CRITICAL CARE

Critical Care offers a counter-blast to the prevailing cult of standardisation, econometrics and scientism within arts and health.

PREFACE

[December 15th 2016]

The train to Bangor in North Wales takes a few hours and a few connections from my home town but today the first connection is late and the inevitable knock-on consequences mean I'm texting a woman I barely know to make excuses about train times when, in truth, I'd been on target to get there a good hour ahead of our arranged time.

As it is, she's very understanding and we arrange to meet at the cafe on Bangor train station. The train moves slowly along the peninsula: mountains to the left; the sea - flat, still and grey - to the right.

I've met her just twice before, fleetingly, intensely. I like her.

Although we have met before, I'm still worried that she might not recognise me. Should I have described myself - tall - stooped - balding - mid 50's? But isn't that the description of a million middle-aged men searching for some kind of meaning beyond their day-to-day existence?

I notice a beached ship, rusting and dry-docked
I notice the closeness of the dark sea to the train tracks
I notice that my heart rate has increased
I notice great, uprooted trees

At the station, I'm off the train in a flash and running to the cafe, knowing my time with her is limited. I need to listen to everything she has to say - *not interrupt* - just let her talk. I need to tell her as much as possible too; my intentions. Above all, I need to control myself. And just don't start hugging her if it all gets too emotional.

I see her through the window of the cafe. She's got a cappuccino, half finished. She's on her phone, texting someone. I steel myself, open the door and walk in.

She smiles, a big generous smile.

This is Emma. We'll meet her again soon.

#1 A Hospital

"Noise, gushing confusedly and irregularly out of life, is never totally revealed to us and it keeps in store innumerable surprises for our benefit."
Luigi Russolo, *The Art of Noise* (1913)

Nurses and doctors, patients and artists - all these are just words, names, the labels we give to people to neatly categorise them, make sense of their role and understand our own place in a social structure or hierarchy. Hospitals are heady places, communities of people working for the good of the whole. Perhaps that whole is the individual, the patient, or perhaps it's a system, but we'll think more about that shortly. From the porters who move people from ward to clinic to theatre, to the people who wash and clean, deliver and cook, a hospital is a community - and in the UK, a community that is hugely cherished, its services free at the point of delivery. Into this community of functional care, architects and designers have been joined by artists, some charged with humanising often austere and intimidating spaces, others in the role of therapist exploring the troubled terrain of fractured emotional psyches.

This essay explores the place of art and artists within this realm, not in terms of clinical impact through therapy, but in terms of intrinsic cultural value. It deals with the places and spaces set aside for specific diseases, of coronary care, of renal dialysis or oncology, anywhere specialist teams care for the whole range of acute crises and chronic ailments, spanning all our lives from neonatal to palliative care. It begins in an area of extreme uncertainty, intensive care, and within one of its rawest spaces - the paediatric intensive care unit, or PICU.

The Alder Hey Children's NHS Foundation Trust - Alder Hey for short - has been transformed over the last decade and in 2016 moved lock, stock and barrel to the under-used adjacent Springfield Park, magically transforming itself to a 21st century hospital worthy of its reputation for world class care of children and young people. The park itself has been reimagined and has begun a process of taking over the old hospital site, which is slowly being levelled, woodland walks developed, new life planted. The whole hospital design was inspired by the imaginings of children, who have been intimately involved in this monumental development. Through one of the NHS's biggest ever public consultations,15-year-old Eleanor Brogan inspired the architects' final design. I have had professional and personal experience of the old and new hospital - as a parent, I experienced the rollercoaster journey of outpatients, surgery and recovery with one of my children. And as a work colleague, I'd supported those motivated to include the arts within the hospital, to develop coherent approaches to commissioning and evaluating public art and participatory arts projects. I have a vested interest in this community.

And that interest stretches beyond this community to the wider, evolving National Health Service and the parts we all play in a country that is rightly proud of its welfare state, where we all share a vested interest in the good of the whole. This personal and professional connection to Alder Hey offers me a special perspective, perhaps a little bias. I'll accept that.

Any visitor to this giant new hospital cannot fail to be impressed by the great landscaped roofs as they arrive, the three giant green fingers merging almost seamlessly into the parkland it inhabits. Now described as Alder Hey in the Park, its description is apt. When the artist and I begin our work together here, it is in the midst of great transition, of moving from an old hospital some hundred or so yards away to this state-of-the-art building.

There will be times when the artist and I will walk through this place when the nine-to-five business of clinics and day-patients are through and when, still open for business, this cavernous interior will be sparsely populated by the watchful, the tired, the anxious. But here and now, on a bright and sunny day, the atrium is loud, busy and very populated.

Straight into the hubbub, the walls with their beautiful relief murals of birds sweep round leading us on and past the cafe, always with its winding queue and all manner of clinical and administrative staff lining up like subservient British stereotypes, alongside those families of patients and carers. Past the first small cafe, and onto the second bigger one, again brimming with life. All around us the names of young patients flicker across digital screens, ushering people in every direction for all manner of treatments and care. Shops and receptions, patients and carers, sculptures and mobiles and a seemingly floating giant wooden space suspended in midair. Quite a wonderful space, alive with the footfall and movement of innumerable people focused on the business and chatter of the day.

Once through this proscenium, shadowing the journey of a contemporary artist, it feels that I have in some way entered a theatrical space, and suspending my disbelief, I become a participant observer to witness whatever unfolds. At this stage, I am unsure if I will break the 'fourth wall' and become a part of the process or the artist's savage eye - his critic or his collaborator.

The waiting rooms are bright and airy, but the noise level has reduced from the atrium, the volume of people is lighter. Parents perhaps are more apprehensive, older children too, but the younger infants seem more oblivious and play with the toys provided. The sounds here are more subdued, the atmosphere is that of quiet apprehension and muffled fractious moments.

But there are quieter places in the hospital, not places where patients freely walk. Only yards away from all that noise is the PICU. These corridors are far quieter and the colour-coordinated hubs spanning off the corridors are clean open spaces with a nurses' station and six well-spaced beds or incubators with a couple of side rooms. The hushed tones of voices, the swift footfall of responsive staff, and various beeps and alarms make up the sonic landscape of such places, peppered with the occasional plaintive cries of an infant. Parents and families hope never to find themselves here, but when they do, the treatment is fine-tuned, individual and often seemingly miraculous. The workers in this space are skilled and focused professionals - from those who deep clean every inch of wall and machine, to the nursing and medical staff, the service here is all about meticulous detail and timely intervention.

In a small room on this new, state-of-the-art paediatric intensive care unit, I sit quietly in a corner, quite outside the action, watching an artist watching the raw emotion of life as parents cling to each other and the tiniest of babies is resuscitated by a team of clinical staff. The machinery, sounds and movements are beautifully choreographed, and the actions of these unknown actors (alien to us) are well-rehearsed - but it's an adrenaline-fueled performance.

The artist keeps back.

Stood in the doorway, he has no place in this fight for life. As a participant observer I have even less, but he silently watches; quietly listening to the unfolding scene. In his hand he holds the tiniest microphone, flesh-coloured and more like a pendulous ear bud.

This is the most difficult of situations. The life and death business of intensive care is unfolding before us and we are invisible to its participants, impotent to offer anything remotely useful. Worse still, we could be a distraction.

We watch in complete silence.

An hour or so later, we are debriefing at lunch in the busy public cafeteria. After several conversations with nurses and families on the PICU, we were in high spirits - relieved, I think, to be back in the bustle and noise of the public heart of the hospital. This was one of many such lunches *after the event* where we offered each other, unknowingly perhaps, an informal off-loading or peer support.

But at this point perhaps I should introduce the artist. The man who has been standing so patiently outside Pod 21 in PICU is Vic McEwan, a tall and gentle Australian with wild hair, ramrod-straight back and just the hint of a paunch. While I'd patiently queued to purchase egg mayonnaise and cheese savoury sandwiches, the vegan McEwan warmed in the microwave the soup he'd brought in for himself. I watch him walk over to me, one of those gently bouncing gaits. There's some interaction with a woman and I can see a vague panicked look on his face. He returns to me slightly flushed and admits to not having understood a word the woman had said, the heavy Liverpool accent throwing him off kilter. He'd simply nodded politely. He eats with gusto, a vegan but a ravenous one who relishes his food.

Vic tells me, with just a little relish, that the tiny flesh-coloured microphones which he'd used earlier that morning used to belong to the band The Grateful Dead. We both smile at the ghoulish rock star connotation. He likes microphones, I know this, as he's just sold his beloved Rode K2 valve mic to enable the purchase of a AEA R44ce ribbon microphone. Now don't worry if you feel I'm straying into uncharted or irrelevant territory, we won't get bogged down with the detail, but perhaps this offers us a clue to his practice and his passion. Sound. Vic is an artist and musician working in the sonic landscape, exploring the space between music and noise. Can you imagine the billion possibilities for him in a 21st century hospital?

So, he's not a public artist in the sense that he's not been commissioned to produce a piece of work for a hospital setting, and he's certainly not an arts therapist (and we can discuss this a little more later) . No, Vic is a contemporary artist and composer. What that means will unfold as we move along, but for now, if we use the term 'socially-engaged artist', we'll not be far off the mark. In practical terms, he's that tall guy walking around a children's hospital, sometimes with microphones strapped to his glasses, sometimes encased in headphones - hair almost always wild and dressed dapperly with a penchant for Harris Tweed. And yes, he is socially engaged.

Vic and I met at a conference in Sydney in 2013 where he gave a presentation about his work the previous year in the remote New South Wales town of Yenda which had experienced catastrophic floods. The people of the town and the state emergency services were completely unprepared for flooding along the Murrumbidgee River and many of those made homeless by the floods struggled to get compensation from insurance companies. Working with people across the town over the year following the floods, he'd investigated how a small group of artists might play a part in exploring shared community trauma through both commemoration and galvanising community spirit. His work piqued my interest. It was all about the community but it was also about brave and different (sometimes difficult) art. We hear so much from funding bodies about 'highest quality' work - well, here was something quite profound and by my subjective radar, of the highest quality, but maybe it was impossible to quantify. Was the artist going into Yenda to solve the practical, economic and political problems? Certainly not. Was he there to give voice and meaning to all that had happened and perhaps influence social change? Well yes, he was.

He worked to bring people together - to name problems that could be addressed, to give pleasure and cohesion and (this is the important part) offer some *critical care.* Now Vic might not describe his work in these terms, and that's the luxury of being his shadow in this unfolding work: his practice is all about the most intensive and critical kind of care. Perhaps not in the prescribed way that you imagine when you conjure up the PICU (no intubation or brutal kick-starts here). No, this kind of care is something that can only be entrusted to people whose nuanced interpersonal skills and sensitivity go way beyond the handbook of 'how to relate to fellow humans'. This is something that certain people have, but the majority of us simply don't. When an artist has a specific set of skills and a vision but is open and flexible to the million impossible demands and textures of true collaborative work, then something sublime might just happen. It takes a brave partnership to take on that risk and all it offers, for good and for bad. Alder Hey and it's visionary arts and health team would be one such partner.

I spoke at that same conference as Vic, and a friend who lives in Sydney and who moves in interesting circles sent me an email that an artist of some repute had heard about Vic describing

my presentation as something of a conference highlight. I clearly needed to make contact with this insightful man! I'd been talking about the spurious nature of what is considered evidence in the expanding field of arts and health, and how neoliberal actors were moving into the territory with frameworks and prescriptions to standardise the arts into some commodity that the health sector could purchase: a cost effective panacea for all life's ills. My paper had been critical of much of the field, but I worried that my cinematic approach had bombarded the delegates with too much sound and vision, so it was good to get this indirect and positive feedback.

We began a series of exchanges about sound, video installation, performance and site-specific work and potential connections with health and wellbeing, and within a year he'd been awarded the inaugural Arts NSW Regional Fellowship 2014/16. This was a unique opportunity for us to explore shared work in more detail, and a significant element of his fellowship was to work with me to develop new practice in the arts and health field.

Early on I brokered a long-distance relationship between Vic and Vicky Charnock who co-ordinates a sophisticated arts and health project within Alder Hey, mixing art in the public realm with participatory arts projects. She has a rich history not just in the hospital but also within education, outreach and engagement at Tate Liverpool. Over the years, I'd observed the ways in which she has coped with competing pressures working in a huge hospital, where inevitably the arts aren't the top of clinical priorities. She'd also managed the cultural transition from the old hospital site to the new one, which gave her plenty of space to systemically embed the arts.

What had always impressed me about Vicky was her commitment to the children and young people who used the hospital's services. She was putting these people at the heart of decision-making long before 'co-design' became *de rigueur.* Vicky also has a passion for the challenging and unexpected. A key ally in Alder Hey over the last decade has been Dr Jane Ratcliffe, a consultant in paediatric intensive care and chair of Alder Hey Arts. Without her strategic leadership and vision, it's hard to imagine how an artist like McEwan would have had access to the hospital. In an under-resourced NHS, any investment in the arts would be easy to attack, but it's important to note that Alder Hey's arts activity is funded either by charitable donations, or laborious grant applications to external funders.

As an NHS trust, Alder Hey have a strong track record of supporting the arts and McEwan's time there would add a new dimension. He would embark on a very gentle journey through the hospital over a number of visits, exploring sounds and meeting people, having conversations and ultimately produce a body of work based on his time there. The working title for his project, The Harmonic Oscillator, stemmed from an aspiration to explore the noise produced by a lifesaving piece of equipment called a high frequency ventilating oscillator, which though brutal in the noise it made, had saved the lives of countless children. He hoped to subvert this harsh noise, and perhaps create a composition from it. My part in all of this was to observe the workings of the artist and from time to time take part in some of those exchanges. If it were a research project, you might call me a participant observer, but this was an artist-led exploration and through this essay, I present my work as a narrative personal account of this process and my own wider observations.

#2 Short Sleeves and Sugar

Before you can go anywhere beyond the giant and noisy atrium, you need, quite rightly, to go through safeguarding procedures, and being a children's hospital, this is probably more important than for most environments. Vicky supports Vic through all this in my absence, and the next time I see him, he's proudly wearing his Alder Hey identity badge, to be worn at all times, presented to anyone who asks, and providing him with electronic access to much of the hospital. With enhanced clearance, there are no issues and with his occupation writ large - ARTIST - it's a thing to be proud of. Some weeks later, I'm taken through the same routine of form-filling and a visit to a man who photographs me and produces the shiny plastic card. Thus I am similarly identified and legitimised.

An early meeting between myself and the head of research governance establishes quickly that what McEwan and I are undertaking is not a research project but an arts project, a small but important distinction in terms of what we can and can't do. The key for us is getting written permission for any work produced that might identify participants. What you'll read in this essay is anonymous when necessary and very real and visible where full and enthusiastic permission was given.

It's quite a thing to be given access to people and places inside the belly of this community, and we both feel genuinely privileged to be allowed in. We have an explicit understanding of our roles and the boundaries for each other and the wider community. So we are mindful of this when invited to the official opening of the Paediatric Intensive Care Unit, where patients, staff and guests celebrate this new state of the art facility.

Standing in the gleaming new corridor in the very heart of the hospital, the artist seems oblivious to the inquisitive and sometimes hostile looks from the gathered crowd: consultants from every specialism who have come together to officially open the new unit - bursting with success stories, the 'graduates' of PICU who have survived the most extreme traumas. We stand surrounded by oncologists, anaesthetists, nurses and surgeons to celebrate the new order - but just who are we, these outsiders so conspicuous in our long sleeves? "We're not going into the clinical areas" I offer by way of an apology, aware that government decree has robbed these 21st century healers of their right to wear all the traditional regalia of their "civvies".

Some time later, I learn that McEwan is not oblivious to these furtive looks but far more sanguine than me, confident of his place in this ecology. He has learned to cover his anxieties well, as we'll see. One medic, deferred to by all those present, is curious and looking at Vic's badge. He asks "Who are you?" The badge says it all - ARTIST - but before Vic can answer, our host kindly cuts in. "He's our Australian artist, he's exploring noise and he's going to be looking at the oscillator." Turning on his heel, the medic - resplendent in his colour coded scrubs which are worn to great effect - responds dismissively. "We're getting rid of them anyway." And then he's gone, disappeared into the throng of people waiting for speeches.

Later, the same apparently senior consultant stands atop his soapbox and talks about the multicultural nature of Alder Hey and its community of patients and staff, and I almost forgive him his brusque nature. He's clearly someone in the cut and thrust of the hospital, someone who galvanises people, a man of the people, a position he seems to relish. I don't doubt his dedication, and coming shortly after the UK's vote to leave the European Union, his speech hits home.

But what grabs our attention is less his polemic oratory than a large trestle table groaning under the weight of the finger buffet laid out for those in attendance. This is really quite something and it provokes a strong childhood memory. In the terrace house where I grew up, in the seaside town of Morecambe, we had two pantries off the kitchen. One was the "front pantry" and was for foodstuffs and was the sole preserve of my mother, the other was allegedly the lair of my father and was known as the "back pantry" and which contained tools and was an oily, grubby place. My father very rarely went in it - he didn't particularly like DIY.

The back pantry also had a pile of moldering books stacked up in it, books that had been relegated to this room because their shelf-life was over. Grubby, torn and almost (but not quite) ready to be thrown out. One of these seemed to have migrated from the front pantry to the back, and was my long-dead grandmother's *Mrs Beeton's Household Management*. In this heavy old book, its pages damp and mottled, were the most outrageous chromo-lithographic prints of the heavily laden dining tables of great and good Victorians, a world away from my own experience of food. Never had I seen such delicacies. Page after page of tables heavy with ornate and fantastical foods with recipes for fish, meat, poultry, game and preserves, and the most outrageous puddings, sweets, jams, pickles, and savouries. Specialist sections included "the art of carving at table" and "invalid cookery".

To my childhood eyes, this was opulence. My experience of such exotica had been limited to a Swiss roll, mandarin orange segments in evaporated milk, or the ultimate Sunday tea-time treat, butterscotch instant whip.

This heavily burdened trestle table at the heart of intensive care appeared like some splendid hybrid that conjoined Mrs Beeton's extravagance with all the delights of a 21st century sugar infused pound-shop dream. As the oratory continued apace, Vic and I excused ourselves with some of the bigger-boned staff members and sampled the delights of vegan and not so vegan treats!

One of the nurses, who seemed a little worse for wear following her consumption of something that resembled a meringue nest, caught my eye and called me over. She's sitting heavily in a chair and beaming at me. "Where do I know you from" she asks in a brogue. I tell her I'm just a visitor and I'm excited to be part of their celebrations, but she persists. "I've seen you somewhere before." I smile and offer *Crimewatch* to keep the banter going. "No" she says, "I know where it is, you're off *Coronation Street*." Any attempt to disabuse her falls on deaf ears. I sheepishly disappear into the throng with something sticky, but can see her eating and pointing at me and laughing with her friends.

But the real stars of the show are the young people who, once critically ill, have made it back here today, fighting fit and with compelling stories to tell and big thanks to give to the teams who made it all possible. And this is quite a thing - it feels genuine, it's team work. Everyone has a vested interest in the young patients and as we'll learn, when clinical interventions are a success, it's everyone's success.

Sometime later that afternoon, high on sugar and the possibilities of the unfolding work, Vic confides that "there are robots in the basement". I should mention that he has a mischievous sense of humour and constantly catches me off guard, so I sometimes find it difficult to know when he's playing and when he's serious. He'd alluded to there being artificial intelligence in the hospital before, but unsure how to take it, I'd just laughed it off. But the effects of the additives and emulsifiers in our system push this conversation to it's inevitable conclusion - he'll take me to see the robots.

Vic, equipped with his access-all-areas ID, had actually seen them before and assured me that they were benign, and he led me to the off-limits subterranean basement of the building. Not quite ready to be seen by ailing children, he said they were confined to this staff-only area. He takes me into one of the lifts and with one swipe of his card, gets immediate access to take the lift to the very lowest arterial corridor of the great building.

As the lift doors slide open, it's clear this is a very quiet space compared to the rest of the building and as we set foot in the corridor, he presses his hand against me to hold me back. "Listen, that's one coming now!" With bated breath, I waited to see what would emerge around the corner and as the slow humming got gradually louder, I had my first encounter with an Alder Hey robot! A large

dark and flat rectangle glided past me, loaded with files of some description. Less C-3PO and more driverless Segway. Vic grinned mischievously.

But just how does an artist like McEwan end up working in a setting like Alder Hey and what are the essential and necessary skills to work inside an intensive care unit? After all, he's certainly not the sort of artist who is commissioned to create a piece of public art in any traditional sense. His work is more of a transient nature, and in this case, with its focus on sound and the noises of hospitals, it's less about creating the finished piece that will haunt an atrium for decades and more about responding to and reimagining passages of time.

There are myriad organisations offering 'how to' approaches to working in arts and health and I've delivered my own bespoke training for artists who typically have been through art school or are established in some way and want to branch out into this world of health. More often than not, people attending these courses are looking for a language they can adapt to their practice enabling them to pitch for work in this new market. A typical short course will have components that focus on the different language and mindsets of those working in the health sector and the arts, and will explore the sensitivities and appropriateness of practice in different health contexts. This might be about the navigation of health and safety procedures, or the maturity and sensitivity needed to work in challenging situations, perhaps something about mutual respect. What is never on the agenda is that one size fits all. It simply doesn't. More than that, training can never address people's interpersonal skills.

Above all things, it's about having a sensitivity to the people and the context you're working in whilst retaining your curiosity and being able to explore the challenges you inevitably encounter. Now that's a trick. We've seen a little about how he and I met in a conference where he discussed his work in a community recovering from trauma after devastating floods. Well, perhaps it might be a good time to unpick his pedigree. After all, he's a well-regarded artist, so how did he get there?

It's certainly not all been plain-sailing for him, and though he's always been part of the music scene, for many years he worked as a communications officer at NSW Police Headquarters. As the person answering emergency calls, he was responsible for handling the call, the caller and holding the situation until the relevant support was with them. Part of this role was coordinating responses as they unfolded, and imagining the levels of violence and distress he dealt with makes it easier to understand how he maintains the appearance of controlled calm. By his own account, the stress involved in that work was enormous. When he left that position, he took on casual work in some of Sydney's major cultural institutions which gave him the freedom to be able to pursue his own projects which centred on music and performance-based work. Hs first major foray into the art scene was a show based on his experiences called "Police Emergency" which he took to the Brisbane Festival and the Edinburgh Fringe.

This is all relevant to our unfolding story as McEwan brings with him some qualities that jar with the stereotype art school starlet who goes from classroom to gallery to media darling of the broadsheets without having tasted any of life's problems.

#3 A Brutal Ambience

"I'm woken at 1 a.m., someone wants to test my reflexes. I'm awake. There's a light sonata in the ward: intermittent beeps, signals, respirators, distant phone calls, soft snoring, at various speeds - like the insect nocturne in Bartok's 3rd Piano Concerto."
Tom Lubbock, *Until Further Notice I Am Alive*

In late 2016, Vic and I are introduced to an extraordinary young patient, saved by an intensive period of treatment from an acute illness with an extremely high mortality rate. This young - and now anonymised - person, who I'll call Sam, had the most invasive and curative of treatments which inevitably saw her resident in the intensive care unit for a substantial length of time, much of that time unconscious, and much of it suspended in a twilight space between consciousness and sleep, all regulated by the chemical cocktail of anesthesia. There is absolutely no doubt that the team supporting this vital and exuberant young person, keeping her alive and moving her on through therapy and rehabilitation, offered the finest health care imaginable.

We sit with Sam for a good hour. With her parents, she tells us a little about her experiences emerging from unconsciousness and returning to the very articulate person we see before us. Vic is keen to know about her experience of sounds and asks about Sam's emergence from delirium and the subsequent impact of noises in her life. "In truth", she reflects, "I don't remember a lot from ICU [but] …my first memories are beeps and alarms."

Her parents fill in some of that period telling us about her being "wired up to every machine that went ping and bong and beep" and that the really difficult time in caring for her was a move from a single-bed room to a small six-bed ward where other people's different textures of alarms sounded throughout the day and night. Whilst Sam was unresponsive at this time, she expressed distress at the sounds of continual alarms, thinking that any of the sounds might have been her own and that they might mean something bad was happening.

As she started to emerge from this semi-conscious state, she recalls "being stressed at every loud beep", her parents reiterating that their main shared memory was sitting staring at monitors with some numbers going up and some going down and hearing the accompanying sounds and just not knowing whether anything meant good things or bad things.

When Sam was vaguely conscious but unable to communicate because of a tracheotomy, they put headphones on her to play her favourite music but she was so attuned to listening out for the beeps and alarms of the machines, she became stressed not being able to hear them when the headphones were on. It was a vicious circle. Sam described having dark and weird hallucinations but she didn't want to elaborate, saying that she'd not be comfortable talking about them. They were clearly troubling her but interestingly, now some months after the experience in intensive care, she was troubled even more by the everyday sounds of alarms and ringtones, of microwaves and ovens, all the day-to-day alarms that tell us the cooking is complete or the wash cycle is over.

Perhaps one of the most disturbing sounds for Sam was the high frequency oscillating ventilator which, though lifesaving, is like a washing machine on spin dry as it simulates the effects of panting in an attempt to remove CO2 from the body. With a piston that moves at very high speed pushing and pulling air in and out of the lungs, the sound of the oscillator makes the nurses' work difficult in terms of hearing heart tones, bowel sounds and taking pulses over the piston noise in a patient whose body is vibrating at 600 oscillations per minute. Needless to say, these are often the most poorly patients.

Time and again we would hear stories of the oscillator and the noise associated with it but the oscillator is by no means alone when it comes to noise-induced anxiety and fear. The MRI scanner, alongside PET scanners and CAT scanners, are crucial in diagnosis and treatment but, as our minds are plunged into turmoil at possible diagnoses, they are also causes of great distress. These

are also places that assault our senses through a barrage of sound and the most claustrophobic of spaces. While those working in these imaging suites try all they can to make the process as pleasant as possible, there are limits to the ways in which the sounds can be reduced other than by dampening things with headphones and music. Those diagnostic sounds and lifesaving equipment can be brutal.

At the start of Vic McEwan's hospital exploration, he undertook a period investigating the sound levels around the hospital and the city to make some comparisons around the levels and types of noise produced. Using a decibel meter to measure the sounds, it soon becomes apparent that the equivalence of sounds in the city and the hospital are alarming. While the World Health Organisation recommends patients should not be exposed to noise above 35 decibels (dB), the day-to-day reality of life in a functioning hospital far exceeds this guidance. For example, at 8:45 on a hospital corridor the average sound levels were 70dB with the hospital cafeteria at lunchtime inevitably reaching a very loud 77dB.

His explorations included spending time on the Cardiac unit where there were a range of high tech equipment in operation through the day. While spending time on this unit in the older hospital on one of his earlier visits, Vic worked with a 14-year-old boy who was scheduled for surgery and who was anxious pacing the floor, and who didn't need much coercion to take part in a Sound Walk on the Cardiac Unit. He wanted to try Vic's recording gear - headphones and an audio recorder - and together they slowly walked the corridors of Cardiac for around seven minutes. Moving very slowly and listening intently to his usual environment through headphones gave him the experience of amplifying the sounds and focusing down on his environment.

This process of deep and critical listening opened up a conversation about how he felt about the sound in the hospital and immersed him in what has been described as a flow state, where all his attention focuses on the activity he's concentrating on and not his impending surgery. The data gathered by this young patient revealed that the quietest area on the unit had an average sound level of 51dB while the noisiest area had an average 69dB and a startlingly high maximum of 88dB. These figures are more than double the World Health Organisation (WHO) recommendations and were replicated in other areas of the hospital, consistently reflecting disturbing dB levels recorded in numerous research projects. For a robust analysis of the data, McEwan has worked with an acoustic analyst on a separate piece of work as part of this project, but it's useful to note here that it seems no hospitals achieve the WHO recommendations and levels of around 88dB are the equivalent of standing under the flight path of an aircraft taking off.

Sitting in the control room of a Magnetic Resonance Imaging (MRI) scanner, Vic observed the brain scan of a seven-year-old girl who, like all those attending, was provided with protective headphones. The sound levels through toughened glass and sealed walls registered an average of 80dB but McEwan estimates the sound inside the room is more in the region of 120dB or more. The impact of exposure to such levels of noise have been shown as having detrimental effects on health and wellbeing, including amongst other things the triggering of a response by the sympathetic nervous system affecting blood pressure, stress reaction and compromising the immune system.

Occasionally patients spend many years in hospital and one young boy that Vic spent time with had been in the hospital for the last five years continuously. Young patients like this have known little time outside the hospital environment and all the alarms, talking and footfall provide a reassuring soundscape that is more comforting than distressing. The mother of this boy described how he didn't like the door to his room being closed as it cut out the "hustle and bustle that makes him feel comfortable". While he struggles with the unfamiliar sounds of television, the medical ward in full flight with loud noise was calming and reassuring for him.

Noise is a subjective assessment that rates sound levels as excessive or undesired. Loudness is also a subjective measure that is positively influenced by sound pressure level, but also frequency

and duration. The word "noise" derives from the Latin word for nausea, that feeling of sickness and inclination to vomit often described as waves of nausea. Nausea itself derives from the Greek *naus* or ship. As we'll see when we focus on the work he produces, McEwan would go on to record the sound of clinical environments for much longer periods, exploring and subverting some of these more troublesome sounds through his practice.

Outside the terrain of seemingly inevitable hospital-produced noise, I want to pause for a moment and think about other interventions and procedures that are served up to patients with all good intention of curatives and care. You see, hospitals are discreetly violent places but violence without aggression is a strange phenomenon, almost unique to clinical environments. Perhaps it could better be described as an ambient contractual violence, tempered by metaphor and discretion but consented to by patients and parents who sign off their permission to be subjected to all manner of trauma. Let's explore this a little.

Hospital accident and emergency departments are places associated with a certain amount of violence towards those working there, often from people intoxicated by substances legal and illegal, at other times from people overwhelmed by the extremes of mental anguish, and sadly by people who just don't like the way they're being treated. In-patients too can strike out at those around them, and people experiencing delirium in intensive care units are no strangers to sometimes disturbing hallucinations resulting in panic, fear and lashing out.

In her Master's thesis *Exploring the experience of delirium in hospital, and how music might expand our insight into this phenomenon,* Victoria Hume paints a vivid picture of the lived experience of delirium and violence that surrounds this transient condition in South Africa. In her observations and extensive interviews with people receiving treatment, family members, and workers in intensive care, she plots some overarching themes in her data which include loss of control and the violence of care itself. Describing what she calls a 'cycle of violence', Hume reveals the circuitous nature of violence in the case of patients who experience delirium, whereby the hallucinating patient in a high state of agitation is scared and confused by the environment, the people and the treatment, so they strike out at health care staff who respond by physically or chemically restraining the patient, who then sees any attempt at physical intervention as an assault.

So the patient is subjected to numerous levels of violence: the disease or trauma, the treatment itself, and the responses to curb the delirium. She usefully notes that "the violence of treatment is not confined to surgery or medication, but is also constituted in the physical environment." She cites one patient's reflection of the environmental factors:

' [there is] an overwhelming bombardment of stimulation… you're getting overwhelmed, bombarded from the bed pumping up and down, from the noises – there's constantly noises… and being woken every few hours: "What's your name? When's your birthday? Let's check your sodium", or "Let's check your blood pressure", you know? "Let's check this"… and yeah, the pain… it's almost like the psychosis is an escape… your brain being able to deal with the harshness of what you're undergoing.'

Hume's academic investigation is driven by a fascination around the lyrical quality of the hallucinations in comparison to the "desaturated quality of hospital environments – the boredom and routine." Finding the connection between delirium and her own creative practice as a musician through metaphor, she has begun a wider exploration of hallucinations being read as a kind of "uncensored response to care, from which – if they were to be treated as valid narratives – we could learn a great deal."

We might couch the language of surgery and invasive procedures in euphemisms - *this might be a little uncomfortable; you'll feel a little scratch; we'll give them something to make them less distressed; we're going to restrain you for your own protection* - but the realities of well-intentioned and necessary interventions are often traumatic, the impact long-lasting. Perhaps including more

of the medical humanities when teaching clinicians charged with the delivery of well-intentioned but distressing interventions might make for more useful metaphors in the day-to-day delivery of trauma.

Discussing that transient state of delirium with Sam, there was no discussion of violence and it seems anaesthesia and sedation had managed much of the physical trauma of her health crisis, but there was a deep and residual anxiety around delirium and the experience of her heightened responses to day-to-day sounds. Interestingly, her differentiation between the provision of music therapy and more generic music participation was pronounced, with therapy being described as something that "poked and prodded at memories… making me feel down, so they could make me feel better again", whereas the musician's more relaxed approach was described as "playful and liberating, transforming small things into amazing songs… I couldn't get enough of it, it was really cool."

A maxim that we discussed early on in McEwan's time at Alder Hey was something we both held true, and that is a fundamental principle taught throughout medical schools*: to do good, or to do no harm.* Vic McEwan's work has been part of a playful and exploratory approach to sound and musicality in the hospital environment, and any engagement he had with young patients steered clear of any pretence to a therapeutic relationship, but the pleasure of engaging with art and artists is clearly something that will impact on people experiencing trauma in ways that are simple and pleasurable and in other ways that are far more profound.

#4 Elisha

During his residency at Alder Hey, Vic McEwan met many young patients in education classes where he spent time, in wards and clinics, and in ongoing music and music therapy sessions. Alongside meetings with family members and those working in the hospital, he built up a strong rapport with those he met, gathering information and stories about life in the hospital. As I've described, his time there was intended to respond as an artist to his experience and observations and perhaps develop some playful ways of exploring sounds for patients in the future. So while he wasn't there to deliver workshops as such, it was inevitable that an exotic visitor from the other side of the world would be interesting to captive and bored young people, and his time as a guest in ongoing class, therapy and arts sessions offered him a real insight into children's perceptions of their soundscapes and the rich offering that Alder Hey gives its young patients.

Having not intended to deliver arts workshops with patients, it was a fortuitous day when Vic was introduced by Vicky to a young woman having treatment on the oncology ward. I met Vic early the following morning and he was very animated. The previous day he'd spent the best part of two hours working with her and her mum, and although she was seriously ill, she'd been thrilled to meet him and spontaneously they'd created a small film. This is Elisha. I describe her as a young woman, but in truth she is very much a girl. At seventeen, however, she's at the upper age range of patients at Alder Hey.

In a short film simply called *Elisha*, we see the outcome of their first meeting and their work together, a reworking of her schoolwork from the previous year. These are cyanotypes taken from photographs of places around her school and home; of drains, trees, flowers, the textures of day-to-day life. She's used a cyanotype process to manipulate imagery utilising the power of UV light - the sunlight - to transform her work into blue, blue images. If you think of a blueprint, you've got it right - experimentation to turn photographs through computers and natural light into something special. With Vic, she'd re-photographed the cyanotype images in her workbook using an iPad and then, using a hand-held projector, projected the manipulated images onto her crisp white bed sheets transforming the images yet again into something novel and intriguing.

In the film we hear Elisha and Vic discussing making the work which has clearly inspired her, but not in the way that might be expected. While early arts and health researcher Roger Ulrich advocated artworks in hospital that veer away from dark and abstract imagery and favour the natural environment, perhaps Elisha's joy in this darker rendition of nature isn't quite what he'd have imagined.

The conversation in this short film is enlightening, with Elisha commenting that "the tree-trunk looked like a mountain with water coming off it. It's like... gloomy, I think, because it's black and white, it's like dark and freaky." When Vic asked her if she enjoys making that sort of thing, her answer is warm and unequivocal, "Yeah, because it's different. It's really interesting. When you edit them… it looks like something completely different."

I have a palpable sense, watching this short film, that somehow these two artists in their own right have changed the hospital space, transformed it. It's no longer a bed - this is mountainous, there are rivers and streams, there is joyful play and shared revealing in the wonders of pocket-held projectors, illuminating, illuminated, alive and in the moment.

Elisha was clearly thrilled with the first encounter and the fruitful output of this first artistic collaboration with Vic, and in a cafe on Bangor train station some months later, Elisha's mum Emma is recounting stories of that first meeting between her daughter and the Australian artist and how, set against a backdrop of clinical care, Vic was something out of the ordinary. "When I first met him," she said, 'I thought, what a funny man, he's like the nutty professor. He came in with his hair all wild… but… he was lovely, quite calming, I think…' Tellingly, she reflected on Vic's

sensitivity to Elisha's precarious health, commenting that "she never said that she didn't want to see him again. Every time he asked if he should come back, she'd say 'absolutely fine'."

One afternoon soon after this first collaboration, Vic and I got those reworked cyanotypes printed on high quality matt rag photographic paper to give as a gift to Elisha on his next visit. But when we call to see her, the sliding doors to her small private space, are firmly closed, the room is dark. We'd been told by the nurses on duty that it would be fine to pop in and we should just knock on her door and stick our heads round. But it feels too intrusive and not for the first time, we question our roles in such a precarious environment.

The blinds are down and we can't see a thing, but months later Emma would tell me that she'd seen us waiting around, not realising we had come specifically to see her daughter. As it is, we stand against the wall opposite her room for probably less than fifteen minutes, but it feels like an eternity. Quite rightly, everyone who passes asks who we are and what we're doing. We explain. Vic's an artist and we're just waiting for the right time to knock.

But time slips and changes in these places - stretched out and unbearable or else compressed and vanishing rapidly.

It's hot in there and anxiety makes you hotter. The sound and fleeting images of a boy, anonymous and bald in his room, retching into his cardboard bowl, a girl (perhaps his girlfriend or sister) running back and forth to a bathroom to dispose of its contents.

We wait.

When we decide to give up on this visit, it's with some relief that we both arrive at the decision together and we walk back to our bolt-hole in Vicky's office and debrief. We both confess, our shirts are clinging to us with sweat.

In Bangor, Emma tells me that later that same afternoon Vic had come back and while it wasn't a good time for Elisha, he wanted to leave her a little gift that he'd got her from Tate Liverpool, a small notebook to write down any ideas that they might explore and collaborate on. Emma has a big smile when she's recounting this story, of Vic being quiet and courteous and saying "I saw this at the Tate and I thought you'd like it", of Elisha being quiet and distant but when he'd gone and he'd left this gift, they'd opened the packet together and were half expecting the notebook to have flowers on the cover. Instead "there was a weird monster". It was merchandise from the Francis Bacon exhibition. They'd both laughed and laughed at his choice.

The next day Vic and I repeat this routine again and this time we get to see Elisha, who is tired and poorly but still keen to meet and she's thrilled with the photographs. I'm reminded of the power of giving a gift and this exchange of art offers some kind of social bond. It's visible and tangible to all of us in the room. Exchange is happening and I'm not quite sure who's giving and who's receiving but there's pure aesthetic pleasure. We're in there for less than twenty minutes but in that time we re-familiarise ourselves and for my part, this is my first meeting. I watch how Emma is warmly attentive, how Vic doesn't overstate or push himself. We'd hoped to talk more or perhaps create something, but it's not appropriate and Vic is sensitive to the situation. This is a warm encounter made possible by the exchange of art.

I'm reminded too of a painting, possibly many paintings, but can't quite locate it in my memory. Paintings from history, elegant scenes that centre around an individual in a bed. Ensemble scenes, the gathering at the bedside of a gravely ill central character. A narrative painting. This room and its cast are all somehow captured in time. It makes an indelible impression in my mind. Permanent.

It's a shady room on a sunny day, the blinds are drawn and a bedside lamp illuminates the scene. A fan cools the space. There are photographs that show Elisha dressed as though for a wedding - a bridesmaid perhaps - but now here she is, lying in her bed, propped up in crisp white sheets,

pillows plumped. I think how so many people I have met in the hospital describe her as "special" and "beautiful" and I can see it. Of course there's a knowledge that she is seriously ill, and this has to temper the way we see people, but it's more than that. She is very much alive, dynamic and with a fire in her eyes.

We never talk about illness with Elisha or her family, in fact we reflect some months later that we haven't talked about the causes of anyone's time in hospital with any of the people we met. Occasionally and when we're alone together, we speculate. More often than not it's very apparent, but the illness isn't something we're there to explore, nor are we exploring the psychological issues that come in tow of some of the crises that people find themselves in. There are others who are qualified to deal with the physical and emotional trauma. We check ourselves constantly. We are not clinical staff or therapeutic staff, Vic is an artist on a journey, and with time he'll make work informed by his experiences. We share anything at all that might compromise us. We ask appropriate questions. We don't get in the way.

We meet together with Elisha a few more times. Each of these occasions are warm and filled with possibility. On one occasion, we meet in a social space, instead of her bedroom, and she's not as comfortable. She's had a barrage of treatments and is clearly exhausted and perhaps in discomfort, but she's still invited us in and we discuss some potential plans together, ideas about Vic leaving her with sound recording equipment the next time he comes in. She tells us that she's interested, and it's a plan made.

We talk about her home town, of the seaside, of the old mines and wedding rings made of Dolgellau gold, and as we're leaving she shouts us back, suddenly very animated. "Did you find your mobile Vic?" He replies with a great grin that he did, and thanks her for asking. As we leave the ward, Vic tells me that the last time he was in, he'd misplaced his mobile phone and had gone frantically running around all the places he'd been that day, finally popping his head into Elisha's room, but it hadn't been there. That she'd remembered, and all the time we'd been talking about an arts project she'd just been bursting to find out if he'd got his phone back... remarkable and so, so normal.

During these visits with Elisha as Vic's plan to share recording equipment with her unfolded, he suggested an idea to me about the possibility of her recording her own environment and words, thoughts and the sounds of her body. This was intriguing but had evolved from their earlier conversations and a newer idea that had emerged after Vic had discovered that in the Scottish Highlands there was an large underground chamber where sound reverberated longer than anywhere else on the planet.

His plan was simple. He wanted to know what would it mean to work with Elisha to record her heartbeat and then take it, like a precious cargo, to replay and re-record it in this chamber. Elisha would be our virtual companion in this chamber, but there was no concrete idea of what the outcome might be.

When the day came to teach Elisha and Emma how you use the technical equipment, Vic was full of cold so we waited until it passed and some days later returned with the equipment, but we had some residual anxiety about the possibility of compromising her immune system further. So it was agreed that he'd teach me how to use the equipment which we'd had deep cleaned, and that I would teach Elisha and her mum.

Stumbling by the side of her bed, pressing all manner of buttons on these devices, attempting to remember what Vic had told me, it seemed impossible that any of this would work, but she smiled took the equipment and said it was easy and she'd look forward to experimenting with it. The following week we collected the equipment and with some excitement I waited for Vic to share the outcomes of Elisha's endeavours. We were not disappointed; she'd given us the most precious gift - her heartbeat.

#5 Black Gold

It's early morning at Manchester airport and it's horribly busy. Vic's coming across from Liverpool and I've come down from Lancaster. Too relaxed for his own good, he appears about an hour before the flight. Still in good time, but his long slow strides don't in any way tally with the apprehension I'm feeling about the flights, the drive, the hotel and actually going into this dark chamber in the middle of god-knows-where.

Still, we're on schedule and after he's told to take his rucksack to a 'special' baggage area, we get to security and all's going smoothly until the great reveal; something that Vic is undoubtedly used to, but I'm not. His field equipment looks more like an MI5 operative's tools of the trade. So he's subjected to multiple scanning and interrogations of his bag.

A couple of hours later, he's collecting the hire car while I wait at the carousel. Thankfully, it's a tiny airport and I've collected the baggage in no time. I'm with him in the porta-cabin on the far side of the carpark where he's making some kind of deal with the attendant to get a better price on the insurance, the two of them all the while swapping each other's accents. It's strange, but they're both laughing a lot and Vic's closed the deal. Then we're in the car, bags in the boot and we're off, Vic driving.

Now, I've no problems with Vic driving. In fact, I'm quite comfortable but he's already told me about a few 'bumps' he's had and the time his wife Sarah wrote the car off. But in truth, that's not what bothers me, it's the prospect of navigating. We need to get supplies for the day and the clock's ticking. We follow the signs into Inverness and still manage to overshoot the roundabout twice and eventually, to my horror, he asks me to use my smart phone as some kind of map! This GPS device is something I'd never used and like the technicalities of his recording equipment, I hope never to use it again. I much prefer to look at the landscape and its markers to find my way around, but now I'm sitting next to Vic clutching my phone watching a blue dot move up a virtual road in the highlands. Unsure which way is north and which south, we drive past the great superstore a thousand times without seeing it's right by our side. We have a checklist and we do some shopping:

Speakers x 2 (very large and very heavy, battery operated)
Speaker stands x 2
Tripods x 3
Hand held sound recorders (numerous)
Microphones of various shapes and sizes
Cables and wires

Tarpaulin x 2
Head torches x 4
Spare batteries x 36

2 perfectly white, scene-of-the-crime boiler suits
1 box of latex gloves

His eyes grow large at the sight of new equipment.

A few phone calls later and we're over the Black Isle Peninsula driving along the A9 and the Cromarty Firth with its twelve oil drilling platforms lying idle in the shallows, ghosts of recent times when oil was plentiful in the North Sea and where, for now, the 'black gold rush' seems to be over. We're racing to meet two strangers in the carpark of a roadside restaurant with a name that sounds like 'The Atomic'. We keep our eyes peeled.

Just past the Rosskeen Free Church on our left, we see a car pulled over and of course it's not Atomic at all, but the Tomich Restaurant. We're guessing they've been waiting a while for us because there's just a quick handshake through car windows. These are our hosts, Jonny and Bob. We're instructed to follow them further down the main road and through a series of small side roads, up through farmyards and rough ground and gradually up along the side of Kinrive Wood.

The drive up to the mountainside is off-road but by Australian standards it's no trouble, and Vic deftly drives through the rutted tracks. But Jonny and I are weighing it down so we hop out and give it a push so Vic can reverse the long way up the last section. We pass a few entrances to the tunnels as we're walking and I know that, just like me, Vic just wants to get out and explore. We'd got it into our heads that the owners would open up, leave us to it, then come back and lock up after a couple of hours, but it's not panning out like that.

All around us, bored sheep are chewing the cud and the mountain is green with life. We're in Inchindown in the area around what was known as the Seabank Tank Farm where a long abandoned fuel depot lies buried deep in the hills. The depot was constructed between 1939 and 1942 during World War II as a bombproof fuel oil store for the Royal Navy, and was connected by pipeline to the dockyard and port facility four miles down the hill at Invergordon. From the outside there is little that gives away the mountain's secret and the small padlocked iron door that we eventually arrive at appears more of a gateway to a fortified hobbit hole with thick overgrowth around it, and the legend 'Alan is Gay' is spray-painted onto the surrounding wall.

Once through the door, the walk down this long access tunnel is around two hundred yards and just long enough for the light from the outside world to be reduced to a pinprick. We're advised that it's a long way in and to save time on our first walk down the tunnel, we take bags of equipment with us. It takes three of us carrying the gear around eight walks each in total to get everything we need down there.

The entrance tunnel is beautifully made, about seven feet tall and perhaps the same wide. The brickwork ceiling is arched with redundant electric lamps lining both wall and ceiling. The caver's headlamps we've strapped on show us where we're going and we make a base camp in a dark alcove 200 yards down. That's where one of our guides, Jonny, would wait for us while we went inside the vast chamber beyond the wall of the alcove.

The question in both our minds was how exactly would we get through the wall, from the neat entrance tunnel into the large and still hidden chamber. The answer induced some terror in us both: we'd pass through one of the four piping ducts that ran horizontally from the tunnel into the chamber.

For many years, my waist size has been an even thirty-six inches. The only way of getting into the tank would be through a ten-foot long tube the size of my waist. We knew it would be a challenge but it was far more unsettling than either of us had imagined. For the first time, we both had serious doubts about the feasibility of what we wanted to achieve and shared the possibility we might just be too nervous to carry it through.

After some tetchy but gentlemanly discussion with Jonny, it was decided that I'd go in first, take delivery of the supplies and equipment, and set up a base camp.

The atmosphere became increasingly quiet as the two of us squeezed into the rather tight-fitting white boiler suits, which, with both of us over six feet tall, looked rather unbecoming. But deep underground, there's only ourselves and Jonny to judge and I sense a growing impatience on Jonny's part. He's given us two hours of his time and wants to crack on. He's never been inside the chamber himself and he's just playing the part of our minder, so he's business-like and keen to get us in there.

It would be physically impossible for us to crawl through the space with no wriggle room at all, so Bob has gone off to one of the other alcoves down the tunnel to retrieve a makeshift gurney which resembles a long wheeled and rusting metal pizza tray. The idea was to lie on the thing, arms flat by your sides, breathe in and get pushed through.

We look through the pipes into the chamber. It's a different kind of darkness, something I've not experienced before. The apprehension is real, as is the recurring thought - what happens if something goes wrong in there?

I think to myself, this is the exact opposite of going towards the light.

Cold air blows in the tunnel from the open metal door far, far away.

Bob delivers the gurney and is off to tend to the sheep on the hill. He has enabled this and we're grateful, but he's got business to attend to. The gurney is placed partly in the pipe, partly supported in midair and I wriggle into position on it, ungainly in my overalls. I worry that my hips are just too wide to make it through.

I suggest different ways to position my arms but I have no control. Vic can see I'm panicked and checks in with me, but somehow the process has begun and I've become the patient. Before I can change my mind, Jonny is pushing me through. I am completely passive. The only thought in my mind is just how will I get out. It's a narrow dark metallic space which my headlamp illuminates. It's solid and we are deep under the earth. I taste metal in my mouth. I'm a torpedo in a submarine, a child being born.

Unsure of what's next I feel my feet and body suddenly exposed again and the darkest of nights engulfs me. Cold wraps me up.

I flop out of the pipe unceremoniously onto the floor, the forcibly ejected stool of the artist, landing in cold sludge. I half push myself up, falling back against the wall I'd emerged from. Instantly, the sound embraces me. There is terror and magnificence in the moment. Adrenalised and alive, I stand and move away from the wall. I swear and laugh simultaneously as the sounds swirl around, dizzying, prismatic. I'm in.

I have that dark chamber completely to myself. It's powerful and I turn off the light strapped to my head and just stand there. The darkness is so immense, I am dazed.

Standing in pitch blackness, other senses compensating for this temporary blindness, a cold chemical fug wraps around me while the shimmering, constantly mutating sounds come at me from every direction . But above all other senses, the oil's vapours seep into my mouth, my lungs, my nose, its initially familiar smell penetrating everything. It stirs up olfactory memories of bitumen covered telegraph poles seeping tarry tears on hot summer days - then it's the sensate pleasure of first encountering Richard Wilson's site specific oil installation, *20:50*, at the Saatchi Gallery, walking into the midst of a room transformed by a huge custom-made riveted iron tank at waist height and full to the brim of delicious black, treacly sump oil

So dark, so precise and so threatening.

There's a nervousness clinging to me too. Vic has passed through a hand-held torch that will help us navigate this chamber but I'm savouring the dark and retain some apprehension about having my first sight of the space. I experiment with opening and closing my eyes and in some strange way, when my eyes are closed, it feels like I see more light - or at least remember it. When my eyes are open, they feel more empty than they've ever felt. The blackness makes an impression on my retina. Or am I just imagining it?

With my back to the entry pipe, I catch my breath and turn on the lamp. It barely penetrates the

space and from this distance I can see no endpoint, just a great ribcage holding this vast bunker together. Whatever the endpoint is, it's more than invisible to me and I feel it out there like a thing that might or might not be. Is it endless, or finite? It is black. Just black.

Then we're down to business and before I know it we're calling through to each other and Vic and Jonny are bagging up speakers, laptops, tripods and all the things we'd need. I sense the time haemorrhaging away. First things first. I open the tarpaulin and make a 'clean' area and a secondary 'dirty' area, not quite realising the futility. The 'boot covers' that Bob had very kindly supplied were off my feet before the tarpaulin was even laid out.

When Vic comes through, at least I'm on hand to deliver him safely into the void. Fear is replaced by exhilaration. We're in. We turn off our lights and Jonny - who seems so cut off and remote on the other side - does the same, sensing that this must be a profound moment.

He tells us he has to stay there to be on hand in an emergency, but by now time has really slipped and it's so cold. Calling through the tube, we suggest he goes back to our car, puts the heating on and eats whatever food he can find. He does this, reassuring us that he'll be back in half an hour when our time is up.

We're not quite sure how to proceed, so we just take turns making noise, making sounds and listening to exquisite decay and refraction, with light, without light. We play with voices, calls and shouts. It's a wonderful moment. We are children in this great unnatural cave.

Attempting to be as resourceful as possible, Vic and I agree a plan of action. We've a hand-held torch each, plus our headlamps, and as our eyes adjust to the dim illumination, we decide to walk a straight line, smack down the middle of the chamber, end to end. And so we don't fritter away our precious time, we'll take microphones and tripods and set up a recording base at three points on our walk, so we have three chances of very different recordings of the sounds we play and re-record.

We begin our walk nice and slowly, but less than 20 yards in, Vic reports that his boot covers have come away completely. I point my torch at his nice suede shoes and see his feet are gloopy with the black stuff. My covers have also gone, but I'm in thick rubber boots. He tells me his feet feel wet.

There's a ridge on the floor which runs down the centre of the tank and helps keep us from the deeper pools of oil to either side. The tanks were apparently cleaned out in the 1980's but "cleaning out" a group of tanks which held 5.6 million gallons of crude oil clearly meant a rudimentary pumping out of the bulk of the stuff, and up to an inch or two of oil remains underfoot.

We walk very cautiously, illuminating walls and ceiling as we go. I contemplate what would happen if either of us became ill. I know the answer. It is, in truth, exhilarating and quite beautiful. Like caving, I imagine, and discovering a vast underground chamber. Only here the stalactites and stalagmites have been replaced by brutal shining pipes, still unexplainable wooden struts, and dark, threatening pits and pools holding unimaginable depths.

Setting up the first equipment base sets the scene for the second and third: lay a bag out on the floor, tripod, microphone set up, battery check, recorder sound levels (Vic makes a well-informed guess) and we move on. As we get past the second base, our torches begin to illuminate the great wall at the end of the chamber, which rises out of the gloom. At its foot seems to be a maze of small pits and trenches, each full of oil - again this is like being immersed in Wilson's Saatchi installation.

By the time we've reached the far towering wall that arches above us, we check the time. Walking this 800 feet or so has taken us over half an hour. Our time and Jonny's good will has run out and we haven't even begun recording. The good thing is that there's no pin-prick of light from the far

side of the chamber and our entry pipe. We know the slightest sound of footsteps, even at this distance, reverberates around the chamber, so he must be still in the car keeping warm. We make good the equipment and begin a slightly brisker walk back to the base camp. By now, Vic's feet are very wet.

Back at the base, we prepare the speakers on their tripods, wire up the Mac and Vic delegates to me the role of playing the recordings of Elisha's heartbeat while he goes back down the chamber and turns each of the three recorders on. This was going to be complicated, as not only was he going to be reliant on me controlling the output of his Mac and the speaker volume, but we'd need to work out some way of communicating over the distance, since any shouting of instructions would be chaotic and time-consuming. It had to be a simple flashing of the torches, so no subtlety or nuance here: one for yes, two for no - one for on, two for off. Rudimentary, but workable.

Vic pads off gently into the dark and I watch his halo of light recede. We agree this will all take time, but there's still no sign of Jonny. There's a natural turn-taking of making noises, a kind of unspoken agreement about who shouts, sings or calls out as things get prepared. It feels very affectionate and workmanlike. With time, I see that the great wall is illuminated by bursts of light and can only guess Vic is making the most of the moment and getting photographs. I make small films and try to capture distant images. Another hour has passed and I guess Jonny might make an appearance soon. In truth, as I stand around this end of the chamber, the cold is penetrating my bones and I crane my head towards the ceiling. In the light of my headlamp, I blow great plumes of breath from my lungs into the chill air. In the beam of the torch, it's quite spellbinding, catching the light - brimstone and treacle, volcanic and majestic.

It's inevitable that when we near the time for testing the sound and beginning the recordings, there'll be some difficulty, and of course we need to shout things to each other. But any more than one or two quick words become distorted and impossible to decipher. I know Vic has turned on each microphone as he's walked the length and, as agreed, on his signal I give a test blast of a single heartbeat. We wait until we have utter silence, which is near impossible to define, then I hit the play button quickly, a couple of seconds - and incredibly loud.

The sound fills every molecule of air.

We stand at our opposing ends of the great chamber consumed by this roar.

It resonates and it's impossible to know when it's finished. Like that black imprint on my retina, I hear it long after the two minutes are up.

I sense a glowing light behind me. Vic calls out to me: "again".

Once more the single heartbeat. My body tingles.

As the light on the far side of the entry tunnel glows brighter, Vic signals that it's time to play the full heartbeat. This will be our one and only chance to get it right and once more we wait for silence. One flash of Vic's torch and then it's here, the heartbeat pounding, so full of life, a line of music in this great chambered cairn.

The full blast that Vic wanted. It is profound. It's all around us, dancing, shimmering invisible light, refracting and changing. Traces in time and space. I stand, stock-still immersed in the moment, extended, distorted and alive. My face is damp.

All this time, like a mouse, Jonny has walked quietly down the access tunnel and has remained still and silent outside, sensitive to the unfolding drama. He'd even turned off his torch and been washed over by the sounds from within the chamber.

We experiment with other sounds, the recording of an intensive care neonatal bed made on an Electro Magnetic Frequency microphone. Jonny is sanguine. Everything is fine, he says, take as long as you want. In what feels like minutes, Vic is collecting up those three outposts of equipment and walking back to me. While Vic is busy, I talk through the access pipe to Jonny, who is visibly moved by what he's heard. I tell him a little about Elisha and he shares an experience of his own, of a time spent in intensive care and the fragility of life.

Almost seven hours has passed, and as we pack up, Bob appears and tells us he was up on the hillside when the great heartbeat had been playing and that he'd heard it through the hills. The sheep had looked around to see what it was and he was touched by it, commenting that it was beautiful and that 'the hills had been embodied by the girl's heartbeat. This was a powerful and unsolicited observation by a man who for all his friendliness, had shown a degree of suspicion about our activity. Now visibly animated, he'd understood well what this was all about.

Without any food in our stomachs, and having lived on adrenaline for most of the day, we began to feel the cold inside our bodies. Although getting out through those pipes was more difficult than getting in, we were out and driving back down the hills in no time, taking Jonny back to his home before we headed back to Inverness, euphoric and slightly toxic.

With a vague mix of elation and exhaustion, we make it back to Inverness and the King's Highway Hotel, with footwear that would outrage civilised society. We reek of crude oil. It's on our breath and in our noses. I throw my boots in the car and pad inside in my socks. Vic distracts the receptionist, keeping her eyes off his poor feet, while we bring all our stinking bags inside. But what we want more than anything is a some kind of emotional release from the day and a bottle or two of red is the medication of choice.

How exactly do you 'unpack' the extremes of third party emotion we are feeling?

The hotel feels like a lovely spot but when we walk over to the Co-Op to buy the wine, the helpful young man on the tills tells us we must take a plastic carrier bag for it. We tell him it's okay, we don't need one, but he insists, warning "You'll need a bag for the wine or they'll grab it right out of your hands!" It seems the streets of Inverness have a disconcerting drink and drugs problem; the dangers of our day's work are relative. That night we drank a toast to Elisha and never had a glass of red tasted so good. We are both thrilled to have shared this moment and we have a precious gift to share with her: the longest heartbeat on the planet.

We each drift off to our rooms and hunker down into our comfortable hotel beds, minds dizzy with the extremes of the day, blood coursing with a heady mix of cheap Spanish wine and petrochemicals. That night I dream of a large dray horse lying in a ploughed field and panting, great plumes of air rising from its nostrils in the chill grey sky.

Some months later I would read that that on 15 February 1941 a German plane made a solo attack on the Seabank tank farm dropping two 500-pound bombs. One bomb passed through one tank and into the next, exploding but failing to start a fire, but tons of oil spilled out onto the adjacent railway tracks and nearby station. The second bomb also went through another tank but failed to explode after landing in the oil slick. The attack had lasted four minutes and only one casualty appears to have been reported - the local bin-man's horse, said to have died as a result of the heavy fuel oil contaminating its hooves.

#6 Beds

"The profile of the bed is spectacular. It is a constructivist-dream divan, bed as high-end machine, beautifully turned and finished and capable of multiple positions. His sheets are white, stiff, crisp and never dirty. Swiftness of intercession here is all."
Marion Coutts *The Iceberg (2014)*

In one of my conversations with Emma, she tells me about the sheer bliss that Elisha felt when she came home, wrapping herself in her own duvet and curling up on the settee. An escape from her hospital bed to the simple pleasures of being home. The contrast between her confinement in a hospital bed, the location of all those distressing treatments, and her life at home with all the comforts, this makes an impression on me, as do Emma's reflections on the great physical difficulties of caring for her at home. Beds become a striking and unexpected motif for the artist and for me observing the physical endurance of treatment and that unexpected transformation of her hospital bed.

In 1961 the poet Sylvia Plath was hospitalised for an appendectomy at St Pancras Hospital in London, an austere building which was once an 18th century red-brick workhouse in the architectural shadow of the much grander and more ornate St Pancras Station. Plath was a patient there for three weeks, during which time she produced a number of poems and began work on what would become *The Bell Jar*. In her poem "Tulips", she offers us a bed-bound taste of a bright, white, snowed-in moment, where amidst the sterile clinical interior, a gift of vivid crimson flowers offer a sensate gross intrusion on her peaceful anesthesia,vulgarity in the face of transient purity.

"I didn't want any flowers, I only wanted
To lie with my hands turned up and be utterly empty.
How free it is, you have no idea how free -
The peacefulness is so big it dazes you…"

Almost a decade earlier Plath had been a patient at McLean Hospital in Belmont, Massachusetts where she had been treated for a mental health crisis, and in the intervening years between her breakdown and her inflamed appendix, she'd experienced a miscarriage in the same London hospital. These aggregated crises of body and mind inevitably influenced her creative sensibilities, and confined to her bed in a pre- and post-operative stupor, her rumination and sensate responses are fused into a powerful meditation on infirmity - part delirium, part melancholia and bleakly nuanced.

"Tulips" illuminates her passive status as a patient, offering a claustrophobic account of abandonment and something universal through a poetic lens, where "Scared and bare on the green plastic-pillowed trolley / I... sink out of sight, and the water went over my head." Plath's observations from her starched white hospital bed offer us bleached white anxiety, subtly and liquidly hallucinogenic. Her imagery may be glowing white, but what lies just out of sight is far more dark and unsettling.

This lived experience and transition from free and sentient human to patient, with all its restrictions and inhibitions, is one which has been vividly navigated by artists in varying degrees playing minor and major parts in their work. When the English writer and painter Denton Welch was knocked off his bicycle by a motorist, he began fifteen years of infirmity and prolific artistic output before his premature death from the terrible injuries he sustained. The last uncompleted literary work he produced, which lay by his bed at the time of his death, was *A Voice Through a Cloud*, which gives us a vivid account of his accident and dream-like transition from independence to bed-bound patient:

"I heard a voice through a great cloud of agony and sickness. The voice was asking questions. It seemed to be opening and closing like a concertina. The words were loud, as the swelling notes of

an organ, then they melted to the tiniest wiry tinkle of water in a glass... Rich clouds of what seemed to be a combination of ink and velvet soot kept belching over me, soaking into me, then melting away."

The narrative Welch shares of his long rehabilitation begins with a bruised and battered body being tended by nurses who had undoubtedly cared for those who had recently fought in the Great War and who had subsequently refined the art of intolerance to all emotional expressions of pain from their patients. Any expression of pain or fear was met with starchy contempt and the expectation of maintaining a stiff upper lip. Welch had, in fact, fractured his spine and suffered terrible damage to his pelvis and internal organs.

At the time of his accident, Welch was unknown and a student at Goldsmiths' School of Art and while his time in hospitals and care homes provided rich material for his literary and visual work, it is a body of work born of repression, anxiety and pain, and his exploration of this material once free of institutional care sees him blossom into an artist of autobiographical importance; producing work that is imbued with a personal narrative born of tragedy yet rich in the language and imagery of the period.

There are inevitable parallels to be drawn between Welch and his senior of eight years, the Mexican artist Frida Kahlo who in 1925 had an accident which transformed her life. Travelling by bus with her boyfriend through downtown Mexico City, the vehicle was hit by a trolley-bus, leaving 18-year-old Kahlo pierced through the pelvis by a iron handrail.

Kahlo's condition was extremely grave and she was not expected to survive surgery. Her spine had numerous fractures, her pelvis was shattered and her right leg was broken in three sections. Like Welch, she experienced extremes of physical injury and significant pain, but it was while Kahlo was bed-bound that she began to paint. Her mother brought in a small laptop easel that Kahlo was able to use on her bed through her months of recovery. She also had a mirror hung above her bed enabling her to begin the series of self-portraits which have become synonymous with her. As a young woman, Kahlo aspired to become a medical doctor and following her accident her dual interest in science and art was refined into painting, her work an exploration of identity, existence and recovery.

The lives of Kahlo and Welch were, by and large, defined by the consequences of their physical trauma, their lives shortened, their desire to create made more urgent. But this bed-bound artistic introspection and trauma isn't the sole preserve of the person struck down by accident or illness, and the emotional and practical impact of the moments I have described are felt with full force by those closest to the individual. When the art critic Tom Lubbock was diagnosed with a grade four brain tumour in 2009, he plotted the experiences and intimacies of his slowly transforming life, loss of language and word-finding, in his writing for *The Observer* and his profound autobiographical account of his life with cancer, *Until Further Notice, I Am Alive* (2012).

For the reader of a posthumously published book, the work is approached knowing the outcome, so unlike Welch and Kahlo who had years to make sense of their trauma and create a body of work influenced by those experiences, Lubbock had a relatively short span to make sense of his experience and to eloquently revel in the curiosity of living in the moment.

Lubbock's work becomes profoundly interesting when seen alongside the second story of his life and death which his wife, the artist Marian Coutts, has published. In *The Iceberg* (2014), Coutts presents us with a work of singular beauty borne of personal tragedy, and something she needed to do as a way of writing against annihilation. Poignantly she tells us that *The Iceberg* isn't just about Lubbock's death. "When I tell people I've written this book, people ask 'What is there to say? Or 'Isn't it very hard to talk about such devastating stuff?' I think - and he thought - there's tons to say. Not saying is complete madness. When you write about death, you write about all the stuff besides. You write about life, you write about the things ongoing."

This is important.

Coutts has written a poetic and critical meditation on living and dying and a billion day-to-day traumas practical and existential, but she wrote much more that is relevant to this essay, work that somehow teeters on the brink of transubstantiation. A grand claim? This converting one thing into something else; like bread and wine becoming body and blood? This can be as profound or as simple as you choose, but let's start with the easier end of the spectrum where Coutts offers us some tangible examples.

Here's one.

A room and a bed - the room and bed in which her lover and best friend will die - becomes a "charismatic social space" and for this to happen, the process of dying is the critical ingredient, where friends and family pop in like it's some "private club they have access to". She describes this space in cinematic terms, perhaps a life as filmed by Bergman, "shot flat without affect but deeply charged, with a fondness for long shots, no cuts, ensemble scenes, dark comedy and the action always geared to the man in the bed, even though his is frequently off-camera."

This is more than a grieving human reflecting on her husband's last days, this a sensibility of thought and action made more manifest by her and Lubbock's physical and psychological transformation of the hospice bedroom space.

"…we make it ours. My first action is to bring in the standard lamp from home with the prefabricated shade I made by taping two shades together. This will be our beacon. The long wall opposite the bed quickly becomes a solid screen of familiar signs: pictures, writing, drawings, photographs. This is my second action. I bring them in from home and he watches me work with pleasure and interest. He points out things as I stick them up or will ask me to move an image from one part of the wall to another in greater or lesser proximity to his line of vision. He is a curator."

He's neither a patient nor a disease - he's Tom Lubbock, the critic and artist in his own right. He is the curator of his own space, enabled by Marion Coutts, and together they transform time and place. It is theirs. But transubstantiation, is that really what I mean? In part, yes, because the process of institutionalisation has the power to rob an individual of their personality in the name of the system. This is a powerful transformation in the face of a well-meaning army of professionals going about the administration and delivery of complex health interventions and delivering all those potential curatives through their well-intentioned violence.

Artists with varying degrees of pretension claim that their work is transubstantiated by the act of saying the work is simply something it is not. Michael Craig-Martin epitomises this lazy intellectualism and thus serves up his work as fodder for populist attacks on contemporary art. In his work *An Oak Tree* (1973) he presents the viewer with a small glass of water on a typical glass bathroom shelf, claiming that he has transformed the glass of water into an oak tree.

"I considered that in *An Oak Tree* I had deconstructed the work of art in such a way as to reveal its single basic and essential element, belief that is the confident faith of the artist in his capacity to speak and the willing faith of the viewer in accepting what he has to say. In other words belief underlies our whole experience of art: it accounts for why some people are artists and others are not, why some people dismiss works of art others highly praise, and why something we know to be great does not always move us."
Michael Craig-Martin: *Landscapes*, exhibition catalogue, Douglas Hyde Gallery, Dublin 2001

Like countless 'ready-mades' that have gone before, all hanging on the coat tails of Marcel Duchamp who in 1917 famously claimed a urinal signed and displayed in a gallery was transformed by the act into a fountain, Craig-Martin's work is a pale shadow of what was originally a revolutionary aesthetic. But away from the world of the self-consciously avant-garde artist, in the short film *Elisha* which I described earlier, we see experimentation and transformation earlier work

into something novel and intriguing - the patient becomes a person, the girl becomes an artist, her bedroom a medium to explore possibilities and imagination and she is liberated.

"Art does not lie down on the bed that is made for it; it runs away as soon as one says its name; it loves to be incognito. Its best moments are when it forgets what it is called."
Jean Dubuffet

In the week that follows, Vic returns to Australia to begin working with the material he has gathered from his time at Alder Hey and I return to Manchester and the realities of day-to-day work. We are busy on our opposite sides of this earth.

That same week, we are told that Elisha has died.

#7 A Gentle Unfolding

"A daughter is not a passing cloud, but permanent,
holding earth and sky together with her shadow."
James Lenfestey, "Daughter"

We pass on our thoughts to Emma and her family and withdraw from their unfolding grief. Vic and I keep in touch by email and I follow what he's working on via Facebook and his website updates. Over this period he is working with his close friend and collaborator Mayu Kanamori, with whom he is undertaking an artistic exploration through her diagnosis and treatment of breast cancer. I observe this unfolding project through their shared website and wonder about its connection to our own work. I make a conscious decision not to draw too much from it because of his long-standing friendship with her. The dynamics are different and their collaboration is playing out in public to an arts community within which they both feature. I keep it in the back of my mind. Mayu is out there in the world whereas Elisha is very much in here: contained in sentences, present in slowly emerging work.

In the month that passes, Emma and Vic are in email contact and he shares an Inchindown recording of Elisha's heartbeat which she's keen to hear,. In December, Emma and I meet at that cafe on Bangor train station, the cafe that would become our regular meeting place. She is animated and excited at the thought of honouring and celebrating her daughter's life. We discuss Elisha at length, her life and aspirations - her personality before being ill and the ways in which she coped and how her family are doing now. But that is another story. The focus of our conversation and subsequent meetings is the time Vic and Elisha spent together and the ways her daughter's input might figure in exhibitions, this essay, and the other ways we might disseminate this experience. She is passionately committed and unequivocal that the story must be told, seeing the recording of the heartbeat as some kind of lasting legacy to Elisha's life. We agree to develop the work and share all aspects of it as things develop. Nothing will be a surprise and she can withdraw from this work at any time. It is worth noting that Emma has subsequently fundraised for Alder Hey and dedicated a significant amount of a large donation to Alder Hey Arts and Health.

Over the following months Vic returns to his studio to begin processing the work and testing ideas with critical friends in Australia, quietly reflecting and refining, much of the work invisible to me. In Liverpool, Vicky supports us in a submission to Tate Liverpool to try and secure an exhibition and workshop space as part of their Tate Exchange Programme. The idea is to test and refine the work in progress in their high profile first floor gallery space. This would inform further refinements for exhibiting the work as part of the Big Anxiety Festival in Sydney in September 2017.

The proposal was successful and alongside a keynote presentation in Bristol a week earlier at the Culture, Health and Wellbeing International Conference which we co-deliver, the dates are set for The Harmonic Oscillator to be shown at Tate Liverpool between 25th June and 1st July. It is billed as a series of events exploring the sonic landscape of the clinical environment and an opportunity for members of the public to understand how a contemporary artist might explore real life issues in healing spaces.

The conference in Bristol is packed with over 500 delegates but we're booked to be the final plenary session and it's inevitable that by the third day of such a large event some people will have drifted. The heat is sweltering for the UK and without air-conditioning, it feels more New South Wales than South West England.

We're here with colleagues from Lithuania where, a week earlier, we shared the work at the National Gallery of Art in Vilnius as guests of Ieva Petkutė and Dr. Simona Karpavičiūtė who between them have developed the emergent field of arts and health in Lithuania through their NGO Socialiniai meno projektai. The response to the work there had been positive and we were both well-prepared for the conference in the UK.

All public speaking fills me with anxiety and I over-prepare to cover any eventuality, but Vic never fails to impress speaking from stage or lectern. He's note-free and always seems to flow effortlessly but I know it just appears this way since his eye for detail is meticulous. He's been at the venue in advance of the presentation setting up and changing the PA system so that when we perform the work it will sound and look perfect and do justice to the sensitive material. Every detail is ironed out in advance. For me this is reassuring and for Vic this level of technical preparation is the reason why he can relax into his presentation. He knows the work intimately, he's lived it and if the technical side is working, it's flawless.

This last session of the day is chaired by Dr Paul Dieppe, a doctor who has specialised in rheumatology and is now Professor of Health and Wellbeing at Exeter Medical School. He quickly gets the delegates in order. There's always an anxious anticipation when sharing work publicly but this is different and we both know it - this is personal.

With some of the earlier material from this essay, I spend around ten minutes setting the scene from the stage. An ambiguous story of Emma and our first meeting in Bangor, and addressing the uncertain role of the artist in a sensitive context like paediatric intensive care. It's like the warm-up act for the main event. This is partly by design yet I worry that it has the feel of a charismatic church service, or worse still, new age mysticism. Then he's up there on the stage, calm, gentle, big and almost bucolic, sharing an unfolding story that ends with this fragile heartbeat. It will always hit hard, but at moments his presentation offers some dark comedy with his critical friend in the role of the fall-guy, white boiler-suited, unceremoniously pushed into the abyss. When he finishes his set-piece, there is loud applause and some standing in the audience. And I notice some tears.

I follow Vic with some contextual thoughts - of Sylvia Plath and Tom Lubbock and the role of an artist in that personal space that is Elisha's room. For the final session on the final day of an upbeat conference, it's heavy stuff. Accompanied by a pulsing Ryoji Ikeda soundscape, I think people are making the connections, Vic's work all visceral, mine somehow sparking the synapses, and there's certainly some electricity bridging people. From the stage, I see sparks flying in people's eyes.

I'm aware this is performative and it feels like we're allowing ourselves a little licence, embellishing emotions with pregnant pauses and sub-sonic frequencies. I'm mindful to moderate myself and avoid sensationalising the work and particularly to allow Elisha's presence in all of this to shine through in its own right. Dr Dieppe is moved by the work and finds it hard to summarise.

Vic is either startled or flattered when two delegates approach him after the presentation saying that they don't want to speak, just to touch him. This feels a little messianic, a little devotional. It's a tendency I've noticed that acolytes throw up on Facebook at the drop of a hat and I'm trying to work out if just comes with the territory. An artist creates something, shares it, and if the constituents approve, they display it through adoration.

I admit to myself, secretly, internally, that I'm a little anxious about what Vic might have to share at Tate Liverpool in a week's time. Up to now it's all been about experimentation and process. In terms of the tangible, physical work, just what will this exhibition be? Vic too has been sending emails and begun to express a little concern about expectations of what he will produce. His work has always been about responding to the hospital environment and creating work that emerges from the space as a stimulus, never about resolving sound issues. But he writes:

"I am also concerned in the back of my mind about the response of people [who are] probably thinking that I am about to return with a grand solution to noise in the hospital. And for a way to stop the ventilator from being so noisy… some expectation that I am coming up with some grand ventilator solution, as if by magic. The solution to the ventilator is in its manufacture."

From malfunctioning doors to staff awareness of their own unintentional contribution to noise in the hospital, the people Vic has met at Alder Hey inevitably also hear what they think Vic is contributing and more often than not it's about noise reduction. While part of our shared work has been exploring noise levels, it's not about resolving them ,simply reflecting on them. Vic's apprehension is understandable. I'm able to reassure him that this has never been my understanding nor that of Vicky Charnock, who had so assiduously enabled all his work to take place, nor that of our staunch advocate, Dr Jane Ratcliffe.

Early on the morning of Sunday 25th June I meet Vicky at the reception of Tate Liverpool. Security have opened early for us and we hear that Vic has arrived and been let into the gallery through the loading bay where he's taken delivery of a hospital bed which will form the central piece of work in the exhibition. Jessica Fairclough is responsible for the Tate Exchange Programme and has made this happen for us. She's down in a flash and tells us Vic is well underway upstairs. I have to admit to excitement and apprehension in equal parts. There's so much riding on this exhibition, so many expectations that we all bear in different ways.

The gallery is on the first floor and is a prestigious location, the large space you enter as you walk into the gallery. No one can avoid it and it means Vic will have the biggest audience he's probably ever had. It's a good size and has large curtains made by the Canadian artist Tamara Henderson which can be pulled across to make the room more intimate for presentations or thrown open to entice people in through the proscenium arch.

Vic's wife Sarah and their daughter Holly are here and with the support of my colleague Caitlin there's a whole team of us for Vic to direct into action - assembling a bed, screens, keyboards, laptops and applying vinyl to walls. The work on show feels very much like a test bed, or an incubator of unfolding work where people will somehow have an influence on things as they progress, and there's a good feel to it. It doesn't feel distant or 'other' and by the end of the week's residency, this has borne fruit as people appear to want to touch, feel and explore the work. It's interactive and absorbing and because of its interactive format, it offers something refreshing to people who wander in, unsure what it's all about.

The artist is present. This is important. This is not the austere and intimidating world of conceptual art that fills the uninitiated with terror. There are no Abramović pretensions or Penn and Teller theatrics but the artist is in the work and outside the work, so before I dig deeper into these gallery based interactions, what of the work itself?

The big, clean space is divided into two halves: the left side of the gallery feels like a work station with long tables laid out with all manner of apparatus. A small iPad shares the story and context of working with Elisha and *The Longest Heartbeat* is a 14-minute documentary style film that demands the viewer's full attention. Introducing the collaboration between the young patient and the artist and the subsequent re-recording of the sound of her heartbeat in the Highlands provides those who listened to the full account with a salutary and gently moving story and a richer and deeper context to the exhibition than any of the supplementary vinyl wall guides. I'm aware that galleries and artists like the work to speak for itself but I wonder if this short film should be almost mandatory to give the exhibition the emotional grounding it needs?

Alongside this work on the long table are a MacBook connected to a large vertical screen on which there is an option of playing one of two interactive sound and video installations from a series of three *Imagined Instruments***:** *Sneeze, Cry and Bone.*

This work has been created through recordings of anonymous human sounds captured within different hospital spaces at Alder Hey. Of all the work on display, this is McEwan's most mischievous and dark, allowing visitors to interact with soft vocal sounds and compose music directly from the human experience using a small keyboard which animates the imagery on the screen while producing a tonal range from the sounds.

These three recordings of a child's cry, a sneeze and a soft moan offer an interactive and mediating experience, connecting to some very direct human experiences. This creates an opportunity to think about sound and human experience and play with it in a safe space. Listening and play is a point of entry. The imagery around *Cry* is particularly disconcerting; the dissected cadaver of a lizard is from one of Vic's previous pieces using anatomical specimens in the National Museum of Australia collection. Animated on each element of the lizards intestines is the face of a fictitious crying child. As the keyboard is played, the babies begin to cry.

The final element on this artist laboratory table are two EMF microphones, microphones which give visitors the opportunity to explore the inaudible sounds around the gallery space. It's specialist equipment used to record, and make audible the electromagnetic frequencies that are emitted from electrical equipment and that are outside human hearing range but which still have an effect on physical and psychological health.

The Orchestra of Tears is an interactive sound and video installation in which the artist explores his time at Alder Hey and the emotional experiences he underwent. It's a large-scale work realised in his own studio in NSW and utilising interactive technologies that marry water, solenoid valves, chime bars, plaster and wood to create a series of self-portraits that produce blood red digital tears, and through them, a spontaneous and evolving soundscape. For Tate Liverpool, this work has been filmed and runs back-to-back on a large screen to the left of the gallery alongside another filmed piece, *Electro Magnetic Listening*. The latter is one of the more challenging pieces McEwan has produced and seeing it shared here in an exhibition space doesn't rob it of its potency.

This piece of work offers a long-shot of McEwan moving slowly around a neonatal intensive care bed where an infant, I'd guess a month old, is connected to an array of medical devices via its mouth and nose and tubes which disappear disconcertingly under its blanket. Its hair is dark and damp, face invisible to the camera. It is quite motionless and for the time that he moves around the bed, the EMF microphone hovering just above all surfaces, the camera only sees the artist, who appears to conduct this wild garage of electrical sound. The only other entry into the frame is a nurse whose hand, adjusting some unknown dial, unwittingly contributes to this spontaneous improvised work.

But what you see in this 7 minute film is quite different to the original footage which, now cropped, has removed the anonymous infant because of clear ethical sensitivities.In his notes for the exhibition, McEwan provides us with an oblique reference to the invisible trauma that infant might experience through his listing of the chemicals being delivered through the tangles of wires and tubes:

Administering Morphine
Administering Dopomine
Administering Fentanyl
Administering Atracurium
Administering Midazolam
Administering Adrenalin

Arguably the main area of the exhibition space is to the right of the gallery. It's occupied by nothing more than an old fashioned hospital bed, its white mattress tightly wrapped in a crisp white sheet. On the sheet are projected digitally manipulated cyanotype images created by Elisha. A bed, some colours and the sounds of compositions developed by McEwan that vary in texture and temperament from the purring of machinery to the bombardment of an MRI scanner. These compositions make up a four track EP, the first track of which is a reworking of *Electro Magnetic Listening* replayed and recovered in Inchindown with an improvisation by McEwan. The second track utilises sound from the MRI Scanner suite during routine heart and brain scans which are overlaid with samples and the clarinet. Track three adheres to his original plan of creating compositions using only the hospital recordings. It takes the day-to-day sounds of the Neo Natal

Ward, slowly manipulating them into a sometimes obscure soundscape of the hospital space. The final track takes Elisha's heartbeat and combines the Inchindown recording with tones, piano and strings.

This work brings together many of the field recordings made in the hospital alongside some re-recording in Inchindown and improvisations around the raw material. As such, the exhibition as a whole and the artist's time with the young woman who influenced so much of his output become manifest: simultaneously fleeting and solid. For those visitors to the exhibition who have taken the time to watch the sound and video installations and absorbed the documentary film *The Longest Heartbeat,* this part of the exhibition is the richest. The story comes full circle and both McEwan's and my own unfolding observations of the process fortuitously collide. The bed and soundscapes become one.

The bed itself has the title *Textures of Absence* and in a small accompanying note to this final piece, McEwan makes poetic reference to the people who live in the vast rainforests in the northern foothills of Mt Bosavi in the Southern Highlands province of Papua New Guinea. This remote 2000-resident Bosavi community has been visited by anthropologist and ethnomusicologist Dr Steven Feld over many years and he'sundertaken a range of field recordings of the environment and its people. The note to this final piece reads:

"The Bosavi people of Papua New Guinea believe that upon death, people become birds. The call of the bird in the jungles of Papua New Guinea is considered to be the sound of an absence turned into a presence, a presence which makes absence audible."

In reading this, I'm reminded of my visits to Australia and the Hooded Butcherbird - quite a name, but a bird with a beautiful call and which the Bosavi people call Seyak. The *Birds of New Guinea* handbook describes the call as "a loud, jumbled bugling and yodeling, which combines bell-like notes and liquid rollicking phrases with hoarse notes, gurgles, musical croaks, and duets." To the Bosavi, Steven Field tells us, "the Seyak are locally heard as one of the many everyday clocks and tuning forks of the natural world [but more than that] they hear these voices as 'gone reflections', the reverberant spirits of their dead who have passed on to the treetops."

Away from the bed and all these films and sounds, there are some smaller pieces of work not badged up with the rest of the exhibition: test pieces of sorts, discreet and powerful holding something of an absence turned into a presence, and I'll return to these in a moment.

On June 29th, Vic and I enact a public event at Tate Liverpool as part of the Tate Exchange Programme. The space can only hold 40 people so it's a pretty select group of people including artists, healthcare workers, educationalists and - so we discover - members of the public who've just popped in and stayed. But the real challenge for us today is that Emma and her husband are here and having met them yesterday for a pre-forum conversation and exploration of the exhibition, I know that through the works on show, and through my own presentation (largely based on this essay), some of what we share will be challenging.

We work the event around the exhibits in the space and everything we do is centred around the hospital bed. The wall behind it is now used for the films which I've edited to accompany my presentation alongside Vic's edited film telling the story of Elisha's heartbeat. The scene is set for sharing a heady mix of emotionally-charged work.

In Bristol we established a format for sharing the work to a conference as described earlier.In conference, distanced by a lectern, the audience is diffused into a blur, but here at the Tate things are more intimate and surrounded by the paraphernalia of Vic's work, the atmosphere feels weightier. A curated space, up close and personal. No longer distanced by theory or poetry, we're sharing the fragility of human experiences with those people most intimately connected to the moment.

There is no space for hyperbole or pretension.
Just honest and subjective reflection.

Speaking to prepared notes, I don't waver from my planned trajectory, although perhaps the velocity or veracity of what I say is tempered knowing that I'm speaking directly to Emma. And this is what I do - I speak directly to her and the others attending blur into the background. I'd already sent her some of the notes for the oblique beginning of my work but she'd not seen the more contextual elements where her daughter's work with Vic has been placed alongside wider thinking about mortality and the traces we leave behind. As I speak, I feel some deep responsibility to her. But the presentation has a natural rhythm and the momentum takes me through it and the thing I dread - my own emotion breaking through - doesn't happen.

Vic again seems effortless in the presentation of his work, although this time I see his anxiety before sharing. I can see he feels rushed in the moments leading up to us kicking off. But all goes to plan, he's calm and his delivery is flawless and like me he sticks to the rich story that unfolds around his work. Neither of us feel inclined to embellish with flourishes of exaggeration.

The response is deeply empathetic and warm and we defer taking questions until after Vic gives an improvised performance, playing the bed which he has fitted with pick-ups to amplify sound made by playing a cello bow across its metallic surface.

While he sets this up, people have time to reflect on all they've heard. I sit with Emma and her husband and ask how she is. We have a small and profound conversation.

She is moved and she is thrilled to take this forward.

Vic gives a powerful and short performance on the bed. The scrapes and scratches echo through the gallery and as he plays I'm aware that the cracked pigment of the Picasso on the other side of the gallery wall, now resonating with the plaintive sound. I imagine the filth and squalor of Tracey Emin's *My Bed* which is directly above us, being further unsettled by its oblique twin below.

Presenting work and ideas around the development of art always exposes you. The opportunity for deconstruction and critique is enormous. Many of the people in the room are unaware that Emma is in the room with them and the response to the performance is warm and positive with questions and comments flowing freely. It's apparent that some of the people here have experienced some of the environments we're discussing and a young woman reveals she has spent much of her life in hospital and surprises us all by telling the room that the noises of machines, alarms and the chaos of hospitals are reassuring to her. This is echoed by a woman who tells us that she has worked in intensive care most of her adult life and she found the sounds deeply relaxing.

Following a long period of discussion, informality takes over and people are free to chat and explore. This playing of the bed could have been disastrous; an avant-garde irrelevance following the story of a young girl's life. But it's not. It's perfectly pitched and the response is overwhelming. If anything, people want more. Immediate responses and those following the event form part of the concluding sections of this essay and are woven into the text.

There's a shift in my thinking. Instantaneous and visceral.

There are questions too .
How do we understand the value of artists alongside clinicians in terms of the life and death business of a hospital?
How do we understand the value of artists whose work has a social relevance in the context of the near sacred world of art galleries?

#8 …the value of the moment

In 1958 the Welsh writer Raymond Williams reminded us that "culture is ordinary" and today his thinking is as fresh as it was in the decade that followed the birth of the National Health Service. Williams suggests that:

“Every human society has its own shape, its own purposes, its own meanings. Every human society expresses these, in institutions, and in arts and learning. The making of a society is the finding of common meanings and directions, and its growth is an active debate and amendment under the pressures of experience, contact, and discovery, writing themselves into the land.”

During the process of writing up these notes of my time with Vic McEwan, the staff team on some anonymous intensive care ward in the north of England received a substantial donation for a visual arts commission about their unit. The staff were excited, families were excited - the stark white walls of this intimidating space could be humanised.

The bequest was explicitly for the arts. Everyone was happy. Plans were made, aspirations shared and a commission brief was produced and subsequently advertised. From a short list of well-regarded artists, one was chosen who began the process of working up the commission.

One day, a senior member of the staff team shared with another, who shared with another, "What a shame we can’t use that money to pay for staff". The sentiment grew. "How could we spend that much on art when the NHS is in such a mess?" Soon it became an everyday outrage that money should be spent this way and the staff began to suggest that they could do it themselves, or better still they could get volunteers to do it. It was soon forgotten that the money was provided to pay for art and to pay artists to humanise this environment and the whole thing collapsed. The money vanished. The artist’s commission was cancelled.

Not that very long ago, Patrick Brill, better known as the artist Bob & Roberta Smith, wrote an open letter to Michael Gove, the then UK government Secretary of State for Education. His letter was in the form of a piece of art entitled *Art Makes Children Powerful.* He was explicitly talking about art having parity with science, technology, English and maths in the school curriculum, but there’s more to it than this. The arts do make children powerful, more critical, more empathetic and just maybe - empowered.

Outside the gallery space, artists operate under the radar and aren’t always a neat fit in health system hierarchies. Because much of their work is collaborative and process-driven when focusing on constructive social change, more often than not it is rarely commercial or object-based and operates outside the pristine white cube. This challenges those who curate the spaces and places where art and health collide: the corridors of intensive care and the sacred walls of contemporary galleries.

So how do we value an artist in the evolving landscape of fractured mortalities?

Intensive is an adjective well suited to this socially-engaged artist and it’s the ways we understand the work in terms of intensity or concentration rather than volume of the work which is useful. Similarly that critical point of transition when one thing becomes something else is a useful way to think about the provision of something necessary for human health, welfare and protection. Perhaps artists offer us the opportunity to critique and rethink how humans are cared for beyond functional and bio-medical treatment.

Do we judge an artist’s work by measurable value; the volume of work produced, or its intensity?

In the context of health, ill health and dying, how on earth can the arts stand up against the possibilities of life-prolonging science? Well, this is a false dichotomy and one that persists largely

through lazy journalism and the ignorant who are hell bent on questioning the costs of arts projects which, they argue, consume funds which could be ploughed into a health system at financial breaking point.

In his book *A Fortunate Man* (1967), John Berger suggests that understanding the work of skilled and dedicated clinicians or artists in terms of accountancy is ridiculous. Berger asks, what is the value of pain eased or of a life saved? Moreover:

"How does the cure of serious illness compare in value with one of the better poems of a minor poet? How does making a correct but extremely difficult diagnosis compare with painting a great canvas?"

And even more importantly, Berger asks “What is the value of the moment?”

In his memoir *Levels of Life,* Julian Barnes shares his grief after losing his partner of 30 years, Pat Kavanagh, to cancer. He reminds us that "Grief is a human, not a medical, condition." Perhaps in helping us come to terms with loss and grief, the artist has far more effect than the drained and overworked medic carrying the inevitable burden of failure.

"Death wipes you out. Dead, you are no longer around - around here at any rate - and if there is nowhere else where you’ll be then all that will be left of you is your effects, leavings, traces." Robert Nozick

This essay has tended to be a meditation on death and dying, and even in writing this, it feels I’m excusing some negative focus when, as trite as it always sounds, mortality is a universal certainty. Death is still seen as a failure of science and the remarkable work of palliative care workers, hospices and those who dare debate choice in how we die seems somehow negated by medicine's promise of cures.

But this essay has really been about art and vulnerability and the whole heady conflation of arts and health, so it should be less about wrapping the arts up in a cloak of pseudo-scientific language. Much of the field that describes itself as arts/health co-opts biomedical language to justify spending on the arts but as researchers and artists come and go in the field, it seems that we’re all missing a trick and that it is culture and the arts, through their ambiguity and uncertainty, which offer us meaning and irreducible value.

The philosopher Robert Nozick suggests the human craving for immortality produces an innate desire to leave behind effects and traces to remain in the world, for our lives to have had meaning, rather than seeming that we never lived at all. The prospect of leaving no traces, he suggests, goes a long way to destroying the meaning of one’s own life. The thought that we leave no permanent trace of ourselves is to many people unbearable. The mass murder of millions of people in the death camps of Nazi Germany anonymises the lives it has taken, inevitably amplifying the potency of the individual stories that emerge from such atrocities. The diaries of witnesses like Anne Frank and Helga Weiss inevitably become the totems of shared trauma, traces of humanity and the human which survive genocide.

In my mind I see those brutal nuclear shadows of Hiroshima, the last traces of life, negatives scorched into the earth, but when those images clear I see those drawings projected on Elisha’s bedsheets, a positive blueprint. They are shadows caught in time and this is what art and artists do through representation, metaphors and through the form itself.

These traces are multifaceted - words - sounds - images.

"Mortal. We occupy a limited patch of space for a limited stretch of time. Like the art of realistic painting: pictures hold an equivalent in the confined areas which they enframe, and the brief narrative or actions they represent. Others think paintings figure mortality through the paint itself.

Perishing like flesh. Manipulated by our failing bodies."
Tom Lubbock, *Until Further Notice I Am Alive*

Deep underground in the Highlands, that smell of crude oil provoked deep memories of childhood and that sump-oil installation at the Saatchi Galley, but it was more than a simple aesthetic memory and was charged with the emotion of what we were undertaking. That black imprint on my retina had been powerful and as I re-read Tom Lubbock, his suggestion that our limited time and space have an equivalence in art through realistic imagery and the formal qualities of the paint itself played heavily on my mind. There'd been an itch of a memory that I couldn't scratch. Something inside, frustratingly close, but just out of reach.

When Coutts described making that congenial space with Lubboc, and listed some of the things that she'd hung on the wall for him, she described a small image by the poet and visionary William Blake: "A postcard of Blake's, "Help! Help!" from *For the Sexes: The Gates of Paradise.*" I immediately go online and find the image. I admit to having never seen it before but it's an image that resonates - more "Not Waving but Drowning" than I'd have imagined from Blake, but quite a thing to have by your bed!

From a dark and foaming sea, a hand in peril reaches skywards.

This work strikes a chord - six degrees of aesthetic separation, perhaps - and this takes me to the first dark woodcut image from the Nonesuch Press edition of *Genesis*, published in 1924 with illustrations by Paul Nash. That first jet black print bears the legend "In the beginning God created the heaven and the earth + the earth was without form and void." This first woodcut is in fact a solid black block, no more no less, and each of the subsequent images is carved out of this darkness, slowly revealing humanity. Though I'm not religious, it's a profound thing which takes me by the hand to what I knew was so close to the surface, but which had eluded me.

Kazimir Malevich, *Black Square* (1913/15)

Malevich unveiled his 80 cm x 80 cm *Black Square* at "The Last Exhibition of Futurist Painting" held at Petrograd in December 1915 in the middle of the great war that was raging across Europe and just before the October Revolution in 1917. This work is legitimately described as an iconic modernist masterpiece which marked, as the exhibition title suggests, year zero.

No more no less, a black square of paint.
Never has a work felt more compelling or complete.
Culture *is* normal, the avant-garde accessible.

I read about the work of the artist Taryn Simon who has collaborated with Russia's State Atomic Energy Corporation and during the centenary year of the debut exhibition of Malevich's *Black Square* has installed a work called *Black Square XVII: Void for Artwork* Her website describes the work.

"In the year 3015, a black square made from vitrified nuclear waste will occupy a now empty space at Garage Museum of Contemporary Art in Moscow. The nuclear waste is made of organic liquids, inorganic liquids, slurries, and chemical dusts from a nuclear plant in Kursk as well as from pharmaceutical and chemical plants in the greater Moscow region. Through a process of vitrification, radioactive waste will be compacted and solidified into a mass resembling polished black glass. This mass is currently stored in a concrete reinforced steel container within a holding chamber surrounded by clay-rich soil at the Radon nuclear waste disposal plant in Sergiev Posad, 72 km northeast of Moscow. It will remain there until its radioactive properties have lowered to levels deemed safe for human exposure."

There is something about the work that is beguiling and not disconnected to our journey underground and all its traces stretching out across time. Vitrified and written into the land. I imagine McEwan playing a bed under a Malevich or a Simon.

#9 A Strange Symmetry

During the exhibition at Tate Liverpool, there's a day that Vic can't be at the gallery and I have to man the exhibition on my own. I'm anxious about this for a number of reasons. On the first day I was by myself while Vic and his family went for some lunch and during his absence a group of young local lads came in and, seeing the bed, were on it in a trice. I quickly fussed over to them, telling them what it was all about. They were wired and in high spirits. I plugged them into the EMF microphones and off they went - a crisis averted, and they returned the equipment too.

I was also apprehensive because Emma, her husband and some of their family planned to see the work on the day I was going solo. They wanted to get to grips with it all so they weren't taken by emotional surprise on the day of the public event. I'd met Emma many times but representing the artist and his work seemed to increase my anxiety ten-fold.

When they arrived at the Tate they seemed excited to be there and I gave them a run through the work and left them to look around at their own pace. They'd already seen *The Longest Heartbeat* and they had given permission for all the work on show to be shared. As they looked around the space, I ruminated on my third anxiety. Vic had made a small delicate rectangular wooden box, about 3 x 3 inches and 8 inches long. The box had a red plastic button in the shape of a heart which, when pressed, glowed and produced the sound of Elisha's heart. But more than that, the box was animated by the oscillation of this single, longest heartbeat. But it was a test piece and a delicate mix of wires, battery and circuitry - earlier that morning it had stopped working and naturally I was scared to share something so emotionally loaded if it failed to work.

When Emma was away from the others I approached her, playing down the story of this test piece saying that it was a fragile thing and there was a good chance it might not work because I needed Vic's technical know-how. She said she'd like to see it anyway and we went over to a corner of the gallery. I flipped the little switch, put it in her hands and waited. She cradled it close to her and asked if she should press the button. I smiled and she pressed it. It glowed red and that long and beautiful heartbeat resonated through the air and through her body once again.

Others tried to listen to that small box that day but it never worked again, sending out its signal only when Emma cradled it. But as I'm tidying up, preparing to leave the gallery for my long drive home, Emma comes bounding back in. She'd been upstairs looking at the William Blake exhibition when something had caught her eye. She is beaming at me, eyes wide. "Look", she commands. On her phone is a photograph: not of a work of art, but of a caption to a small drawing by Blake.

A Vision; The Inspiration of the Poet (Elisha in the Chamber on the Wall) c.1819-20

Blake described himself as a visionary, claiming he actually perceived things that are not of this world, believing that his work was often dictated by angels. Not one for either the supernatural or mystical, I couldn't help being moved by Emma's thrill at the connection. I understand it. It's natural and moving. She sends me the image by email the following day after Vic and I present our shared thinking. The email says "This is the picture I showed you today at the Tate. A sign maybe that she approved of the presentation?!"

I'm left with a feeling of some strange symmetry.
Emin's semi-fictitious bed above us and this very real hospital bed below, a ready-made undergoing multiple transformations.
Blake's depiction perhaps of himself in a chamber, writing ethereal messages through time, and the abstract aural manifestation of Elisha in the here and now.
Gone reflections.

#10 White Noise

That small, process-driven exhibition provoked some emotions, rattled some nerves and got people talking. The performance and public presentation saw patients, families, doctors and educators sitting alongside the gallery-going public and brought up close to mortality. This essay hasn't been a piece of research and it isn't an evaluation of responses to the artist's work, but the reflections of some of the people who have written to me are worthy of note.

The recently bereaved nurse who, while comforted by the discordant sounds of the exhibition, described the visceral metallic movement of beds behind closed curtains when someone has died. The multiple lived experiences that these beds support - biographies, connections, entangled lives. Recollections of childhood stories, a drummer boy trapped in a mountain for centuries and of learning to hear again - or rather - hearing *differently.*

The educator who described the "sensitivity and respect of artists who open up the world to new possibilities and help us re-imagine ourselves differently... a truly transcendent experience... engulfed by the sonorous, elongated, seemingly infinitely extended sound waves of Elisha's heart beating... connecting and reconnecting a multiplicity of lives, feelings and knowings and unknowings."

Each day at the Tate we would look after people who needed to share their often emotional responses and stories. The people with visual impairments who all their lives had been able to hear electromagnetic frequencies and who at last could share this sound with their friends; the people who had dedicated their lives to working in care and who had rich stories to share; and those who had experienced the extremes of intensive care - some who had lost a person they loved, others who had lived that experience.

The artist himself describes the experience he has been through in terms of personal transformation and the connection we both made with the people we met was certainly something I could never have expected at the start of this work. It's an ongoing and unfolding exploration of sound and life from a hospital and as I draw this essay to its conclusion, I'm acutely aware that McEwan's work continues to develop and grow. Similarly, my reflections on the process continue to evolve.

I have no doubt that arts purists will disagree but, as I have suggested, I feel the small potent film *The Longest Heartbeat* deserves a prominent place in contextualising the wider body of work before gallery-goers are confronted by the precious and fragile box that contains the delicate traces of Elisha's life. Curators will no doubt suggest that if the work has sufficient aesthetic potency it will speak for itself. If not, it won't be deemed worthy of a place within the white cube, but in an age that demands that galleries and museums attract new and diverse audiences in deeper and more meaningful ways, perhaps Tate Liverpool offers us an example of ways forward, an approach which ploughs through the platitudes of tokenistic engagement, offering a deeper interaction between art and people. Hold your breath, take a chance and don't condescend to your public. There's an appetite out there to gatecrash your gated cultural communities and maybe this social art offers you a key.

Transubstantiation is defined as the miraculous change, according to religious dogma, by which the eucharistic elements of consecration become the body and blood of Christ while keeping only the appearance of bread and wine. More recently, the term transgender has been added to the lexicon, denoting or relating to an individual whose sense of personal identity and gender does not correspond with their birth sex. Hospitals are no places for miracles, surely, but prayer was something I witnessed and of course the big wooden structure in Alder Hey's atrium is in fact a chapel. In the face of a difficult prognosis, the ways in which people cope with illness and trauma are varied and individual, everyone hoping for either the most efficient and curative treatment or else some kind of divine intervention. But does the possibility of realigning your gender to fit who

you feel you are constitute a miracle in the sense of transubstantiation? Maybe not in the context of a children's hospital, but more broadly, it just might.

In Berger's book *A Fortunate Man*, the writer follows the work of the English country doctor John Sassall. Berger's text and the photography of Jean Mohr paint an evocative portrait of a selfless individual in the heart of a rural community in the 1960's, offering a forensic exploration of what it is to serve a community and be seen as a healer. Sassall's reflections on the role of a GP are unequivocal. "When people talk about doctors being artists, it's nearly always to do with the shortcomings of society. In a better society, in a juster one, the doctor would be much more of a pure scientist." His views on religion are equally unambiguous: "The essential tragedy of the human situation is not knowing. Not knowing what we are or why we are - for certain. But this doesn't lead me to religion. Religion doesn't answer it."

Alongside this ambiguous idea of transubstantiation, these are useful trains of thought to draw this essay to a close. Medicine as a pure science rubs up against religion and superstition when it ultimately confronts end-of-life care. Artists might offer something that fills this void of uncertainty and fear through oblique explorations of the larger philosophical questions of life and death: questions that contemporary medicine steers clear of, at least in the day-to-day machinery of a top-down target-driven NHS. In Berger's book, Sassall questions the possibilities of being a traditional doctor and a doctor of the future, asking "Can you be both?"

There's no shortage of medics who turn their hand to the arts, writing their philosophical tomes. Think of Doctors Gabriel Weston, Atul Gawande and Roger Kneebone and the emergence of literary festivals like Medicine Unboxed in the UK which brings together free thinkers to explore the medical humanities. The everyday life of a clinician, however, is more likely to be dominated by impossible shift patterns, understaffing and managerialism. The government's drive to a seven-day NHS service has put intolerable strain on junior doctors and a ballot of members of the British Medical Association in 2015 resulted in a 98 percent vote for full strike action. This resulted in a general strike of junior doctors across the NHS on 12 January 2016, the first industrial action of its kind in 40 years and an indicator of systemic dissatisfaction.

In a recent article in *the i*, the experience described by Dr Rachel Clarke illustrates the very real state of play in the NHS.

"The junior doctor describes the early hours of one Sunday morning when she answered a call from the cancer ward. A young patient had arrived requiring admission for end-of-life care – care which requires compassion, kindness, and, crucially, time. Dr Clarke writes of her desire to give her dying patient all these things, but also of her inability to do so due to staff shortages and her "incessant pager". Hospitals at night, she explains, are staffed on shoestrings, with one doctor often responsible for several hundred patients across the hospital."

More disturbingly Clarke discloses that "every junior doctor knows another junior doctor who has either taken their own life or has come very close."

The NHS is inevitably undergoing a transformation and the re-imagining of health and wellbeing from a public health perspective, but its privatisation by stealth and unrealistic demands on its workforce risk creating the conditions whereby its glossily market-driven offer will seem like the only option. In this climate, how on earth could a doctor be anything more than Sassall's overworked pure scientist?

It is *time* that Sassall needed, and today it is *time* that junior doctors like Clarke need, and there is one question which runs through Berger's small and important book. It's a question he couldn't answer and which is as pressing today as it was then.

"What is the value of the moment?"

In this essay I've observed the practice of an artist working within the context of health care. In this setting, the artist has engaged deeply in the delicate and anguished moments that surround the individual facing their own mortality. His work then might be described as a meditation on time, and Berger provides us with a way of imagining these moments.

"Faced with the rigid irreversibility of events - so terrible for all who are unprepared, and none can be fully prepared - it is their experience which bends in a circle: unable to catch time by the tail, they chase their own, revolving in one moment blindly through all their life. How much then can a moment contain?"

What is it then, that Vic McEwan has done?

Recording the inaudible sounds of our lives.
Exchanging intangible gifts.
Exploring the subjective reality of lived experience abstractly - physically - emotionally - musically.
Perhaps, creating traces.

I listen to the sounds deep under the earth.
I hear and feel Elisha's heartbeat and my own heart soars.
I have no idea where the sound ends, where life begins and ends.

There is power in her heart. Hearing it thundering through the belly of a Scottish mountain, it seems timeless and resonates through our bodies. Watching Emma hold that small wooden box, I see her physical connection to Elisha, her daughter who has animated the hills, the rock and the trees, the sheep that scatter at the very sound, like something deep in the earth has awoken.

A mountain is embodied by a girl.

Fleeting shadows caught in time.
Transubstantiation.
Temporal.
Traces of a life.

The socially engaged contemporary artist inhabits a strange and difficult terrain.

This work challenges the gated community of the cultural elite and the sometimes cloying evangelism of our own community of arts and health.

I observe the unspoken values and principles of the artist in this difficult context:
Respect and tenacity in the face of apprehension.
Sensitivity and emotional intelligence.
Flexibility and fluidity in practice and outcomes.
A compelling belief in the intrinsic value of arts participation.

How do we define this work? Activist practice or artist-led research, or something more nuanced and honest - a social art, an art that is relevant, an art that's liberating and that arouses us. And how do we define 'value' with its connotations of vulgar costs when we are discussing mortality? Perhaps Julian Barnes, considering the value of mourning for his wife, gets the whole thing right: "It hurts just as much as it is worth."

In that cafe on Bangor train station in March this year it had been a year since Elisha's diagnosis and six months since she'd died.
I sit with her mum - expansive, open and deeply connected.
We've met a few times this year checking and double-checking art and words, life and legacy.

We talk about her family and Elisha and we discuss Vic and those small moments of connection and the man who like a bolt of electricity, in the middle of all that focused anguish, represented some kind of beacon, offering a very different kind of intensive and critical care for which there is no simple scale of measurement.

NOTES

A HOSPITAL

The Art of Noise (Futurist manifesto,1913) by Luigi Russolo.
Translated by Robert Filliou
A Great Bear Pamphlet by Something Else Press (1967)

The BFG by Roald Dahl, illustrated by Quentin Blake (1982)

SHORT SLEEVES AND SUGAR

Mrs Beeton's Book of Household Management, edited by Isabella Beeton (1861)

Crimewatch is a long-running BBC television program that reconstructs major unsolved crimes in order to gain information from the public which may assist in solving the case.

C-3PO is a humanoid robot character from the *Star Wars* films

Until Further Notice, I Am Alive, Tom Lubbock (2012)

"Guidelines for Community Noise", World Health Organisation, B.L.Berglund, D.Schwela (eds.) (1999)

"Exploring the experience of delirium in hospital, and how music might expand our insight into this phenomenon", Masters thesis, Victoria Hume (2017)

BLACK GOLD

20:50, Site Specific Oil Installation. used sump oil and steel, dimensions variable, Richard Wilson (1987)

Detail of the German attack on Seabank tank farm
http://www.secretscotland.org.uk/index.php/Secrets/InvergordonFuelDepot

BEDS

The Iceberg, Marion Coutts (2014) Atlantic Books

"Tulips", in *Ariel* by Sylvia Plath (1965) Faber and Faber

A Voice Through a Cloud, Denton Welch (1950) John Lehmann

Landscapes, exhibition catalogue, Michael Craig-Martin (2001) Douglas Hyde Gallery

Jean Dubuffet in "Outsiders: an art without precedent or tradition" (1979), Arts Council of Great Britain; Hayward Gallery

GENTLE UNFOLDING

"Daughter", James Lenfestey (2007)
https://www.poetryfoundation.org/poems/51780/daughter-56d22fc084d73

Mayu Kanamori and Vic McEwan
https://ijustcantsaythatword.wordpress.com/

The Big Anxiety Festival brings together artists, scientists and communities to question and re-imagine the state of mental health in the 21st century.
www.thebiganxiety.org

Socialiniai meno projektai is a Non Government Organisation established in 2013 bringing together the field of arts and health across Lithuania

Ryoji Ikeda is a Japanese sound artist who lives and works in Paris. His music is concerned primarily with sound in a variety of raw states, such as sine tones and noise, often using frequencies at the edges of the range of human hearing.

Rainforest Soundwalks: Ambiences of Bosavi Papua New Guinea (sleeve notes) Steven Field (2001)
https://store.cdbaby.com/cd/stevenfeld1

The Birds of New Guinea, Bruce M. Beehler, Thane K. Pratt, and Dale Zimmerman (1986) Princeton University Press

My Bed is a work by the British artist Tracey Emin. First created in 1998, it was exhibited at the Tate Gallery in 1999 as one of the shortlisted works for the Turner Prize.

VALUE OF THE MOMENT

"Culture is Ordinary"*,* Raymond Williams (1958) in *Resources of Hope*, R. Gable (ed.) (1989) Verso

Bob and Roberta Smith http://bobandrobertasmith.co.uk/art-for-all-yorkshire-sculpture-park/

A Fortunate Man, John Berger (1967) Allen Lane, The Penguin Press

Levels of Life, Julian Barnes (2013) Jonathan Cape

Robert Nozick in *Life, Death, & Meaning: Key Philosophical Readings on the Big Questions,* David Benatar (ed.) (2010) Rowman & Littlefield

"Not Waving but Drowning" is a poem by the British poet Stevie Smith published in 1957 as part of a collection of the same title. The most famous of Smith's poems, it gives an account of a drowned man whose distressed thrashing in the water had been mistaken for waving.

Black Square (1913), Kazimir Malevich, State Tretyakov Gallery, Moscow

Taryn Simon http://tarynsimon.com/works/black_square/#3

STRANGE SYMMETRY

William Blake. A Vision; The Inspiration of the Poet (Elisha in the Chamber on the Wall) c. 1819-20 http://www.tate.org.uk/art/artworks/blake-a-vision-the-inspiration-of-the-poet-elisha-in-the-chamber-on-the-wall-t05716

WHITE NOISE

Participant quotes are taken from personal emails

Direct Red: A Surgeon's Story,. Gabriel Weston (2009) Jonathan Cape

Being Mortal: Medicine and What Matters in the End, Atul Gawande (2014) Wellcome

Bringing Surgical History to Life, Roger Kneebone (2012) BMJ

Dr Rachel Clarke included in a feature by Chloe Hamilton in *the i,* 18 July 2017
https://inews.co.uk/essentials/news/health/junior-doctors-tale-tv-journalist-turned-junior-doctor-rachel-clarke-jeremy-hunt-last-years-strikes-brexit-bus-promise/

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