

**Jennie Moran**

**interviews**

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**about**

***Personal Effects***

***Personal Effects* was a project by Jennie Moran that took place in 2009 in Galway's Merlin Park University Hospital in a unit for men and women who had recently experienced a stroke. The project's aim was to help the hospital notice the individuals who were passing through it and remember them when they are gone. The artist made regular visits to the hospital over several months, quietly observing. Material gathered was converted to images which were embroidered on to hospital pillowcases. The project was funded by the Arts Council's Artist in the Community scheme**

Fortunately the following people were also involved in Personal Effects - Margaret Flannery, Katherine Waugh, Dr. Shaun O Keefe, Katherine Atkinson, Margaret O Toole, Catriona Conway, Michelle Browne, Rónan Coyle, Marguerite Moran, Daniel Fitzpatrick, Ciarán Harris, Sarah Lincoln, Rosie Lynch, Tara Kennedy, Róisín Coyle, Emma Houlihan, Anna Moran-Watson.





**The following pages contain an interview about the project between  
Jennie Moran and herself**

*So Jennie Moran, tell us about your recently completed project, 'Personal Effects' - how did the project come about?*

Well, in 2007 I responded to an open submission call from Galway University Hospital Arts Trust for a group exhibition to take place in the hospital. A number of months passed without any acknowledgement, so, despite misgivings and insecurities, I telephoned the Hospital Arts manager to enquire. She told me that yes, they had received the proposal and decided it didn't fit with the brief. However, she thought it could work in another capacity. This was, in a way, good news. I became excited about the prospect of a more substantial project while she went on maternity leave.

*Did you look for somewhere else to do the project at this point?*

No, because I had a feeling it was going to work here and they seemed interested, if somewhat sporadically. I wasn't in a rush.

*Do you think that as an artist, that thick-skinned determination is necessary?*

I suppose there is a fine line between determination and barking up the wrong tree for a really long time.

*But Merlin Park wasn't the wrong tree?*

No. I eventually visited the hospital to discuss the project with the Arts Officer and I loved it. It is situated in the outskirts of Galway in what was a Tuberculosis clinic so the wards were all in separate single storey buildings, like old-fashioned prefabs, on huge grounds full of wildlife. It's not an acute hospital so it's quite calm, with all the reassuring qualities of an institution - pastel coloured gloss painted walls, extremely rigid meal times, eccentric staff. I was delighted there.

*So you don't think hospitals are terrible?*

No! I think they are a very benevolent institution - the buildings which most appropriately house the staff and infrastructure to make people well. Of course some important things are forfeited in the process.

*Like what?*

Well, taking all the sick people out of the community is complicated, especially the elderly. They have to stop contributing then and the community forgets how to look after them. Also they suddenly have to be obedient.

*Did you come across this in your visits?*

Yes. I noticed a lot of quiet subversion on the part of the patients - bedside gambling, illicit donning of a fancy dress in place of pyjamas, provocation of staff, use of hospital bed as slide. I decided to focus on this playful 'antidiscipline' or reappropriation.

*So, a collaboration means working in partnership. Would you say that is what 'Personal Effects' was?*

Yes.

*Did the patients and staff make the drawings that were used on the pillowcases or do the embroidery?*

No, but the project was entirely reliant upon their contribution. If they hadn't shared information with me I would have had nothing to embroider.

*Why did they trust you?*

I don't know. Maybe because I wasn't part of the medical staff.

*How would you introduce yourself?*

I didn't really, unless they asked. I would just kind of hang around; sitting in the corner knitting or drawing and usually someone would start talking to me.

*About what kind of things?*

Not their medical condition anyway. Their lives outside of the hospital - adventures, tragedies, funny stories.

*How do you think your presence during visits impacted the ward?*

Very little actually. I think some people might not have noticed I was there. Any impact probably comes through the pillowcases - acting as a reminder to patients, staff and visitors of previous inhabitants and their mischief, or general potential mischief.

*Do you think it helps people who have suffered a stroke and might never be able to live independently again to consider the mischief they can have in hospital?*

The aim was to highlight the importance of the lives of the individuals who service, receive care and visit this healthcare facility - in particular making reference to that which is not their illness. There is a dramatic loss of autonomy for people in this situation. At this very poignant intersection they must live communally with strangers and adhere to a very strict behaviour code. These pillowcases refer to a resilient wilfulness that I witnessed in this very building.

*Do you have previous experience of working in a healthcare setting?*

Some limited experience. I worked in a psychiatric half way house during my studies and completed a professional development course for artists working in healthcare settings run by Create, IADT and the Adelaide and Meath Hospital.

*And why stroke patients?*

The hospital arts officer suggested the unit because of the length of the patients' stay - not really long-term or short-term. I looked into it and it seemed to fit very well with the project. In the time directly following a stroke, the patient has access to knowledge and memories which might disappear completely in the next year. It would be a great privilege to be able to capture some of these precarious memories. Also, my father suffered a stroke and was 'locked in' for several days preceding his death so I have that particular insight.

*Was that significant to the project ?*

Only a bit.

*Okay. Why pillowcases?*

A few reasons. In terms of practicalities, it is difficult to bring anything into a hospital - germs, flowers etc. It seemed sensible to work with what was already there and sleep is very important in the repair of brain cells. As well, the space around the hospital bed is like a home. Many people don't stray far from their bed. I thought it courteous to bring the work to them.

*Isn't that a little intrusive - making people sleep on your drawings?*

I suppose they could turn them over if it was bothering them.  
*Did the hospital staff like the project?*

Some of them did. Some of them won't know why the pillows are embroidered. Some of them will know about it from laundering them. The geriatrician reminisced about previous examples of mischief in the hospital during the launch. He seemed to like it.

*We have spoken a bit about what art can bring to a hospital. Now what do you think a hospital can bring to an art practice?*

They provide a new context, create new audiences. There is a challenge of making work in such a tight space which I really like. It is a place where artists can set up a very intense dialogue. I think it makes the art practice accountable.

*What do you mean 'accountable' ?*

I guess the artist has to work slowly and carefully, be invited in, earn trust. No parachuting and not much ego. I'm not saying that good art has to be accountable and considerate and never antagonistic. My practice is about trying to add a poetic something to a place so, for me, a hospital is a nice background.

*Is that naive, potentially?*

I suppose it is, potentially. But that is the aim and I am as well to proceed towards it as condemn it as naive and turn back, jaded. I suppose ideologies are a tricky business.



*Would you describe your work as bringing something positive ?*

I don't think so. Poetic things can be sad and absurd. And recently I have been thinking a lot about the moment between the realisation that there is something wrong or missing or bad about a place, and the sharp intake of breath preceding action. There is a pause between regret and defiance that I think is very beautiful - a disappointment that leads to an action or treatment.

*Thank you Jennie Moran*