

IT'S INSIDE

Katherine Meynell, Alistair Skinner and Dr Eric Clark discuss Katherine Meynell and Alistair Skinner: *It's Inside* in *Talking Back Science; Art, Science and the Personal*, Wellcome Trust Publication, 2004.

When artist Alistair Skinner was diagnosed with cancer in 2001, he and his partner Katharine Meynell decided to create *It's Inside*, an artwork exploring the representation and experience of disease from the position of a patient.

In collaboration with Alistair's close friend Dr Eric Clark, who lives in Saskatchewan, Canada, they documented Alistair's illness in videos, diaries, drawings and objects that will form the bases of an installation.

It's Inside will be realized in two forms: as a book work, presenting documentary and visual material including extracts of their diaries and notebooks, along with medical and popular information about the development of cancer; and an installation which will premier at the Café Gallery in Southwark, London, in 2005.

The exhibition at the Café Gallery will include drawings, recorded conversations about medical and artistic imaging processes and a re-presentation of medical equipment. For the exhibition, Alistair asked performance artist Gary Stephens to write a monologue for mutating cells, and artist Harvey Brough to transform the illness into sounds.

An important theme in the work is the 'otherness' of disease and illness: the transforming power of a diagnosis of terminal illness, which forces the individual to reposition his identity to that of a dying person.

Before working on *It's Inside*, Katharine and Alistair collaborated on several works, which addressed the interdisciplinary and overlapping areas of documentary and live art practice.

A short video, which will be shown in the context of the exhibition, is reproduced on the DVD.

"Alistair was diagnosed with advanced bowel cancer in 2001. Our work *It's Inside* started out as a way of continuing our lives as artists in the face of terminal illness and the need to incorporate this into our practice, since there was no way of excluding it. *It's Inside* gave us a way of trying to make sense out of what was happening, even though it was not possible to alter anything. I believe it contributed to Alistair's ability to steer a calm and focused path through this time as our work gave a tangible acknowledgement that there was something which could be gained from each available moment. The resulting work is a collaboration, even though collaboration in the traditional sense is now quite literally out of reach. Alistair's 'difference', through his cancer and now through his death, became the material for the work. *It's Inside* is to be realized in book format as well as an exhibition. In the book images and texts will be layered, annotated and cross-

referenced to suggest processes and parallels between artistic and scientific concepts. Once we had realized that there was neither need nor sense in trying to reconcile the disparities between a medical image and a visceral response, the various interpretations and questions seemed to sit happily alongside each other. Based on our diaries and notebooks, I have added things that floated in on the margins of our lives: torn newspaper articles, extracts from banal websites, elegant philosophical essays, medical text books, etc. In this way the book follows an artistic practice in which personal histories enter the broader realm of the aesthetics of everyday life.

The exhibition, on the other hand, allows me to explore other aspects of our research without having to offer explanations. Much of the experience of illness cannot be represented and so I hope in some way to be able to make apparent the gaps, where only reflections can be offered. The exhibition will include drawings, conversations about medical and artistic imaging processes, a looped image of Alistair slowed down so much that it begins to break up, medical equipment represented for its sculptural qualities, and a performance by Gary Stevens about the uncontrollable replication and mutation of cells.

In pulling this collaborative work together, alone, I am left with an ethical unease in which I am seeking to occupy a joint position; paradoxically attempting to refuse 'otherness', whilst at the same time acknowledging that the work can no longer be 'for' Alistair in the way it was before his death.

What is left over is the work, and it acts as 'a cunning affirmation of life, its irrepressible movement to *survive*, to *live on* (*survivre*), to get the better of itself in itself, to lie by telling its truth of life, to affirm this truth of life through the symptom of repression, [...] to get, in a word, the better of life, that is to say, of death...' (1)"

Katharine Meynell

There were many people who generously gave us scientific advice. From the outset Alistair had asked his close friend and medical doctor Eric Clark to join us with this project. He lives in Saskatchewan, Canada, visiting us occasionally. We communicated regularly and in the final collating of material for our book he provided the majority of the texts for things we wanted explained.

"The realization that a friend has metastatic colon cancer inevitably leads a doctor to reflect on the unhappy prospect of what is to come. The dismal prognosis and the pain and suffering, the progression of the disease entails endless gloomy vistas; the hope of any relief is remote.

Alistair did not live through his disease in the usual way. He retained and refined his essential character to yield a great warmth and clarity in his relations with others and a profound personal grace. His humour was unflagging; the image of a computerized tomography scan of liver metastases had the appearance of a

Frisian cow; a colostomy device was likened to a "carrier bag attached to my abdomen". Within a month of dying he performed a clothed striptease, tugging apart the folds of bedding to show that the handfuls of pills, which had been placed in the fold between his emaciated legs were gone, swallowed as he was told they ought to be.

The doctor's role dealing with disseminated bowel cancer is embarrassingly marginal: not to deny hope or to spread false hopes while watching for side-effects of treatment, setbacks and complications. Alistair's course was not smooth, complicated by recurring episodes of septicaemia and extreme extrapyramidal side-effects of psychotropics. Making a telephone diagnosis is nerve-wracking at the best of times, the more so when it involves a distance of thousands of kilometres and a patient about to lapse into a coma.

He lived his illness and died with unfailing good manners and a fineness of emotion and expression which was unaffected by his utter rejection of the disease and the fate it held in store for him. Wanting to live, he fulfilled the wish of an age of faith to experience 'holy dying'.(2)"

Dr Eric Clark

(1) From: Jacques Derrida, et al (2001) *The Work of Mourning*, University of Chicago Press, p. 176. (2) *Holy Dying* refers to the book *The Rules and Exercises of Holy Dying* (1651) by clergyman Jeremy Taylor. The book was meant to prepare the reader for a blessed death. It was liked for its poetic prose style by, among others, William Hazlitt, Samuel Taylor Coleridge and Thomas DeQuincey.

Dr Eric Clark

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