

AN ARRESTING AFFECT

Catharine Hodson

The verb “arrest” includes the definitions “to seize; to catch and to fix attention; to bring to a standstill.”¹ In my experience, art at its most potent does all of that and on many occasions has “pinned me to the spot.” In 2002 I learnt that an image that had previously seized and caught my attention was so fixed in my memory that it influenced my response to a crisis. The crisis was illness. To be urgently treated for breast cancer is quite shocking and, when compounded by serious post-surgical complications, day-to-day functioning is reduced to the visceral and “a kind of incoherence.”² As I began to emerge out of that “country of the ill,”³ I found myself trying to remember whether I had ever seen nurses represented in contemporary art with the qualities of extraordinary warmth and openness that I was experiencing in the hospital.

What I recalled was *Eight Student Nurses*, 1966,⁴ a painted version of newspaper photographs by the German artist Gerhard Richter. An accompanying essay revealed that all the nurses represented had been murdered. The “wounding”⁵ of this work lay for me in the studied “class photograph” look of the young nurses with their bouffant hairstyles and their poised, contained quality – in stark contrast to their terrible end. These “yearbook” images contained none of the attentive concern and purposeful energy that I was observing at the hospital, but nor was that Richter’s intention. I decided that I would *appropriate* and recontextualise his painting to convey some of the tenderness and humour, warmth and vitality I was encountering. Reflecting back now, seven years later, I realise I was also making an assertion about life.

Roland Barthes, in *Camera Lucida*, discusses the power of the photograph in terms of “punctum,” defined as that “which pricks me (but also bruises me, is poignant to me).”⁶ This initial process of “wounding” could be described as an “arresting affect,” with a contained poignancy or “disturbance”⁷ that lingers long after; Barthes also notes that the punctum is often “revealed after the fact” when the signifier, the photograph, is no longer in front of a spectator, but when the spectator “thinks back on it.”⁸

In his book, Barthes looked for the punctum in each individual photograph discussed and did not examine associated essays or additional material. My interest lay in extending Barthes’ notion of the punctum to include consideration of images within a broader context, one embracing other images, artifacts and writings. Wanting to explore some of the multilayered resonances of illness and the clinic, I began to think on the possibility of creating a series of works that would situate my version of nurses alongside other stories, in both visual and word form.

To create my portraits, I sought the involvement of the ward nurses with whom I was having a substantial connection. I explained my idea, promising to contact them before I began developing a final work and photographed only those who were keen to be involved. It was a hilarious photo shoot: the patient manoeuvring a manual SLR camera around a hospital gown and wound drainage paraphernalia, and the nurses on ward duties making a quick detour into my curtained cubicle for a rapid portrait shot.



Photographing the nurses was the start of a project that, two and a half years later, culminated in an installation based around the world of the hospital – *Touching the Unthinkable*. This essay considers the four underpinning strategies made in this work: appropriation, collaboration, installation and metonymy.

Figure 1: *Nurse, Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).

Figure 2: *Touching the Unthinkable*, 2005, The Suter Art Gallery, Te Aratoi o Whakatū, Nelson (photograph by Daniel Allen).



PROPAGATION

The *Nurse* photographic image was more than the first element; it was the stimulus for developing a new working methodology. After commencing this image I began to muse, in a very spontaneous, undirected way, about other artwork in relation to the condition of breast cancer; its treatment, the hospital and what the participants – patients, their supporters and the medical professionals – said and did. I was astonished by my spontaneous response to this crisis. It surprised me that I was thinking about art that I had seen, studied and read about. I did not expect to be generating ideas for making new work. Considering my long involvement with the arts it makes sense, but at the time I was amazed because I felt so ill.

An important early stimulus was the hospital cubicle – a single room with a solitary bed surrounded by curtains that I was transferred to when I developed critical complications. The light there was distinctive: a wall of windows was covered by pastel curtains which filtered the sun and heat and tinted the colour in the room. Under these conditions flowers dried rapidly and, not wanting to throw them away, I collected them with their ribbons and cellophane in an adjacent cupboard. Fascinated by the discards from medical treatment and the words the staff used to talk with me and one another, I began to collect them, too; words in a notebook, pottles and syringe tops in the drawer. There was no plan initially, just a gathering of materials and words that I continued long after I left the curtained cubicle.

As my treatment progressed through post-surgery and chemotherapy, my musings ranged from work I had seen in galleries to work I knew through reproduction. Sometimes there were overt links – such as Richter's nurses, Fridha Kahlo's bed and Robert Rauschenberg's quilt. On other occasions, the connections were more oblique – for example, contemporary artists working with flora or light or everyday objects such as Anya Gallacio, Bill Culbert and Rosemarie Trockel. Later that year, I had recovered enough to travel on a scholarship to London and saw Tracey Emin's bed. Initially, this work and many others were filtered through a part-intuitive, part-deliberated process. After a while, I began to feel and think my way into a response. Michael Foucault describes *appropriation*

as a process of "linking," as if through a "medium of propagation."⁹ My "adoption of preexisting elements into a new artwork,"¹⁰ of quoting art, museum and medical modalities, was to provide an entry point into a discussion about the practice of art in relation to the clinic. This process also provided a conceptual, aesthetic and formal vocabulary.

I have always had an interest in the traditional genres of landscape, portrait and still life. In the installation, I use this knowledge: landscapes become "windows," photographs and audio are portraits, still life finds form in the arrangements of vessels and in "table



Figure 3: Bed from *Bed Cubicle, Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).

games." In *Test*, a balancing game is transformed into a tower of fragile ceramic blocks. The commercial wooden blocks are printed with a trademark but, in my pale green ceramic version, the words "balance," "still," "life" and "luck" are embossed. Through these words I make links with the original game's philosophy, the vanitas still-life tradition, and scenarios around the medical condition.

Vessels are also a significant motif and I work with them in the form of hats, jars, vases and hospital equipment. In one of the corridors, two long light-box shelves carry rows of plastic pill pottles, metonymically conjuring up the quantities of pharmaceuticals delivered by the nurses. The title I have chosen for the piece, *Carry*, is double-edged. Like many of the installation titles it is both verb and noun, acknowledging both the active and the passive state. *Carry* denotes the activity, but metaphorically it reverberates with both the carrying of anxieties, the tribulations and risks of the illness, and with the support inherent in the actions of the carers.

I extend this signification when considering the form of this work and its partner piece, *Hold*. The title *Hold* alludes to the process of the patient "holding herself together" and of "being held [together]" by the caring staff. As rows of plastic vessels on shelves, that are also light boxes, they are of themselves pottles and bowls yet they can be seen to stand for the multiples of necessary equipment in the ward treatment room. They also link back to the works of Bill Culbert and Jim Speers, whose light works I had contemplated in exhibitions years before.

These allusions to *Light Art* and *Minimalism* I explore in other works: the square wall lights in *Day Room* and the exact rows of circular syringe compression pads on a board in *Foyer*. In her art practice, Rosemary Trockel used a stove-top motif to navigate between sign systems. Gregory Burke described these works as shifting between “display platform, minimal sculpture and ethnographic sample.” This “mutability factor”¹¹ is a strategy that I also employ in the selection of many of the elements of *Touching the Unthinkable*. I locate wall lights in *Day Room* as a low, glowing ambience suitable for sitting and listening without feeling “on show” in the show. At the same time, they refer to abstract paintings exploring the square, and fluorescent tubes mimicking the painting. They are also very similar to the hospital interior-decorated wall-light fittings that were installed during the hospital refurbishment that was occurring while I was undergoing treatment.

A COLLABORATIVE CONTEXT

Although my initial ideas were in response to my own unexpected hospitalisation, I quickly developed a greater curiosity about the experiences of others in the world of the clinic. As I grew stronger, this circle of contacts extended. My ideas evolved through an ongoing communication with the communities linked by the disease: patients, families, friends and the professionals who diagnose and treat the condition. I began to ask the patients, their families and friends, as well as medical people, if they would write about or allow me to record their perspectives. In all these groups, some individuals were particularly intrigued by this nascent project and were keen to gather the quantities of medical discards or personal mementoes that I needed. Others made insightful observations or asked telling questions, which stimulated the creation of more work. Some offered additional materials and or gave me access to equipment “in case I might find something useful.” One such offer provided the hospital trolleys on which I place the games of *Check*, *Touch* and *Test*. In all aspects of developing and realising the work, and engaging with the gallery visitor, relationships are central to this project.

In 1991, the American art critic, lecturer and writer Suzi Gablik, in her book *The Reenchantment of Art*, discussed art as a social practice and her aspiration that “relationship become the centre of contemporary art.”¹² She wrote about artists working with communities to create value-based work. Citing examples of shared ideas, insights and local material, Gablik illustrated the expressive richness of collaboration in the production of art. She concluded that art is completed through relationship; that in making connections a sense of community is created.¹³ As the *Touching the Unthinkable* project evolved, I noticed that many of the participants, including myself as the artist/co-coordinator, shifted from our singular *Weltanschauung*¹⁴ to a working in an “expanded context,”¹⁵ seeking “to share another’s plight, to make their conditions our own, seeing art as a “relational dynamic.”¹⁶



Figure 4: *Hold, Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).

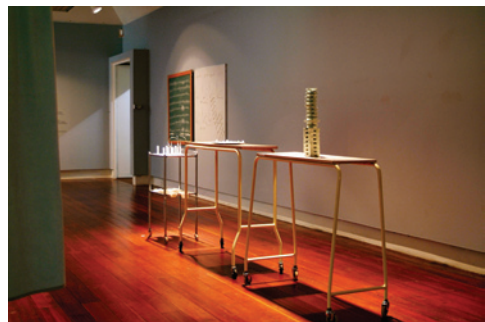


Figure 5: *Southern Corridor, Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).

In 1998 Nicholas Bourriaud, a French art curator, wrote *Relational Aesthetics*. He also proposed that contemporary art practice could produce “relations between people and the world.”¹⁷ While Gablik emphasises the interrelationships of artist and community working together in the production of art, Bourriaud’s particular focus is the interconnection between audience and the artist. This relationship is predicated on the aesthetic objects and experiences the artist creates. Bourriaud writes of collaboration in terms of the beholder’s “emotional, behavioural and historical response,” involving a substantial “time of manipulation, understanding, decision-making, going beyond ... looking ... to formulate ... meaning.”¹⁸ Bourriaud’s insights are particularly pertinent in relation to the final form of *Touching the Unthinkable*, with its elements selected for their experiential resonance, interactivity and layers of meaning.

I read *The Reenchantment of Art* in 1993, but my own art practice did not extend to working with other people until I felt compelled to make the work that culminated in *Touching the Unthinkable* in 2005. By then I had forgotten about Gablik’s writings, consciously at least, and only remembered after the work was exhibited in The Suter Art Gallery/ Te Aratoi o Whakatu, where a visitor introduced me to Nicholas Bourriaud’s ideas and I began to read on relational practices. I have no doubt that Gablik’s writing was subliminally underpinning my choices, but working with those three distinct yet overlapping communities of patients, supporters and medical professionals also made sense, because dealing with cancer isn’t just an isolated experience – it involves many others.

AN ACTOR IN THE “PAINTING”

In 2000, the year before my diagnosis, I encountered Ilya and Emilia Kabakov’s *Monument to a Lost Civilization* at the Sydney Biennale. Ilya Kabakov describes his approach to installation as one of creating “a painting that the viewer falls into,”¹⁹ mobilising “the wheel of associations” through a narrative akin to the “novelist tradition”²⁰ or that of theatre, with the artist being the “director” of a “well structured play.”²¹ He refers to the viewer as an “actor” and describes the effect of the “total installation” as one of “engulfment” in which the actor is not just surrounded by a physical scenario, but is “submerged” by the work.²²

When I began this project, I conceived and developed individual pieces. My decision to integrate the separately evolving elements in an installation emerged gradually. This came about as recollection and research, and shared information and materials began to coalesce. Once I focused on the notion of “the clinic,” all the elements and the activities of the participants were drawn to that effect. The final result is a series of spaces – *Waiting Room*, *Day Room*, *Foyer*, *Examination Space*, *Curtained Bed Cubicle*, *Flower Room* and *Corridors* – all “containing” objects and stories of the communities that inhabit that space. Like interweaving plots, their narratives play out directly and symbolically.

In *Day Room*, it is the patients that tell their own stories. I set up a private space in the corner of “the clinic,” with comfortable chairs and soft lighting. Headphones operate collectively as speakers to create an atmospheric audio chatter common to a hospital day room. Individually they reveal a specific voice and tale and the encounter-er can listen, as one would with a friend.

“My oncologist explained the treatment options, saying it was my choice and that it wasn’t appropriate for him to recommend one path over another. But then he laughed, and so did I as he went on to say: ‘If I was at a cocktail party and talking about your case, I would tell my colleagues that the best treatment option is ...’”²³



Figure 6: *Day Room*, *Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).

In *Waiting Room*, I place sky-landscape paintings on the wall, and chairs with a magazine table for children's books and a publication entitled *You Are Not Alone*.²⁴ This booklet carries the writings of family members and health professionals. My intent is that the installation visitor/"actor" or, as Arthur Danto describes, the "encounter-er," will engage with the work on its own terms and not merely as a visual, distancing experience.²⁵ They will also become actors in the installation "painting"²⁶ as they sit and read the writers' accounts.

In the booklet, the 19-year-old son of a patient describes the impact of his mother's diagnosis: "A form of disconnected pragmatism set in that didn't seem to lift for days. Work remained an escape but it was still pretty hellish."²⁷

A GP reveals: "A lump pushes up under my fingers. Not a 'was that something' sort of lump but a 'this shouldn't be here' certainty. Sometimes this catches me with such surprise I feel a physical lurch in my chest."²⁸

PLOT FUNCTION

Ilya and Emilia Kabakov construct their installations as if they were a novel or a theatrical production in which all the elements "have a 'plot' function."²⁹ Many of their works represent places and characters through "the ephemera they have left behind."³⁰ They set up collections of articles to stage a narrative or to "mimic museums."³¹

In *Touching the Unthinkable*, my approach to telling stories through objects and the juxtapositions of furniture and equipment is informed by the Kabakovs' work. The unity of my installation lies in the matrix of "the clinic;" however, the pieces are disparate in their narrative and conceptual resonances, as well as their source, temporality and aesthetic form. Hospital materials range from state-of-the-art clinical elements, such as IV equipment and syringe pads to plastic ward jugs, to trolleys and a bed that have seen better days. These elements invoke both a high-tech approach to medical treatment and a health system with insufficient funding or hospital memories as a "highly familiar past."³² Other items are "personal" or domestic such as beads, hair, wishbones or dried flowers. Every element presents its actuality but also contains an emblematic function through the inevitable, unavoidable wheels of association. Their symbolic language is that of metaphor and metonym.

In a vitrine I formally display back-lit prostheses, circled by necklaces that I invented. "Museumised, even ethnologised,"³³ this layout presents the taxonomy of the necklaces, to be "examined" for their history and their symbolism. Antonio Barcelona, citing his cognitive linguistic colleagues, defines metonymy as a mapping within a schema or complex domain structure.³⁴ Under this definition of metonymy, the small balls of hair I use in the necklace titled *Drop* can be seen to represent the heads of hair that falls out as a result of chemotherapy. The lead weights in the *Shield* necklace can stand for the lead template that protects healthy tissue from radiotherapy. At the same time, both the hair balls and the lead sinkers mimic necklace beads.

But I also work with other signs – the *metaphorical* resonance. According to Barcelona, a visual metaphor has the capacity to inject one sign with the meanings of another; it is a mapping between two domains that are not part of the same matrix.³⁵ By using lead in the necklace, I metaphorically link the characteristic poison of lead to the poison of both cancer and chemotherapy. The actual elemental weight of lead extends to the heaviness of the condition –



Figure 7: *Waiting Room*, *Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).



Figure 8: *Shield Necklace*, *Touching the Unthinkable*, 2005, The Suter Art Gallery (photograph by Daniel Allen).

the psychological, physiological and economic impact on patients and families. These metaphors are underscored by the teardrop shape of the metal and the actual function of the lead as “a sinker.”

Through the ten quite different prosthesis and conceptual necklaces I make implicit and explicit links to the body. These references to the breast [bone] and narratives around femininity and sexuality draw together the patient, partner and professional. And yet there is a dislocating too, as their location in the vitrine invokes the “scientific specimen and artifact,”³⁶ and the inclusion of medical equipment in many of the necklaces disrupts the sense of intimacy with the realities of clinical examination and treatment.

RESONANCES

The photograph of the ward nurses which was the first element of *Touching the Unthinkable* was developed in response to a personal medical experience, the enthusiasm of clinical staff and my recollection of a work by Gerhard Richter. It also involved engaging with a title and text and reflection on the notion of roles in the clinical environment. The potency of Richter’s work stimulated me to think on Roland Barthes’ concept of the punctum, focusing on three aspects, that “which pricks me ... bruises me ... and is poignant to me;” the punctum’s metonymic qualities, the “power of expansion;”³⁷ and its quality as “an addition: it is what I add ... and *what is nonetheless already there*.”³⁸

After the initial photographs, I continued to explore my responses and those of others to the hospital experience in a series of works which were largely based around appropriations of art, its modalities and the clinical environment. My approach to appropriation was both intuitive and as “revealed after the fact” – when the signifier was no longer visible, but when I thought “back on it.”³⁹

The outcome – *Touching the Unthinkable* – is an installation in which I explore the representation and coding of illness in the context of contemporary art practice, community engagement and metaphorical and metonymic communication. As a relational artwork, I pivot the installation around relationships – that is, the flux between contributors and encounter-ers. In this immersive environment, those who directly engage with the interactive activities of sitting and listening or reading both connect with the work and become part of the work.

Through the appropriated spaces and elements of *Touching the Unthinkable* I merge the actual with the invented, the clinical with the art world, and the touchable with the unthinkable. Just as Barthes did not reveal the photograph of his dead mother, who lies at the core of his notion of the punctum, I do not reveal the unthinkable. My intent is to conjure a wide interpretative realm and engagement. Written responses in the comments book reveal that diversity of this connection and interpretation: “transforming,” “comforting,” “provoking,” “honouring,” “disquieting,” “reassuring.”^{40, 41} By operating in different registers, the work facilitates “meaning to arise through individual affective and verbal connections.”⁴² These “various communication processes” act “as tools ... to link individuals and human groups together”⁴³ and invoke “the intangible,”⁴⁴ that which I venture to call the “punctum” of the work.

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- 1 Catherine Schwarz, *The Chambers Dictionary* (Edinburgh: Chambers Harrap, 1993), 1563.
- 2 Anatole Broyard, cited in David B Morris, *Illness and Culture in the Postmodern Age* (California: University of California Press, 1998), 22.
- 3 Ibid., 21-49.
- 4 Gerhard Richter, in Ronald Nasgaard, *Gerhard Richter: Paintings* (New York: Thames and Hudson, 1988), 57.
- 5 Ibid., 41.
- 6 Roland Barthes, *Camera Lucida: Reflections on Photography* (New York: Hill and Wang, 1982), 27.
- 7 Ibid, 51.
- 8 Ibid., 53.
- 9 Robert Nelson, s.v. “Appropriation,” citing Michael Foucault, in *Critical Terms in Art History*, eds Robert Nelson and Richard Schiff (Chicago: University of Chicago Press, 1996), 118.
- 10 Ibid.
- 11 Gregory Burke, “Figuring it Out: Re-collections of Rosemarie Trockel,” in Rosemarie Trockel and Gregory Burke, *Rosemarie Trockel* (Wellington: Wellington City Art Gallery, 1993), 17.
- 12 Suzi Gablik, *The Reenchantment of Art* (New York: Thames & Hudson, 1991), 96-114.
- 13 Ibid, 158.
- 14 For a relevant definition, see Allan Bullock and Stephen Trombley, *The New Fontana Dictionary of Modern Thought* (London: Harper Collins, 1988), 220.
- 15 Gablik, *Reenchantment*, 9.
- 16 Ibid., 106.
- 17 Nicholas Bourriaud, *Relational Aesthetics* (Paris: Les presses du reel, 2002), 42.
- 18 Ibid., 59.
- 19 Ilay Kabakov, in Boris Groys, David A Ross and Iwona Blawick, *Ilya Kabakov* (Oxford: Oxford University Press, 1998), 128.
- 20 Ibid., 54.
- 21 Claire Bishop, *Installation Art: A Critical History* (London: Tate Publishing, 2005), 14.
- 22 Ilay Kabakov, in *ibid.*, 14.
- 23 Katie Sellers in a 40-minute recording in *Touching the Unthinkable*.
- 24 Catharine Hodson, Lydia Wevers, Melissa da Souza and Andy Clover, *You Are Not Alone* (Nelson: Stump Creek Publishing, 2005).
- 25 Arthur Danto, “Hegel, Biedermeier and the Intractable Avant-Garde,” in Linda Weintraub, *Art on the Edge and Over: Searching for Art’s Meaning in Contemporary Society 1970s-1990s* (Litchfield, CT: Art Insights, 1996), 16.
- 26 Groys et al., *Ilya Kabakov*, 128.
- 27 Son of a patient in Hodson et al., *You Are Not Alone*, 4-5.

- 28 GP in *ibid.*, 3.
- 29 Bishop, *Installation Art*, 14.
- 30 *Ibid.*, 17.
- 31 *Ibid.*
- 32 Kabakov in Bishop, *Installation Art*, 17.
- 33 Burke, *Figuring it Out*, 15.
- 34 George Lakoff, Ronald Langacker, Zoltan Koveceses and Gunter Raddon, cited in Antonio Barcelona, *Metaphor and Metonymy at the Crossroads: A Cognitive Perspective (Trends in Linguistics)* (New York: University of Chicago Press, 2003), 4.
- 35 George Lakoff, Mark Johnstone and Mark Turner, cited in Barcelona, *Metaphor and Metonymy at the Crossroads*, 6.
- 36 Burke, *Figuring it Out*, 14.
- 37 Barthes, *Camera Lucida*, 45.
- 38 *Ibid.*, 55
- 39 *Ibid.*, 53.
- 40 Contributors, *Comments Book*, "Touching the Unthinkable," 2005, The Suter Art Gallery/ Te Aratoi o Whakatu. For example, the quilt of cards was described by one viewer as a "patchwork" of love.
- 41 Judy Crowe, *The Nelson Evening Mail*, 27 June 2005, wrote of "the dedication and care ... of medical teams"
- 42 Bishop, *Installation Art*, 16.
- 43 Bourriaud, *Relational Aesthetics*, 43.
- 44 *Ibid.*, 55.