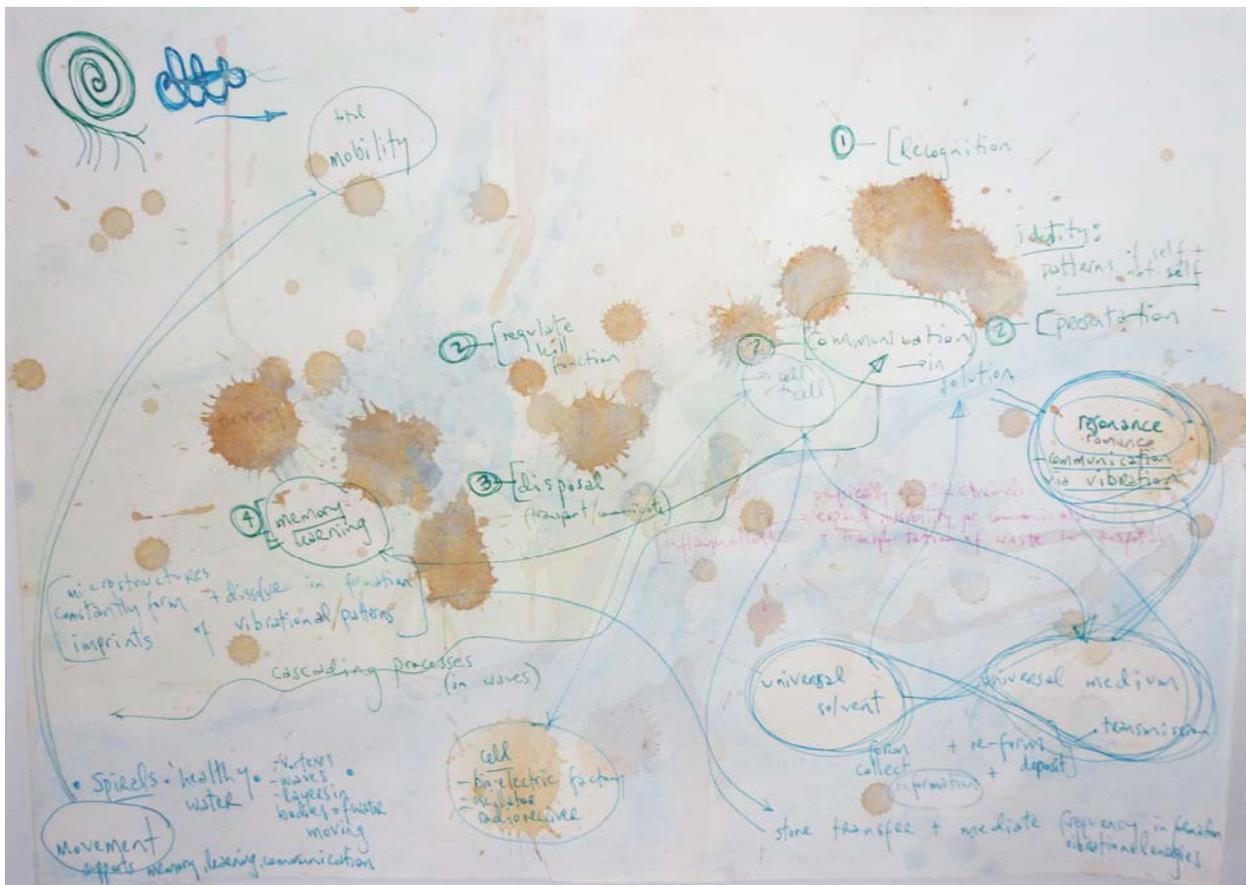


Status Report 1609013:
artist-in-residence as 'new organ of perception'
 Jeffrey Gormly

“Two months into my residency at Waterford Healing Arts Trust,
 I am still trying to receive an impression
 of the hospital as a **social organism.**”



‘civic immune system – water as a medium’ map, 2013

“Two months”

My residency began in mid June 2013 and is for six months, I am present in my studio and in the hospital environs 2-3 days each week.

“...into...”

As one enters a new terrain: as explorer, tourist, nervous intruder, ethnographer, anthropologist, wayfarer, wanderer, citizen, open eye, curious ear, set of assumptions...

“my residency”

The role is Artist in Residence at Waterford Regional Hospital (WRH), and comes with an artist's studio in the WHAT building, with access to their library, digital darkroom, and support staff. I am expected to do my own work, respond to the context, and to interact with the hospital community: patients, staff and public. The theme of the residency is **affirmations**, and my research theme is **flow processes**.

“at Waterford Healing Arts Trust”

WHAT develops the role of art and arts processes in a health context, from its building in the grounds of WRH. See www.waterfordhealingarts.com

“I am still trying”

This is revealing, the use of the word ‘trying’. Struggling with the activity of ‘trying’ is a central experience in my work. After my participation in Roscommon Co Co Art@work scheme I wrote:

I clearly observe different cultures of work [between the people I worked beside in Bank of Ireland, and I]: what work is, what it asks of a person, where lines are drawn between ‘work’, ‘art’, ‘effort’, ‘pleasure’, ‘reward’ & ‘living’.

There is something clearly wilful about ‘trying’. I am reminded of the parable of the birds in the field, who don't worry about where their next feed is coming from, who trust providence to provide. I have consciously developed a working practice that seeks to make the least, lightest intervention necessary in order to steer the process, so I am wary of my need to ‘try’. It comes on as a kind of heat, as of shame. My first couple of days in the hospital brought up a lot of shame.

I feel I must be seen to be trying, because I have a belief that ‘going to work’ means being denied the pleasure of doing what you really want – suffering is an integral component of work – the price you pay for being in society – you can only enjoy the good things in life if you take on your share of the suffering *like the rest of us*. That voice has rung in my head for years, forcing me to continually ‘justify’ my life/career as an artist/author.

And it has created a belief that one function of the artist is to demonstrate freedom from the shared suffering (and guilt) of the world – (is that original sin?), because the world already offers pain and suffering aplenty in the form of decline, unwanted change, loss, death (incidentally, all dynamics that ground the activities of a hospital).



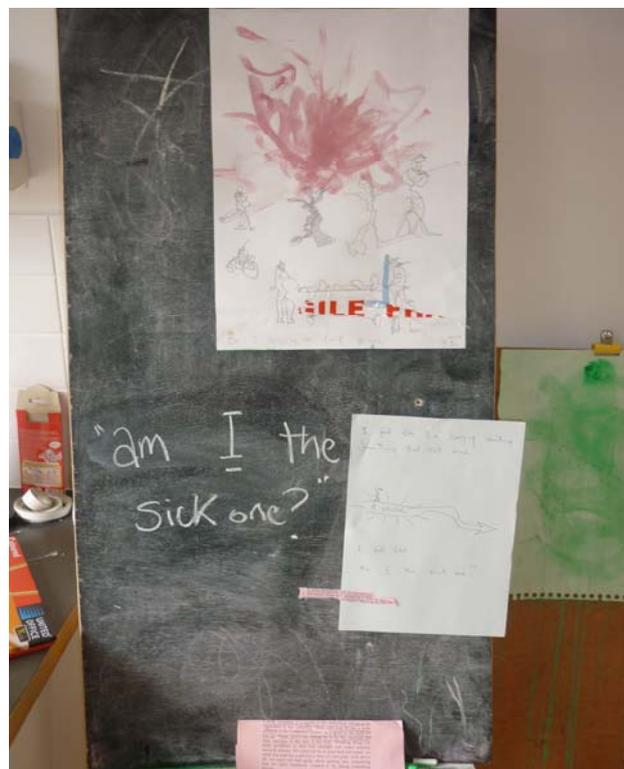
Sharing, - in shame, in pain, in suffering – is intrinsic to the psyche of the Irish **social organism**; I ponder the social dimension of illness / unwellness:

Any human unit...
 be it a person or a group,
 can be understood not only as a sum
 of all the individual parts
 and their processes, but also
 as the interaction between these parts.

...
 a field of interacting parts.

A body symptom
 can be considered a statement
 from one aspect of a field to another...
 a signal to the individual
 asking to be expressed
 to the collective.

Arnold Mindell,
The Dreambody in Relationships



“to receive”

My intuition: the activity of receiving is a crucial part of working-in-context. I have written elsewhere about the importance of **the means of reception** in cultivating a society where **everyone is an artist**:

The watchful attention of the audience actually helps form the performance, contain and contextualise the efforts of the solo performer, ground her and make the space safe for her exploration and self expression. The dancer’s act of communication requires these two organs: one of expression, and one of perception. Dancer and witness collaborate...

everyone is going solo, together, Dance Ireland Monograph

Any creative expression needs to be **received** as the first stage in its circulation around a healthy economy/ecology, so I seek to **receive** the creative expression of WRH.

“an impression”

Looking for **form**, I cultivate my self as a receiver of creative expression. I work on my own capacity: the ability to accept the **gift** of the other and work with the value it brings into play. How can I understand the work of a hospital as a creative expression? What is the **gift of the social organism** denoted in this case ‘Waterford Regional Hospital’:

In this participatory approach to knowing, the observer becomes united with the observed. As an observer, I enter the phenomenon through a process of careful, attentive observation and take its image into the darkness, into the inner space of perception and imagination. I inhabit it. I participate in its gesture. I live its activity in myself. I live its interconnections. I perceive the wholeness that manifests as diversity. And in this process of engaging with the dynamic being, of making **an inner image** of what has been observed, I too am transformed. This process of perception involves the shaping of myself as well.

Shelley Sacks, Imagination, Inspiration, Intuition: the blackboards of Rudolph Steiner & Joseph Beuys

If I can receive a creative expression of WRH, an impression can be formed.

“the hospital as a social organism.”

So I work to perceive the WRH organism – sense its skin, feel for texture and movement, and develop an affinity for its ‘individual parts and their processes’ as ‘a field of interacting parts’ –

to perceive .. the social organism as a living being, to perceive its movements – to see what has been formed ... This is a **sculptural concept**, which you arrive at only by practising ...

Joseph Beuys, *What is Art?*

Beuys claimed everyone to be an artist, taking part in material processes, thinking processes and feeling processes that we can work our way into as sculptors do. The study of perception teaches us that the worldview of a person is a **composition**. These compositions join together to structure our social forms, including hospitals or the field of medicine, that shape what it means to be well or ill, to give or receive care, and so on. Whether we offer surgery or therapy, an open ear or a cup of tea, our work is creative, and comes together to create in a collaboration we can call a **social sculpture**.

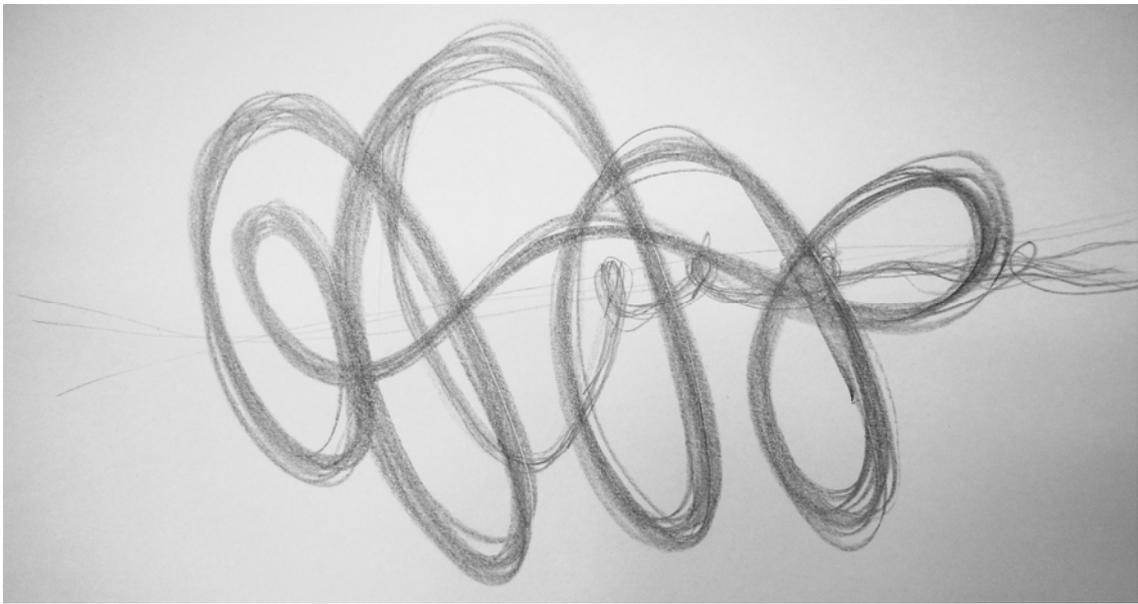
Thus as a vocational/professional artist I have been trying to perceive the role of the individual citizen/artist in creating the **social sculpture** that is WRH – how each person who passes through supports this form through their work, or shapes it through their interactions with it as patient or concerned visitor.

... That alone would be ecology if we could grasp this ecological question at its root... Ecology goes further, reaches further, and relates to the social organism’s capacity for life, for this is a living being that we cannot today perceive with our ordinary senses, without practice.

Joseph Beuys, *What is Art?*

...and how difficult it is to perceive the hospital as a whole. It **flows** unceasingly. One leaves their work in a hospital, whether as nurse or medic, caterer or cleaner, in the full knowledge that the work is not, and can never be, finished. You leave, and it goes on. You return, and there is work to do. It never ends.

Heraclitus says you can never step in the same river twice. Each time I lock my studio door and cross the campus to the hospital building, to read or write, draw or negotiate, I am highly aware of stepping into the same river again, a river which changes unceasingly.



'flow process – vortex' pencil drawing, 2013