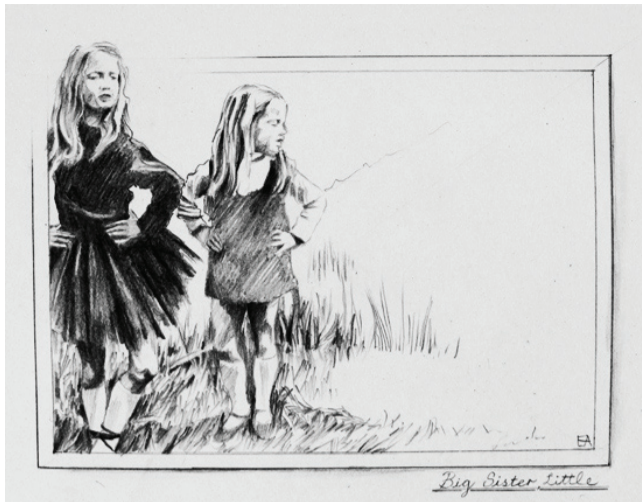




The Post Room



Postcard Drawing 15'x10'



Patient viewing the animations in the letter box

# Return to Sender

CLAIRE MEANEY TALKS TO EMILY ROBYN ARCHER ABOUT 'THE POST ROOM PROJECT' AT WATERFORD REGIONAL HOSPITAL.

**THE** Waterford Healing Arts Trust (WHAT) is an arts and health organisation based at Waterford Regional Hospital. One of the organisation's aims is to create professional development opportunities for artists – specifically to create new work and engage new audiences in healthcare and community contexts. Our artist-in-residence programme is one way in which WHAT offer this context and platform to artists.

Following a selection process artists-in-residence are provided with a studio space for a period of six months, in order to develop a body of work to be displayed in the hospital. The studio is a large purpose built space, located in the WHAT Centre for Arts & Health – the first dedicated arts and health building in Ireland – based in the grounds of the hospital.

The residency programme has been in place since the early 1990s. In more recent years, an integral part of the residency has been the requirement that resident artists engage with the hospital community – both staff and patients – in a creative way. Many of the artists who apply for this programme are artists that have experience of working in social contexts; or they wish to expand their work into more collaborative modes of practice.

Waterford Regional Hospital is a busy place with approximately 2,000 staff members, on average 122,837 outpatients and 23,367 inpatients per year; not to mention all the visitors, so there are vast and varied communities to engage. Artists may choose to focus on a small sector of the hospital or ambitiously try to reach as many people as possible.

The staff team at WHAT provide support. They can function as a sounding board for ideas or help artist navigate the hospital's physical and organisational structures. Ultimately however, it is the artist's responsibility to build relationships with the hospital community – be that staff members, a patient group or a specific department – in order to develop their work.

The artist's concept for their work must be appropriate to the setting; by being sensitive to the needs of patients who are often too unwell or don't want to partake in an art experience. Artists must also understand the busy nature of the hospital and that staff members are not always free to participate either. WHAT stress that the creative invitation must give participants the choice to both opt in and opt out. Although WHAT has been based at the hospital for almost 20 years, due to a high turnover of staff and patients, blank faces can feature frequently when the word art is mentioned in this context. It can also be quite challenging in an acute setting to develop projects with patients that requires more than one meeting. Patients are often discharged quickly or moved to other wards.

In 2010 Emily Robyn Archer, a recent graduate from NCAD, was awarded a WHAT residency. When Emily arrived on her first day, I brought her on a quick tour to the main hospital. I needed to post some letters so we stopped by the Post Room on our way. Emily was immediately inspired by the hub of activity in this tiny room. She went back there again and shadowed one of the staff members on an afternoon postal round. This provided Emily with a great way to get an overview of the hospital's various departments and meet a range of staff members.

**Claire Meaney**

**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 arts 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 so 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 were 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 members?

**ERA:** Because Waterford Regional is such a progressive hospital in terms of Arts 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 about a specific event or place in your life, and I felt that as I was working on these postcard drawings, I was effectively corresponding with my past-self on the subject of a certain memory or event.

Emily Robyn Archer's exhibition 'The Post Room Project' was displayed at the WHAT Centre for Arts & Health and the post-room corridor of the hospital during October and November. The exhibition featured works made by the artist alongside collaborative pieces.

The Waterford Healing Arts Trust will be recruiting an artist-in-residence in 2011. For more information please see [www.waterfordhealingarts.com](http://www.waterfordhealingarts.com).

[www.emilyrobynarcher.com](http://www.emilyrobynarcher.com)