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## RESPOND RED OR BLUE

ROYAL MELBOURNE HOSPITAL

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CURATED BY LAUREN BERKOWITZ AND TARA GILBEE  
15TH - 31ST OCTOBER 1998

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The hospital has become a site of fascination that pervades contemporary forms of visual popular culture. From daytime and nighttime soaps to independent films and documentaries, from trashy comedies to the sinister settings of innumerable horror films, there are as many explanations about why the hospital exerts such powerful effects over the popular imagination as there are examples of its significant and diverse use in visual representations. There is however the suggestion of a common thread that links these diverse imaginings of the hospital, one that weaves its way through this current art exhibition, as well as through the histories of both modern medicine and art. This might be tentatively described as the visual appropriations of what Foucault has so famously called the 'Medical Gaze', appropriations that have come to increasingly turn that gaze in upon itself, transforming its topographical condition of possibility: the clinical hospital, into an object of dissection, study, observation and experimentation.

Foucault describes the effects of the 'Birth of the Clinic' in early 18th century France as transforming and initiating anatomical reconfigurations of both the individual and social body that we still in some ways inhabit today. One of the key shifts produced within this clinical space was an alteration in the conceptualisation of the relation between life and death. Disease and death, previously situated as part of the inevitable back drop of nature became in this context situated against the background of life itself. Disease, no longer a pathological species inserting itself into the body wherever possible, became instead an exaggeration of normal life processes: the body itself became ill. This absorption of death into life transforms the body into a space riddled with multiple and various pathologies, a site of progressive and differing processes of decay. There was in this context also something about dissecting and observing bodies in ever greater detail and with ever greater penetration that seemed to produce the dizzying effects and potential abstraction that occurs when looking at things too closely. The 'pure' medical gaze, that Foucault describes, produced a visually paradoxical body, one that seemed to 'disappear' in the very process of making it appear.<sup>1</sup>

Observing the life of bodies through death can produce an 'extraordinary formal beauty', a gaze and vision that captivates and extends beyond the immediate realm of medicine. In the shift toward a re-conceptualisation of life through death and in the formal aestheticisation of this relation, the 'birth of the clinic' joins with emerging modern artistic and literary 'anatomizers of death or decay in life'.<sup>2</sup> There are of course important differences between the aesthetics of the medical gaze and those of the visual arts, but it seems fair to recognise that the transformation of the body that took place in the spaces of the 18th century French hospitals had profound social and aesthetic consequences which have extended beyond those architectural and institutional limits. One of these consequences is the artistic appropriation of the clinical gaze that turns it in upon itself. At certain points, cultural fields such as art, literature and popular entertainment have transformed the medical institution into the object of its own anatomising gaze and in this move the place of cure, the hospital, has itself become sick, revealing its own repressed and highly ambiguous aesthetic, social and historical conditions of possibility and potential breakdown.

In Lauren Berkowitz and Tara Gilbee's video *Endoscope*, the aesthetic consequences of the medical gaze seem to rebound back onto the hospital space itself. The hospital spaces explored and rendered in the video are subjected to effects that mimic the effects of contemporary medical technologies used to make the hidden recesses of the human body visible. The perpetual penetration moving ever deeper into the arterial spaces and inner workings of the hospital begin to take on similar

corporealeffects as those medical imagings of the body also displayed in the video. And yet, bereft of certain skills or the attending textual discourses needed to translate the meaning of medical pictures, revealing explanations of the body/hospital, its machinations and its pathology are denied. As the camera's gaze penetrates, the body/hospital and its machinations are rendered ever more 'transparent' and ever more 'obscure'.

In Tara Gilbee's work, the traces of bodily marks: forensic dusting and fingerprints are left on the stainless steel surfaces of lifts, basins and baths, the surfaces associated with the institution's at once obsessive hygiene and its haphazard human traffic. The technologies of police markings evoke the movements of a gaze directed away from the 'pure' study of anatomy and its aesthetic organisation toward a regulating social surveillance, one that is directed toward individual deviants making up and infecting a wider social body with their necessary but threatening pathologies. The tracking of diseases and of deviant individuals turns back to reinscribe the hospital space itself, turning it into some kind of crime scene, a place perpetually stained by the bodily inscriptions of its own historical making and social consequences.

In Jane Burton's images the interiors of the hospital take on a haunting pathology especially in the very absence of human figures. The hospital spaces of Burton's images, arrested and taken from moving video footage, suggest a transitory moment of suspension. Like the loaded significance of the empty hospital bed, these spaces produce the eerie suggestion of bodies just departed and those soon to arrive, a space and time momentarily suspended in the transition between life and death. Here the medical gaze is imbued with a heightened aestheticism and theatricality. The images, subjected to computer manipulation, extend gazing at hospital interiors into a filmic and ar directed visual space. Like Kubrick's hotel in *The Shining* or the hospital settings of countless horror films the locations displayed in this series of images seem to bear the echoes of a displaced human presence which are absorbed back into the very architecture of the hospital. The hospital spaces appear to come alive, re-animated by the ghosts of the psychological effects and responses of its absent inhabitants.

In Rosalind Drummond's images of hospital entrances the penetrating gaze is interrupted, made opaque; the viewer is left 'outside' unable to see into the interior of the hospital, imbuing it with a certain unknowable content, a mystery which may prove daunting, terrifying, painful, consoling or therapeutic. Entering a hospital can involve intense moments of uncertainty; not knowing what will follow for both patients and visitors. Handing yourself over to the experts, to observation and display, crossing the hospital's borders can transform the so called 'private' body/individual into public property. But the photographic display of these bodies throws into question the origins of their 'private' status. Since the emergence of modern medicine the question: is the body private property or not, remains unclear. Capturing the threshold separating the person in the street from the patient in the hospital, these images produce a certain moment of breakdown and incoherence intrinsic yet threatening to the very distinction between private bodies and public spaces.

In Nicola Loder's contrasting video footage of the private and public sections of the hospital, different but intersecting histories of the medical institution are enacted. There is the overt display of the hospital's organisation that is becoming increasingly divided by class divisions and economic privilege. In the public section the chaotic, overcrowded conditions are left unguarded, open to filming and public display. For those who can afford private insurance 'privacy' itself is guaranteed, as well as the more luxurious and restful spaces, and better funded resources of the private wards. But on another level, the very lack of human content within the 'private section' transforms its

spaces into disturbing institutional, even deathly places of sterility which contrast with the more human diversity and unpredictability displayed in the spaces of the public wards. While not allowed to invade the privacy of patients in the private section, the filming of an operation is interred. Here, the privacy of the body seems to stop at the surface of the skin; once opened its interiors become the formal, de-personalised and public property of the medical, the artist's and the viewer's gaze. The footage of the private wards approximates the ideals of a 'pure' medical gaze but the contrasting effects produced in Loder's work bring the de-humanising social implications of this ideal into question.

In Kate Ellis' work the paws of poodles, covered and tantalisingly exposed by splintering silk, reveal the perverse significance that anatomical dissection and display always carry, even and especially within the most detached and clinical of gazes. The use of poodle paws (which provide a humorous rendering of all the myriad associations that the fetish can offer) reveals the fetishistic structure conditioning Western Medicine. Situated within museum type display cases the paws enact the attempts of the medical gaze to contain and disavow the threatening uncertainties produced by staring at bodies and their anatomical facsimiles (especially female bodies). Here the disavowal (perhaps repression) of the gendered and sexualised content of medicine is heightened as well as the pervasive effects that the medical anatomisation of bodies has produced in relation to wider cultural notions of femininity and its symptomatic ideals. Ellis' work rescues the fetish from the familiar realm of the pathologized pervert and overtly reinserts it back into the enlightenment discourses and institutional spaces where it has always secretly resided.

Pat Brassington's images of the medicine cabinet, replete with gnomes and miscellaneous pharmaceuticals humorously evoke very complex histories of pain management in Western culture. The economies of pain killing which began in the hospital and which now pervade contemporary culture are here benignly brought home to the familiar site of the private bathroom cupboard. The figures of the comical and mythical gnomes guard the treasures of this cabinet, treasures which have long been subject to official forms of surveillance and regulation and which have been used to define what constitute legitimate and illegitimate forms of 'self-medication'. One must be ever vigilant about what is kept in these secret spaces; the wrong remedy or dose can produce a toxic, even hallucinatory effect. Are the gnomes protecting and overseeing the contents of this cabinet, or are they the very delusional visual effects produced by the misuse of the cabinet's contents?

Lise Kaufman's series of images display intimate pain and vulnerability in a sequence of ever increasing closeups and more subtly differentiated effects. In the first sequence of images, one of intense emotional suffering, the closer we get to the face of the crying woman, the more the image literally disintegrates enacting the effects of a penetrating/disappearing gaze. In the second sequence, the restful image of the woman suggests the more routine effects of clinical surveillance and observation over time producing a voyeuristic aesthetics of repose, in which a deathly and formal beauty is evoked. By bringing together the aesthetics of the photographic and medical gaze the work exposes some of the conditions and consequences of 'studying life' up close. Part of the medical and popular fascination for the public exposure of private and secret lives depends on the simultaneous breakdown and perpetual re-tracing of the borders between private bodies and public spaces.

Darren Sylvester's images incorporate the slick end of graphic design associated with advertising's commodification of personal relationships and desire. Intimate and private lives become organised and inscribed through visual formulas and textual sound bites. The dream of advertising and the dream of medicine join, where life is revealed to be a realisable and simple formula, where pain,

suffering and death can be conquered through their aesthetic re-organisation. But these images, not unlike the contradictions produced (though denied) by anatomical and medical views of the body, contain a certain excess and uncertainty pushing at the limits of their simplified visual arrangement and promises. Sylvester's images remind us that official institutions and their visual effects, though pervasive, are never complete; they remain always open to certain twists and unpredictable transformations.

Marion Harper's work consists of a sound piece and texts taken from four songs composed by Schubert while he was hidden away in a 19th century Viennese hospital, suffering from the last debilitating stages of syphilis. Placing Schubert's music in the hallways of a Melbourne hospital (which itself opened 30 years after the composer's death) obliquely and evocatively plays out some of the significant aesthetic and historical connections between modern medicine and modern concepts of artistic creativity. The description of life produced by the songs as an endless journey, as a wandering through pain and suffering in the perpetual movement toward death, evoke modern medicine's anatomising of life through death but, again, there is an important twist. There is in the songs an impelling movement toward death without the promise of an aesthetic transcendence or the hope of a final triumph over the processes of decay. As Schubert wrote while in hospital: 'That which pain alone begets is my last pleasure on this earth'. Anticipating a post-romantic view of life, the songs enact a fundamental contradiction which emerged in the 18th century medical clinics: curing pain, death and decay involves curing life itself. This sound piece returns this often overlooked contradiction to the very institution through which it was able to emerge: the clinical hospital. And in this return the hospital hallway is momentarily transformed and haunted by the paradoxes of its own historical and aesthetic legacies.

It was Antonin Artaud who once tried to deconstruct the biomedical notion of the body in his aesthetic and political quest to transform the modern relations between life and death, health and pathology. Yet, ironically, in the following lines it is the very methods of the medical gaze produced within an 18th century clinical context that Artaud appropriates to transform this body of 'man':

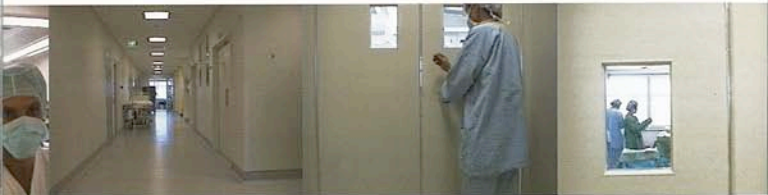
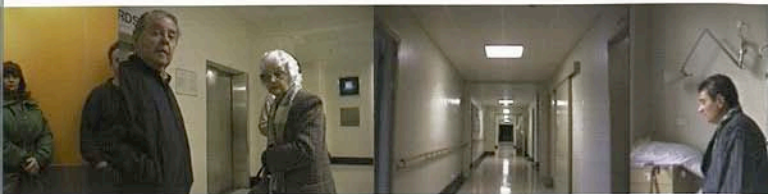
By having him undergo once more but for the last time a  
session on the autopsy table in order to remake his anatomy.  
I say, in order to remake his anatomy.  
Man is sick because he is badly constructed.  
We must decide to strip him in order to catch out this animalcule which makes him itch to death<sup>3</sup>.

Unfortunately there can never be one final autopsy. The current crisis in health care and the breakdown in the public hospital system in Victoria is not just about 'medicine'; in a culture that has become so pervasively medicalised this crisis has serious social, aesthetic, and political consequences for every 'body', 'private' or 'public'. It necessitates further complex autopsies and dissections of all the many hidden conditions necessary to and denied by the purely empirical (and increasingly economic) aims and aspirations of the biomedical gaze. It is this kind of autopsy of the hospital and its effects that the artists in this show seem to draw on and respond to in various ways.

1. Foucault, Michel, *The Birth of the Clinic: An Archeology of Medical Perception*, Trans. A.M. Sheridan Smith, London: Tavistock Publications 1973, pp 136, 169, 171.

2. During, Simon, *Foucault and Literature: Towards a Genealogy of Writing*, London and New York: Routledge, p.50

3. Artaud, A., 'To Have Done with the Judgement of God', *Four Texts*, trans. Clayton Eshelman Los Angeles: Panjandrum, 1982, p.77.



Nicola Loder  
PUBLIC/PRIVATE  
5.6" LCD Monitors, Video 1998



Rozalind Drummond  
MEDIUM COOL  
Not Exhibited 1997



Pat Brassington  
MY MEDICINE CHEST  
Inkjet Print 75 x 120 cms. 1998



Tara Gilbee DUST ON THE MIRROR X-Ray of Plaster Casts 35 x 35Ccms 1998



Lise Kaufman DAMAGE SLEEP Print from Video Still 20 x 28 cm. 1998



Jane Burton  
THE ROYAL MELBOURNE HOSPITAL  
Digital Video still 1998



Kate Ellis  
UNTITLED: POODLE PAW  
Wax and Silk Thread. Dimensions variable 1998



Lauren Berkowitz and Tara Gilbee ENDOSCOPE Video Still, 1998



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