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Curation: A Multimodal Practice for Socially-Engaged Action

Exhibiting Illness: Curatorial Encounters with Disease, Care, and Diagnosis

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In 2014, Conor Moynihan was diagnosed with recurrent, metastatic testicular cancer. This was not his first recurrence since his initial diagnosis in 2011, and it would not be his last.[1] This particular time, however, involved a multi-week inpatient stay in the hospital's oncology ward for an intensive, high-dose chemotherapy treatment between the end of 2014 and the beginning of 2015. Up until this point, Moynihan had never felt like a patient during his treatments, which included surgery, radiation, and chemotherapy, but this stay was quite different than his previous experiences.[2] One day, he was walking around the ward with his mother to get a bit of exercise when they came across another woman in one of the common spaces. She had been around for some time, taking care of her husband, who was also undergoing chemotherapy treatment. Moynihan and his mother stopped to chat with the woman on their walk, but strangely—at least for him—the woman asked his mother how he was doing, rather than addressing the question directly to Moynihan himself. Going so far as to even avoid eye contact with him, she spoke about him as if he was not standing right there, fully capable of answering. For what felt like the first time, he suddenly felt like a patient.

After they parted ways, Moynihan kept thinking about this encounter. Why did the woman avoid direct contact with him? Even though she was clearly concerned for him, she negotiated those feelings through a conversation with his mother, who was, like the woman herself, a caregiver. The woman did not seem to ignore him out of malice, but rather due to a deep unease about Moynihan's illness. Perhaps it was because his presence reminded her too much of her own husband's illness, or maybe it was awkward for her to converse with a cancer patient who had lost his hair, was in a hospital gown, and hooked up to a mobile IV line. Regardless, it was clearly an unnerving experience for her, one that was set in high relief by Moynihan's own sense of ease and familiarity with being a chemotherapy patient by this point. She was ill at ease, in the traditional sense, just as he was ill and, in some fashion, *at ease with it*.

Dis-ease with disease, as an affective tension in and around illness experienced by encountering it, or living it, or both, was something Moynihan wanted to explore further in an art exhibition that would grapple with these concerns. In fall 2015, Natalie Fleming, who ran one of the art galleries for the University at Buffalo, sent out an open call soliciting curatorial proposals for the upcoming year. Fleming envisioned the gallery as a space for promoting open discussions about topics that not only engaged visitors, but provided them with no easy answers. She asked applicants to propose thematic exhibitions that would bring new ideas and faces to the UB Department of Art, while still including a place for the local community in the exhibition. Having just started at the university as a Visual Studies PhD student, Moynihan proposed the project *Ill at Ease: Dis-ease in Art* as an art exhibition that would center around the topic of illness—biological, physical, mental, societal—and its often tense and fraught position within American culture. Leveraging his own experiences with illness, Moynihan proposed the project to examine the ways in which illness is always more than just a diagnosis, becoming a way of experiencing and being experienced in the world. Fleming was drawn to this proposal because of Moynihan's interests in exploring illness as a complicated and changeable social category through interactive works of art, performances, and group discussions. She had curated an exhibition earlier that year focusing on a reconsideration of the philosophy of humanism, entitled *The Measure of Man: Rethinking Humanism in Art*. This exhibition explored the limitations of humanism as a moral philosophy, as artists questioned the definition and privileged position of humanity. Moynihan's vision of illness as an unstable social category provided Fleming with a new opportunity to continue exploring her curatorial interests through this focused lens.

Traditional curation, especially in the context of museums, has been rightfully criticized for presenting a constructed narrative as impartial fact. For example, in her discussion of decolonizing the Smithsonian, Claire Wintle has noted that "[m]useums are products but also agents of social and political change; they are influential in practices of identity formation, political negotiation, and economic development."[3] She goes on to argue that typical curatorial practice in midcentury United States museums "tended to discard the material evidence of modernity [in non-Western spaces] and cross-cultural encounters as proof of social 'impurity' and 'corruption' (as opposed to cultural dynamism),"[4] making the art and objects of other cultures narrate alterity. This aligns with what Bruce Ferguson has described as a "speech act of an institution." "If an exhibition of art is like an utterance or a set of utterances, in a chain of signification," Ferguson aptly assesses, "it can be considered to be the speech act of an institution."[5] Importantly, Ferguson recognizes that this speech act is neither neutral nor objective, but often masquerades as such through the museum's architectural, sociological, and bureaucratic rhetoric of power. Building on these forms of power, as he emphatically diagnoses, "when this institution speaks, it speaks exhibitions. It utters a kind of sense that it believes to be true."[6] In this way, museums, and thereby exhibitions, are performative, enacting truth as such through the speech act of exhibitions. Rather than objective and impartial, we assert it is important to always acknowledge that art exhibitions are curated from a particular point of view, one that can never be universal or have an unquestionable, objective claim to facticity; exhibitions are subjective even—or especially—when meticulously researched.

Further, if exhibitions are performative, then they also can be performed with a difference that subverts the ways meaning is made and imparted.[7] It is in this manner of curatorial exploration that we, Fleming and Moynihan, are both drawn to is parallel with what artist Darian Goldin Stahl has described as "research-creation." Describing her practice of making art that visualizes what her sister has written about her illness, Goldin Stahl explains:

> Because there are multiple ways of learning and knowing, I found that realizing Devan's narratives visually through research-creation would complement and add insight to her writing. My ambition is always to elicit tacit learning of the chronically ill patient through an honest portrayal of the chronically ill patient in ways writing cannot.[8]

She used this term to describe the artwork that she produced in response to her sister Devan Stahl's diagnosis of, and experience with, multiple sclerosis (MS). Similar to this form of research-creation, we envisioned *Ill at Ease* to be a research-curation platform, where research meant not just the preparatory work that went into developing the show but also the process of learning and critical thinking that came out of the exhibition. As a form of research-creation, this initial project aimed to ask a series of interrelated questions: What is illness? How do you become bound to another through experiences with pathology? Is illness located in spaces beyond the body?

Rather than offering a definitive answer or “truth” for viewers, the exhibition was laid out so that visitors confronted, confirmed, or challenged their own expectations about what illness meant, where it was located, and how it intersected with the spaces they navigated in their daily lives. Using this project to pose rather than answer these questions, *Ill at Ease* employed multiple formats of engagement (visual art, exhibition layout, catalog text, performances, talks, etc.) so that we could, along with viewers and artists, dwell on these questions as a form of critical-reflection. What the exhibition raised for us as curators, therefore, was the consciousness of how illness, disease, and pathology exceed individual corporeal limits and structure affective intersubjective, interobjective, and interspatial experiences. After this exhibition, we wanted to explore illness from other points of entry and perspectives. We planned two more curatorial iterations of the project: one on care and the other on diagnosis. *Three Acts, Three Scenes: Your Care, My Care, Careful Care* was realized in 2018 and responded to *Ill at Ease* by asking viewers to consider how we extend care to others, take ownership of our own care, and navigate the precariousness of the world. We are currently working on the final part of this project: an exhibition, tentatively titled *Showing and Telling: The Limits of Vision and Speech*, that explores diagnosis by probing the limits of knowledge based on sight and dialogue.

This tripartite project has manifested in multiple forms; in addition to our curatorial process of selecting, displaying, and structuring the exhibition, we have sought to expand our practices beyond what is on the gallery walls by creating catalogs and organizing workshops, performances, and talks. Further, our collaboration has been committed to creating exhibition experiences that are open-ended and allow for a wide range of interpretations that seek to explode the very theses we propose. To do so, we have sought to display art from a variety of media—from traditional paintings and live performances to mechanized dresses and sartorial videos—that solicit viewer involvement. We use multimodal and mixed-media forms of curation and collaborative practices as exploratory formats to ask questions rather than pose readymade answers. In short, our exhibitions have been committed to drawing attention to issues of illness, collective care, disability, and diagnosis through participatory engagement. In this essay, we will discuss our curatorial praxis through our two extant exhibitions, *Ill at Ease: Dis-ease in Art* and *Three Acts, Three Scenes: Your Care, My Care, Careful Care*, before moving into a theoretical discussion of the third part of this series, the exhibition tentatively named *Showing and*

Telling: The Limits of Vision and Speech. In the spirit of this practice, we have included with our discussion of the works and shows the floorplans of the two extant exhibitions, showing where the works were installed and linking to the accompanying didactic information like wall labels. Engaging with this text website will also have impacts on how we develop the final component. For example, for *Showing and Telling: The Limits of Vision and Speech*, the website component allows visitors to post and contribute their ideas to the topics and these dialogues may be integrated into the final exhibition and corresponding catalog. Ultimately, this website is an extension of our project to foster conversations about illness, care, and the politics of diagnosing pathologies in an open-ended format that pivots from our ideas to your conclusions.

Notes: Introduction

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[1] Conor Moynihan has been living cancer free since September 2016 as of the date of this publication.

[2] This is jointly authored by Natalie Fleming and Conor Moynihan. For clarity and cohesiveness, we use names and third person pronouns when speaking about individual experiences and first person plural pronouns when writing as co-authors.

[3] Claire Wintle, "Decolonizing the Smithsonian: Museums as Microcosms of Political Encounter," *The American Historical Review* 121, no. 5 (2016): 1493.

[4] Ibid., 1504.

[5] Bruce W. Ferguson, "Exhibition Rhetorics: Material Speech and Utter Sense," in *Thinking about Exhibitions*, eds. Reesa Greenberg, Bruce W. Ferguson, and Sandy Nairne (New York: Routledge, 1996), 183.

[6] Ibid.

[7] There is a significant body of literature doing exactly this work of rethinking exhibitions and curatorial practice to signify differently. For example, see: Jennifer Tyburczy, "Queer Curatorship: Performing the History of Race, Sex, and Power in Museums," *Women & Performance: a journal of feminist theory* 23, no. 1 (2013): 107-124); and, Sarah Brophy and Janice Hladki, "Cripping the Museum: Disability, Pedagogy, and Video Art," *Journal of Literacy & Cultural Disability Studies* 8, no. 3 (2014): 315-333.

[8] Darian Goldin Stahl, "Lived Scans," in *Imaging and Imagining Illness: Becoming Whole in a Broken Body*, ed. Devan Stahl (Eugene, OR: Cascade Books, 2018), 25.

Ill at Ease: Dis-ease in Art

> Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.[1]
>
> —Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors*

Ill at Ease: Dis-ease in Art was the exhibition that launched this project. Curated by Conor Moynihan and under the direction of University at Buffalo Department of Art Gallery Director Natalie Fleming, the show was on view from April 13 to May 12, 2017, and included twenty-three projects (Figs. 1.1-1.3). The artists included in the show were selected through private invitation and an open-call solicitation format, resulting in the inclusion of fifteen artists: Molly Alloy, Frani Evedon, Carrie C Firman, Joan Giroux, Phil Hastings, Ames Hawkins, Shan Kelley, Vika Kirchenbauer, Rain Lucien Matheke, Ann Moody, Van Tran Nguyen, Christopher Tanner, Moira Williams, and Vincent Tiley. The decision to include an open-call component was essential to the show's thesis, which aimed to complicate and unpack what illness, disease, and pathology mean through the inclusion of multiple interpretations and presentations. The exhibition presented the curatorial challenge of bringing together diverse understandings of illness and wellness to tell a coherent story. As part of a research-curation format, we were not seeking any particular representation of illness; rather, we wanted to work with what was proposed to us through the open call. Submissions included works dealing with an array of "illnesses," but we selected artists that worked with and against each other.

As Susan Sontag's words in the epigraph to this section suggest, illness is, perhaps strangely so, rather normative; it is an experience that one can realistically anticipate, if not fully predict. According to disability studies scholar Leonard Davis, illness, acute and chronic, is in ascendency coincidental with higher than ever before proportions of the population being over the age of sixty-five. As Davis explains, with this change in the global age distribution, "[t]here will be increasing rates of cancer, kidney failure, diabetes, mental illness, and other chronic, degenerative illnesses such as cardiovascular disease."[2] Despite this commonality, illness often comes with stigma, carrying negative connotations. Disease is often rhetorically framed as something that is best avoided—a strange sidelining of lived reality. As Sontag poetically describes it, “Illness is the night-side of life, a more onerous citizenship.”[3] Taking Sontag’s description seriously, living with illness comes with consequences that can result in unequal access. As they moved through the exhibition, visitors were challenged to think about what illness meant for themselves and what constitutes this form of “onerous citizenship.” Including works that addressed topics as diverse and far-ranging as the HIV/AIDS epidemic and transgenderism, *Ill at Ease* suggests the need to think about illness not just from the vantage of those in the “kingdom of the sick,” but also those in “the kingdom of the well.” After all, there is no point in time that these categories ever exist in such neatly divided spaces.

To address illness as varied experience, we had to map the curatorial layout and organize a thesis that would cogently arrange the show within the gallery space. Based on the works selected, we chose to split the gallery in the center by positioning a moveable wall on an angle approximately perpendicular to the longest walls of the room. The show was then divided into three parts that each centered on a smaller theme: inside the body, between bodies, and into the spaces that bodies inhabit. The idea was that as visitors moved through the exhibition, they would first be faced with works that conform with prevailing notions of what illness was and then transition to considerations of how illness connects multiple people together. Finally, the show was planned to end on work that took the idea of illness and relocated it into non-corporeal spaces, such as institutions, to highlight how illness impacts people beyond experiences with and through the body. This extension of the ill subject beyond the body, as circumscribed by data markers such as “mortality and morbidity rates, reproductive rates, disease and disability rates, zones of toxicity and safety, prognostic and predictability factors and health risk calculations statistics, age-of-population pyramids, health disparities and quality-of-life coordinates,” into socio-political space aligns with what David Mitchell and Sharon Snyder have named the biopolitics of disability.[4] While largely beyond the scope of this project, it is worth noting that biopolitics regulate and discipline populations through the bodies of individuals; likewise, through the biopolitics of disability, we can understand how the state and other institutions pathologize non-normativity and commodify health as a method of social control as we will touch on in the end of this section.[5]

The show opened with Rain Lucien Matheke’s 2015 works *Untitled (Ghost Hand)* and *Untitled (Ghost Cube)* (Figs. 1.4-1.5), archiving her experiences with a chronic illness that requires monthly intravenous infusions of immunoglobins (IVIG) to treat antibody deficiencies.[6] In *Untitled (Ghost Hand)*, for example, Matheke made a resin cast of her hand connected by medical tubing to a glass jar used to store the IVIG. Upon closer inspection, one can make out flakes of a dried red residue in the medical tubing, traces of Matheke's blood. Relatedly, *Untitled (Ghost Cube)* is a small resin cube filled with medical paraphernalia such as the kinds of things one accrues after a visit to a hospital: plastic identification wristbands, blue medical tape used to secure IV lines to the arm, and more medical tubing. As a pair, Matheke's work opens the show through an individual's experience of illness but immediately expands representations of illness to the banal medical paraphernalia that managing that illness requires. As Benjamin Kersten elaborates, "Matheke locates the body within a complex network of repetitive treatments, disposable equipment, and methods of preservation…these two works propose a politics for uncertain times, a politics which embraces the interdependences of bodies and the objects and feelings that manage and influence them."[7] It is precisely this connection between one's experience with illness as a "politics of uncertain times" that resonates within this section of the exhibition, and throughout the rest of the show more generally.

Likewise, these works gesture to the ways that illness is an experience with precarity, connecting the inside to the larger outside world. Frani Evedon's x-ray images-turned-photographs (Fig. 1.6) seeks to bring the viewer's eye into the body in an attempt to make visible the source of chronic pain. Beautiful and haunting, these works probe beneath the body's surface in order to use medical imaging for new imaginings. Phil Hasting's *13.1.20.20 [7][13]* video diptych (2014) also visualize the interior of a body, in this case undulating between states of wellness and disease, highlighting how the space between health and disease—at least on the cellular level—is ever shifting. Molly Alloy's 2016 *Resting Place (Appendix, Fallopian Tubes, Uterus, Ovaries, Cervix)* series (Fig. 1.7), commemorates and mourns the loss of organs removed during an emergency procedure, lingering on the affective implications of what it means to lose a part of your body.

We believe that it is crucial to include a diverse range of media in our exhibitions so that viewers, as they move through spaces, are challenged to not only think more expansively about the show's thesis but to also find other modes of physical engagement. The inclusion of performance became a useful way to engage visitors because it broke down the barriers between art object, artist, and viewer. Rather than being about illness in the abstract, performance and performative works that solicited gallery visitors was a way to connect people on a more immediate, even visceral level. For example, as part of this first section on illness and the body, we included a work by artist Ann Moody, performed on opening night. *Sad Sack* (2015) involved Moody dressing up in an array of greyish-white nylon tentacles stuffed with a variety of textile material. This work entirely covered her face and hung down her body. Without any announcement, she entered the gallery during opening night, walked past puzzled onlookers, and laid down on the floor, where she remained motionless for approximately 120-minutes (Fig. 1.8). The work allows her anxiety, especially produced by being in a crowd, to become material. For those who saw Moody enter, the performance sparked an internal anxiety about the well-being of the performer, while those who came to the show after Moody began her performance were forced into an uneasy proximity with a form that was not readily legible as either a living person or an inanimate art object. This sparked its own form of anxiety as viewers actively studied the work, attempting to see if the piece moved and belied the living presence of the performer.[8] What is particularly successful about this performance is that it causes viewers to grapple with the experience of anxiety. Similar to pain as invoked in Evedon's work, states of anxiety, depression, and similar conditions can be hard to express to those not experiencing them. Moody's work helps viewers contend with anxiety as the artist's presentation of her own condition potentially triggers it in others. From a curatorial perspective, this work posed a unique challenge. As a performance, *Sad Sack* could only be seen truly once it was situated within the context of a viewing, uninformed audience. We had no way to know in advance, and when visitors encountered it for the first time, we, too, were having a unique experience with it. In other words, it became an experience through which we learned more about the very topic on which we were curating. Nestled between Alloy's commemoration to organs lost and the unnervingly, mechanically moist sounds of Hastings' video diptych, the gallery space was suddenly flooded with an uneasiness that would have been impossible to totally calibrate in advance. Viewers stepped gingerly around Moody, exploring the works around. Rather than the traditional mode of curation, where knowledge is selected and presented for the viewer by the curator, here we learned and felt alongside our exhibition's attendees. Curated this way, it heightened the sense of being in a body that this part of the show aspired toward. Like the rest of the works in this section of *Ill at Ease*, *Sad*

Sack represents illness in a form that forces viewers to contend with the affective baggage of illness for more than just its host.

This second section of the show focused on illness as related to other people. This is a section that includes works by artists dealing with others' diseases and diseases' position among people. Because of the interpersonal and inter-relational aspect of this section, many of the works included in this section are performative. Artist Moira Williams performed on opening night as a part of her work *Not everything that counts can be counted: A Microbe Monopoly Game* (Fig. 1.9). This performance was a demonstration of her game, an interactive work installed in the gallery space. While her work is not about illness in a traditional sense, *Microbe Monopoly* encourages players to build connections with other players and create communities centered around wellness. The game includes scobies as currency, but players were encouraged to set the rules for their own iteration of the game.[9] On opening night, Williams led people in engaging with her work, while initiating dialogue with participants on topics related to wellness and the environment. Ames Hawkins also provided a performative work in this section of the exhibition, entitled *Paper Violets, Vellum Prose*. This work included custom-designed wallpaper featuring an all-over violet design lined with prose written by Hawkins, a pew sourced from the church that she attended as a child, a windowpane with images of violets and chapters of her writing, and an audio component of her reading these works (Fig. 1.10). Through the textual and audio components, Hawkins details her experiences of taking care of her father as he was in the late stages of HIV/AIDS. An organizing element of this work is her father's African violets, which Hawkins inherited after his death. She continued to care for them, this act becoming a way for her to continue to have a relationship with her father after his passing. The installation encourages viewers to spend time reading and listening to Hawkins' words, which are further facilitated by the fact that she created violet-themed cushions for the pew where visitors sit down and think about death and illness—and importantly, they did. It was a work of slow discovery for viewers as it presented many points for initial contact and viewers during the opening could be seen walking around the window pane or sitting down and listening to the recordings. Between the wallpaper and the pew, viewers have a chance to quietly contemplate illness, considering the ways in which illness has touched their own lives. Hawkins and Williams provide two performative works that stress inter-personal relationships; however, Williams' work necessitates interacting with other people in the gallery space, whereas Hawkins' work provides a space for internal reflection. Williams's piece in this section was an interactive board game loosely based on Monopoly; but unlike Monopoly, in *Microbe Monopoly* the viewers created the rules of the game on their own, traded materials, touched mushrooms, and drank kombucha (if they wished). The game became a work only when activated by those who used it, and Williams was present at opening night to engage people and lead them through the various, open-ended ways with which her game could be interacted. These kinds of works were essential to the show because it was through interacting with them rather than observing them that meaning was made by the viewers.

Also included in this section were works by Christopher Tanner, Van Tran Nguyen, and Joan Giroux whose works put pressure on thinking about illness as more than an individual condition. In fact, taken together, this part of the exhibition foregrounds how even the smallest aspects of personal health reverberate into larger circles of social connectivity. For example, Giroux's work *opening space: conversations about death and dying* (Fig. 1.11-1.12) was a live performance that centered on a discussion on death, dying, and end of life—central themes in her larger body of work known as *Life Review*. For this performance, she asked participants—while dressed first in dark green scrubs and then in a circa 1950s styled nurses uniform—to share experiences they have had with death and the "changes it brought about" for them by writing them down on printed cards.[10] Someone wrote about the loss of their loved one to stomach cancer, noting that it was a "quick death" that led to "turmoil in family dynamics" and "a hole in [their] lives."[11] A significant amount of the stories shared were about cancer, but another participant wrote about losing someone to "suicide" related to "bipolar disorder," which brought about "more therapy, more fear, and more tension."[12] What this performance documented was the way that an individual's illness and fatality has strong impacts on the health and wellbeing of many others, highlighting the porousness between Sontag's kingdoms of the well and the sick. From a curatorial perspective, Giroux's performance helped us track and understand what audience members were bringing with them to the performance, and what they were brought to reflect upon while in the gallery space. Importantly, and like Moody's *Sad Sack*, we curated this exhibition before we could even understand how it would transform the thesis of the exhibition. It put us the curators in the same position as the gallery visitors; the platform of the research-curation opened further, bringing in new information about illness through the experiences shared by those involved in the performance. Giroux's performance helped activate people's lived experiences as part of the exhibition, becoming an aesthetics of healing and living through encounters with death and dying.

The final section of the exhibition demonstrates how illness not only connects people, but is intertwined within our institutions. Carrie C Firman's *Republic of Ill-Diagnosed Persons Passport* provided a great entry point for these themes (Fig. 1.13). Firman creates passports for people who have lived in the "Republic of Ill-Diagnosed Persons." Rather than accruing stamps for new places traveled, like a traditional passport, these documents carry stamps for different experiences with illness and chronic health issues. While passports typically have a rules page that applies to state mandates and laws, Firman's work has rules for people living in chronic states of illness, outlining such things as health insurance and the need for regular medical examinations. These darkly humorous passports stress how illness raises issues concerning movement through and access to space. As Elif Ege points out, "[B]eing a passport, the work is also an invitation to rethink the relation between the individual and national bodies at the intersection of illness, health and citizenship."[13] According to Ege, the work raises the questions, "Which bodies are free to move around? And, how does the dichotomy of healthy/ill complicate this question?"[14]

As Firman's work and Ege's writing point out, illness is tethered to spaces, institutions, and political arrangements. Also included in this section, Vika Kirchenbauer's video *LIKE RATS LEAVING A SINKING SHIP* (2012) demonstrates how illness and pathology are not necessarily "problems" of the body, rather, they might be medicalized and moralized impositions created to regulate certain populations. Kirchenbauer's work is a montage of found video segments overlain with the artist narrating her experience with the medical community during her transition (Fig. 1.14). In the video, she describes a feeling of not fitting into gender and sexual identity categories, interspersing these recollections with medical records that detail doctors' observations of her. These medical observations were part of her medical files and were used in order to allow her to transition. What becomes apparent through the video is that in order to be recognized as trans, Kirchenbauer had to satisfy the presupposed "script" of trans-ness as a medical pathology. The work represents the complex negotiation between the artist and the medicalized state in determining her own claim to gender identity. This work closes the show because it connects illness and disease, as understood by the medical community, to social and political structures of being in the world.

The process of curating this show was an active form of open-ended research that involved a diverse range of stakeholders. As previously mentioned, the works for this exhibition were selected primarily through an open-call that solicited work that responded to the themes of the show. Even the very meaning of what illness is and what it might look like in art was negotiated. Moynihan wrote the open-call, but people proposed works based on their own understandings of illness and disease. While the show began because of Moynihan's experiences as a cancer patient and his understanding of the topic, the goal of the show was not to centralize one individual's experience with illness, but to demonstrate that illness is a deeply structuring part of life despite whether one identifies or not as ill. These themes seemed to resonate. In his review of the exhibition, Dana Tyrrell concluded by writing,

> Illness not only touches individual bodies, but it infects spaces those bodies encounter and often exceeds the ways in which we are capable of receiving it. It is exhibits such as these, which take on a revised cadence in our current political climate that implore us to remember how our societal body has fallen ill before, and ask us to care for each other and our future.[15]

It was precisely that unclear border between physical body and social body, illness as lived reality and illness as metaphor, that this exhibition aimed to intervene. And through that intervention, we also wanted to challenge our own expectations as much as we sought to challenge the expectations of people who came to see that show. It became a form of research that did not posit definitive conclusions, but rather, helped build connections between people and ideas under the umbrella category of "illness."

Illustrations

Figure 1.1: Installation view of entrance with title wall text for *Ill at Ease: Dis-ease in Art*, curated by Conor Moynihan, University at Buffalo Department of Art Lower Gallery, Buffalo, New York, April 13 – May 12, 2017. Photo: Natalie Fleming.

Description: View of gallery interior, facing the wall text. There are four green pedestals space throughout the room supporting, from left to right, Carrie C Firman's *This is Not a Game, This is My Life*, Carrie C Firman's *Republic of Ill Diagnosed Persons Passport*, Rain Lucien Matheke's *Untitled (Ghost Hand)*, and Rain Lucien Matheke's *Untitled (Ghost Cube)*. On the back wall to the left is Vicent Tiley's video projection *The Bees Know What to Do*. On the adjacent wall is the television monitor playing Vika Kirchenbauer's *LIKE RATS LEAVING A SINKING SHIP*. In the foreground on the floor is a brownish white pile of fabric tendrils, which is the installation version of Ann Moody's *Sad Sack*.

Figure 1.2: Installation view from entrance of *Ill at Ease: Dis-ease in Art*, curated by Conor Moynihan, University at Buffalo Department of Art Lower Gallery, Buffalo, New York, April 13 – May 12, 2017. Photo: Natalie Fleming.

Description: View of gallery interior, facing from entrance toward the back of the gallery. Three green pedestals are in the foreground holding, from left to right, Rain Lucien Matheke's *Untitled (Ghost Cube)*, Rain Lucien Matheke's *Untitled (Ghost Hand)*, and Carrie C Firman's *This is Not a Game, This is My Life*. Behind these, there is a matching green moveable wall positioned on a slight backwards angle behind them with the five panels of Molly Alloy's *Resting Place (Appendix, Fallopian Tubes, Uterus, Ovaries, Cervix)*. On the left wall, from left to right, is Frani Evedon's *Alien Land*, Frani Evedon's *Passing Through*, Frani Evedon's *Vessel*, and Phil Hasting's video diptych *13.1.20.20 [7][13]*. On the wall to the right are four works by Christopher Tanner, from left to right: *Chuckles*, *Fancy Pants*, *Woo Woo*, and *Pickles*. In the back corner, near the exit, on the floor is a brownish white pile of fabric tendrils, which is the installation version of Ann Moody's *Sad Sack*.

Figure 1.3: Installation view from back of *Ill at Ease: Dis-ease in Art*, curated by Conor Moynihan, University at Buffalo Department of Art Lower Gallery, Buffalo, New York, April 13 – May 12, 2017. Photo: Natalie Fleming.

Description: View of gallery interior from the back corner of the exhibition. In the foreground is Moira William's *Not everything that counts can be counted: A Microbe Monopoly Game*. Behind this is the reverse side of the green moveable wall with, from left to right, the video monitor for Van Tran Nguyen's *I Can Make You Happy* next to objects that are part of Joan Giroux's performance *opening space: conversations about death and dying*, including a white nursing uniform on a hook and three, black-framed vertically hung photographs. The white window frame with pictures of African Violets from Ames Hawkin's installation *Paper Violets, Vellum Prose* is partially visible to the upper right.

Figure 1.4: Rain Lucien Matheke, *Untitled (Ghost Hand)*, 2015, medical ephemera, resin, 13 x 13 x 13 inches. Photo: Natalie Fleming.

Description: Close up of Rain Lucien Matheke's sculpture *Untitled (Ghost Hand)*. It is a partially translucent, white resin cast of the artist's left hand wrapped with medical tubing that connects to an empty glass jar positioned behind the hand. From left to right in the background, Molly Alloy's *Resting Place (Appendix, Fallopian Tubes, Uterus, Ovaries, Cervix)*, Christopher Tanner's *Woo Woo*, Christopher Tanner's *Pickles*, Carrie C Firman's *This is Not a Game, This is My Life*, Shan Kelley's *Unclean & Friendly I*, and Shan Kelley's *Unclean & Friendly II* are visible.

Figure 1.5: Rain Lucien Matheke, *Untitled (Ghost Cube)*, 2015, medical ephemera, resin, 4 x 4 x 4 inches. Photo: Natalie Fleming.

Description: Close up of Rain Lucien Matheke, *Untitled (Ghost Cube)* on a green pedestal. It is a small, translucent resin cub filled with medical ephemera including blue medical tape, IV tubing, and hospital identification wristbands. Ann Moody's *Sad Sack* is on the ground immediately behind the pedestal.

Figure 1.6: Frani Evedon, from left to right, *Alien Land*, 2014, archival pigment print archivally mounted on tempered hardboard, UV laminate, brushed nickel pegs, 22 x 30 inches; *Passing Through*, 2014, archival pigment print archivally mounted on tempered hardboard UV laminate, brushed nickel pegs, 16.75 x 30 inches; and *Vessel*, 2014, Registered duplex archival pigment ink on transparency film, backlit LED, 28 x 22 inches. Photo: Natalie Fleming.

Description: In the foreground is the green pedestal with Rain Lucien Matheke's *Untitled (Ghost Cube)*, behind which are Frani Evedon's three photographs. On the left is *Alien Land*, which is a photograph taken from an X-ray image depicting a black and white interior of the body on an all black background. Next to this is *Passing Through*, which is a photograph taken from an X-ray image depicting a doubled human spine. Lastly, on the right, is *Vessel*, which is another photograph taken from an X-ray image. This image of the interiority of a body part. The photograph is contained in a silver frame and backlit, making it appear to glow.

Figure 1.7: Molly Alloy, *Resting Place (Appendix, Fallopian Tubes, Uterus, Ovaries, Cervix)*, 2016, Paint, marker, and graphite on wood panel, each 24 by 18 inches. Photo: Natalie Fleming.

Description: In the back right are the five wooden panels that comprise Molly Alloy's *Resting Place (Appendix, Fallopian Tubes, Uterus, Ovaries,* *Cervix)*. Each panel is painted with a white tombstone shape in the center, sketchily outline in light pink. In the center of each work is depiction of each organ being commemorated: an appendix, fallopian tubes, a uterus, ovaries, and a cervix. In front of these are Rain Lucien Matheke's *Untitled (Ghost Cube)* and *Ann Moody's* Sad Sack. Partially visible to the left is Ames Hawkins's *Paper Violets, Vellum Prose* and, to the right, Christopher Tanner's *Pickles*.

Figure 1.8: Ann Moody, detail of opening night performance of *Sad Sack*, 2015, found clothing, satin, yarn, fabric remnants, thread, nylons, polyester fiber fill, carpet padding; installation, 6 x 4 feet; performance, two hours. Photo: Natalie Fleming.

Description: Photograph of Ann Moody's performance on opening night. She is dressed in a costume of brownish-white tendrils that mostly obscure her from view. She is lying face down on the carpeted ground and the legs of gallery visitors are visible behind her.

Figure 1.9: Moira Williams, *Not everything that counts can be counted: A Microbe Monopoly Game*, 2016, participatory performance and process, 48 x 36 x 38 inches. Photo: Natalie Fleming.

Description: Image of Moira William's *Not everything that counts can be counted: A Microbe Monopoly Game*, which is a three-shelf metal industrial cart on wheels. On the top shelf is the glass board top of the game supporting a wooden frame supporting glass vials and other various components of the game. On the bottom two shelves are a variety of organic materials, including jars of kombucha, various water samples, collection of bark, and other materials available for exchange.

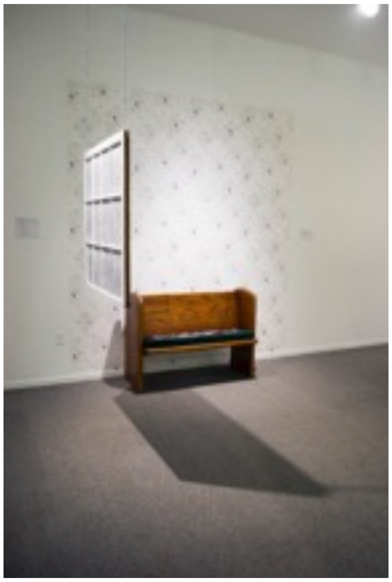

Figure 1.10: Ames Hawkins, *Paper Violets, Vellum Prose*, 2013-2017, mixed media installation, dimensions variable. Photo: Natalie Fleming.

Description: Image of Ames Hawkins's installation *Paper Violets, Vellum Prose*. There is a white framed, twelve-pane window suspended from the ceiling with a wooden pew with a green and purple cushion behind and to the right. Behind the pew on the gallery wall is a section of purple and white wallpaper with violets and curvilinear lines of text. The wallpaper is wider than the pew but does not extend vertically up the entirety of the gallery wall.

Figure 1.11: Joan Giroux, *opening space: conversations about death and dying*, detail with two participants, April 26, 2017, performance with spoken word, gesture, objects, and printed ephemera, dimensions variable. Photo: Jamie DiSarno.

Description: Image from Joan Giroux's performance *opening space: conversations about death and dying*. Giroux is on the left, dressed in teal medical scrubs, collecting cards from two attendees. Visible in the peripheries of the image, from left to right, is Vincent Tiley's *The Bees Know What to Do*, Carrie C Firman's *Republic of Ill Diagnosed Persons Passport*, and Vika Kirchenbauer's *LIKE RATS LEAVING A SINKING SHIP*.

Figure 1.12: Joan Giroux, *opening space: conversations about death and dying*, detail with Natalie Fleming, April 26, 2017, performance with spoken word, gesture, objects, and printed ephemera, dimensions variable. Photo: Jamie DiSarno.

Description: Image from Joan Giroux's performance *opening space: conversations about death and dying*. Giroux is on the right in an all-white, 1950s-inspired nursing outfit, anointing Natalie Fleming with oil using a cotton ball. On a white cloth covered table to Giroux's right are a variety of objects used during the performance included a lit, white candle stick in a holder, a bowl of cotton balls, and other objects. In the back right is Molly Alloy's *Resting Place (Appendix, Fallopian Tubes, Uterus, Ovaries, Cervix)*.

Figure 1.13: Carrie C Firman, *Republic of Ill Diagnosed Persons Passport*, 2010, digital and screen printing with vinyl cover, 3.5 x 4.75 inches. Photo: Natalie Fleming.

Description: Image of four versions of Carrie C Firman's *Republic of Ill Diagnosed Persons Passport*. The closed passport is opened to an interior page with a collectiong of red, black, and blue stamps on the inside. Filling the background is a detail from Vincent Tiley's *The Bees Know What to Do*, show the facial profile of a man lying on his back. His mouth is open and filled with water, some of which is trickling down his cheek from the corner of his mouth.

Figure 1.14: Vika Kirchenbauer, *LIKE RATS LEAVING A SINKING SHIP*, 2012, Single-channel video, 24 minutes, 33 seconds. Photo: Natalie Fleming.

Description: Installation detail of Vika Kirchenbauer's video work *LIKE RATS LEAVING A SINKING SHIP*. There is a scene of figures dressed in white uniforms visible on the screen. The monitor is black and there are two corded headsets hung on either side of the monitor.

Notes: *Ill at Ease*

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[1] Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors* (London: Picador, 2001), 3.

[2] Leonard Davis, *Bending over Backwards: Disability, Dismodernism & Other Difficult Positions* (New York: New York University Press, 2002), 24.

[3] Sontag, *Illness as Metaphor*, 3.

[4] David T. Mitchell with Sharon Snyder, *The Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment* (Ann Arbor: University of Michigan Press, 2015), 8-9. Mitchell and Snyder are building on a large body of literature on “biopolitics,” stemming from Michel Foucault and developed by Giorgio Agamben, Michael Hardt, Antonio Negri, and Jasbir Puar, among many others.

[5] For more on this, see also: Jasbir Puar, “Prognosis Time: Towards a Geopolitics of Affect, Debility, and Capacity,” *Women & Performance: a journal of feminist theory* 19, no. 2 (2009): 161-173.

[6] All internal images within this text are installation photos. This is to capture the curatorial context within which they were exhibited. See the corresponding website to investigate any individual work or artist in greater depth.

[7] Benjamin Kersten, “Rain Lucien Matheke,” in *Ill at Ease: Dis-ease in Art*, ed. Conor Moynihan (self-pub., 2017), para. 3.

[8] After opening night, the costume remained on the space where Moody had performed for the duration of the exhibition.

[9] Scobies in singular form is scoby, which stands for symbiotic culture of bacteria and yeast.

[10] Audience response card, *opening space: conversations about death and dying*, April 26, 2017. Permission to share this card granted by respondent.

[11] Ibid.

[12] Ibid.

[13] Elif Ege, “Carrie C Firman,” in *Ill at Ease: Dis-ease in Art*, ed. Conor Moynihan (self-pub., 2017), para. 2.

[14] Ibid.

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[15] Dana Tyrrell, “Ill at Ease: Dis-ease in Art at University at Buffalo Art Gallery,” *Buffalo Rising*, April 25, 2017, https://www.buffalorising.com/2017/04/ill-at-ease-dis-ease-in-art-at-university-at-buffalo-art-gallery/.

Three Acts, Three Scenes: Your Care, My Care, Careful Care

> Our lives are inherently dependent on others and subject to forces beyond our control. Having more freedom seems better than having less. But to what end? The amount of freedom you have in your life is not the measure of the worth of your life. Just as safety is an empty and even self-defeating goal to live for, so ultimately is autonomy.[1]
>
> —Atul Gawande, *Being Mortal: Medicine and What Matters in the End*

We curated the second exhibition in this series, entitled *Three Acts, Three Scenes: Your Care, My Care, Careful Care* on view at Kunstraum LLC, Brooklyn, from June 24 to July 22, 2018. What became apparent after *Ill at Ease* was that care was deeply connected to the topic of illness and warranted being explored on its own. However, we did not want the theme of care to map evenly along the lines of illness. While these topics are interrelated, care reaches far beyond illness, disease, and pathology. Surgeon and writer Atul Gawande expresses the undesirability of being strictly autonomous in the world. Care is an action and an orientation affecting others over time as we extend and retract ourselves as both givers and receivers of care. Therefore, we decided to focus on media in this exhibition that echoed in form the temporal nature of care itself. We also knew that it would be important to interrogate the performance of care beyond the simplistic understanding that care is inherently good. While care and self-care are often framed as an ideal, care often comes at a cost. This cost can manifest through the giving of care or the cost to others when one focuses on one's own care. Furthermore, care is tethered to moralism and sentimentalism; the right to care, as Miriam Ticktin has argued, delineates whose suffering is and is not "worthy of compassion" and intervention.[2] Thus, we designed the exhibition to flow through three sections, referred to as "acts"— "Act One: Your Care," "Act Two: My Care," "Act Three: Careful Care" (Figs. 2.1-2.3)—and within each of these three acts, three different projects, or "scenes" reflecting our consideration of care as a temporal act. Each scene included one object-based work, one video-based work, and one performance-based work; with each of the three components either registering time, happening over time, and/or making time thematically central to the work itself. While *Ill at Ease* was primarily an exploratory show, meant to explore our understanding of illness through individual projects self-consciously dealing with that theme, *Three Acts, Three Scenes* was meant to be much more deconstructive. We wanted the show to be very obviously about care; however, at the same time, we wanted to include works that were less directly connected to how care is typically represented. The idea was to challenge viewers to find out for themselves how these works dealt with care—or not.

The first act of the show, “Act One: Your Care,” started with what is perhaps a very traditional idea of care. That is, this act focused on works that extended care to someone or something else from the perspective of the caregiver. This part of the show included artists Joshua Rains, Kathy High, Michelle Temple, and Avye Alexandres, each involving the act of giving care. Rains’s *If You Need Me* series are illustrations that the artist made, in exacting detail, based on a Facebook friend’s posts (Fig. 2.4). These posts describe an act of sexual violence perpetrated against his friend which his friend chose to share on social media. In addition to narrating these events, the friend also describes his process of healing and recovery from this horrific event, which included appropriating tropes of New Age culture, such as crystals, and indigenous culture–to which this Facebook friend did not belong. Rains, as an indigenous artist, re-appropriates his friend’s already-appropriated use of indigenous culture for his own purposes of care and recovery. Rains purpose in recreating these posts within an art context becomes even more complicated for a viewer experiencing an anonymous friend’s pain and recovery within a gallery setting. Thus, the show opened with an act of care that was taken rather than given. It is a complicated work as it involves overlapping cases of trauma, where one form of traumatization is used for the recovery from another. This draws attention to the ways that care, especially when given to another, can be exploitative even without intending to be so. *If You Need Me* establishes a narrative of caregiving and caretaking that refuses to easily settle into an either right-or-wrong, good-or-bad binary. The next work in this section, High and Temple’s video *Rat Laughter*, extends care to nonhuman animals.[3] The video humorously makes audible the sounds of rats laughing, which occurs at levels outside of what humans can register, to expose a range of emotions typically not associated with these nonhuman animals. The impetus behind this work is that rats are often used to test new substances prior to human-use. Thus, these artists are interested in calling attention to the ways that rats are essential to our own well-being as human and, therefore, deserve to be cared for and treated with dignity. When we hear that rats laugh, that rats feel emotions as we do, does our desire to extend them our care increase? If so, what is the relationship between our desire to give care and our ability to feel empathy to that which is different than us? Lastly, Avye Alexandres’s performative installation *Flipping Me, Flipping You* reveals the way that the discourse of care can be weaponized against others as she explores the predatory side of real estate investment courses. These classes purport to be about helping its students get in “the know” of house flipping market, but are more often scams to make a quick profit off of those looking to better themselves(Fig. 2.5). Using various elements such as a card game, digital video, and free satirical coupons, Alexandres draws attention to the ways that the promise of care for consumers might actually be a lie. Importantly for the show and for the act, this work pivots on that interstice between the promise of care and self-reliance, highlighting the always already presentness of risk in any act of accepting care from others.

“Act Two: My Care” follows the first act but redirects care inwards to focus on what it means to take care of yourself. As potentially the most capitalistic and neoliberal form of care, that is self-care, it was important for us to find works that, while they were beyond a doubt engaged in self-care, they differed from self-care as it is stereotypically displayed or discussed. For example, Dominic Quagliozzi’s two paintings, *Piss Cup* and *Wipes* (Fig. 2.6), come from a series in which the artist depicts himself in the hospital from a first-person perspective. The first work shows the artist providing a urine sample while the other shows him using antibacterial wipes so as to remain sterile, a common way people in hospitals clean themselves. Quagliozzi has cystic fibrosis, which has led to many stays in the hospital. Thus, taking care of himself, or self-care, has life-threatening implications. This section also included a video piece by ~~Miguel~~ Bonneville, entitled *The Importance of being Simone de Beauvoir*. The connection between this work and self-care was intentionally ambiguous. This video project comes from a series by the artist where he creates video performances that respond to important influences on his life and his work. While the video itself has no formal or visual element that instantly connects to the idea of “my care,” Bonneville creates this performance as an homage to scholars whose work has provided him great nourishment. Finally, the last work in this act, Kathleen McDermott’s *Urban Armor* project, is a feminist, DIY series where the artist re-purposes outmoded or discarded technology towards self-protection and concealment. Specifically, we included the artist’s *Personal Space Dress*, which humorously and satirically expands, by using a motion detector, to create a ring of space around the wearer when someone gets too close (Fig. 2.7). This work is a hypothetical design for how self-care can be enforced in public space.

For the final section "Act Three: Careful Care," we wanted to think about care as it extends to larger systems such as healthcare, the environment, and global politics. We wanted our visitors to explore how care suggests a way of being in the world, which is to say that taking or giving care involves a recognition of others' rights to exist within certain conditions–taken expansively to include the animate and inanimate. Thus, we looked to include artists that thematized precarity and attentiveness in their works. This led us to select the work of artists Stephanie Rothenberg, Sharif Waked, and Kyla Kegler. Rothenberg's *Planthropy* series provided the perfect entry point for this act (Fig. 2.8). Tethered to the internet and mining social media through hashtag filters, this work includes live plants that would only be watered when people tweeted or posted on social media about philanthropic giving to specific causes. We included two of these works in the exhibition: one that responded to animal rights, and the other, to environmental causes. In real time on scrolling text, this work displays comments about charitable giving as they are posted online. On one hand, this work drew attention to the ways that people were making a difference in the causes that matter to them; on the other hand, the reasons people gave for donating were not always as altruistically-minded as one might have thought. Care, specifically care for causes, became a social performance through technology, where plants would either be watered or die in the gallery based on anonymous decisions to extend care. Sharif Waked's work also had a satirical component to it; entitled *Chic Point*, this video plays on the slippage between "chic," as in fashionable, and "check," as in the security checkpoints that regulate access for Palestinians in Israel, Gaza, and the West Bank. In a tongue-in-cheek move, this video opens with the cat-walk scene where men model inventive fashions that exposed, or allow the exposure of, their midriffs. In the final scene, we leave the runway for archival photographic imagery showing men forced to expose themselves in border crossings, often under the threat of guns facing them. Thus, this work draws attention to the ways that borders, in this case between Israel and Palestine, become unequal lines of precarity and vulnerability, containing some and permitting others freer movement, in the name of national care. Finally Kyla Kegler's installation *Feel Me* involved a number of performative objects that were designed to stimulate bodies within their environments as tools to help users dwell in sensation together (Fig. 2.9). Rather than positing good sensations over bad sensations, this work stressed being in one's body in an active sense. The various tools available to viewers, such as hot pink lacrosse balls and a dangling silver purse, are available to touch, interact with, and probe parts of bodies that might rarely be explored except through these carefully curated acts of stimulation within the space.

Three Acts, Three Scenes includes a catalog to be released one year after the opening of the exhibition–one that reflects the themes of the show, catalogs the works included, and allows for future engagement with this part of our project. To encourage this and to acknowledge the temporal distance between the show and catalog, we solicited three new essays to be included within it, with each one correlated to one of the acts of the show. We gave a simple prompt to each of the writers, asking them to write a response, in any manner of their choosing, to a theme from either “Act One: Your Care,” “Act Two: My Care,” or “Act Three: Careful Care.” Kathleen Fleming wrote about the implications of extending care to young students, something that they need but also as an act that has an emotional toll on herself as a volunteer tutor. Dwelling on how he took care of his needs, Arno Mokros describes his experiences working with medical professionals so as to get top surgery, detailing the unexpected consequences when visions of masculinity are not verbally addressed between patient and surgeon. Lastly, Lisa Kaftori, in poetic prose, describes her appreciation and valuation of the environment as coming from carefully-learned lessons from her mother. Writing from California where she has lived through—and is still living through—the effects of climate change and natural disaster, her essay draws attention to the ways that we need to cultivate personal relationships with the environment as a means to extend care on a much larger level.

Illustrations

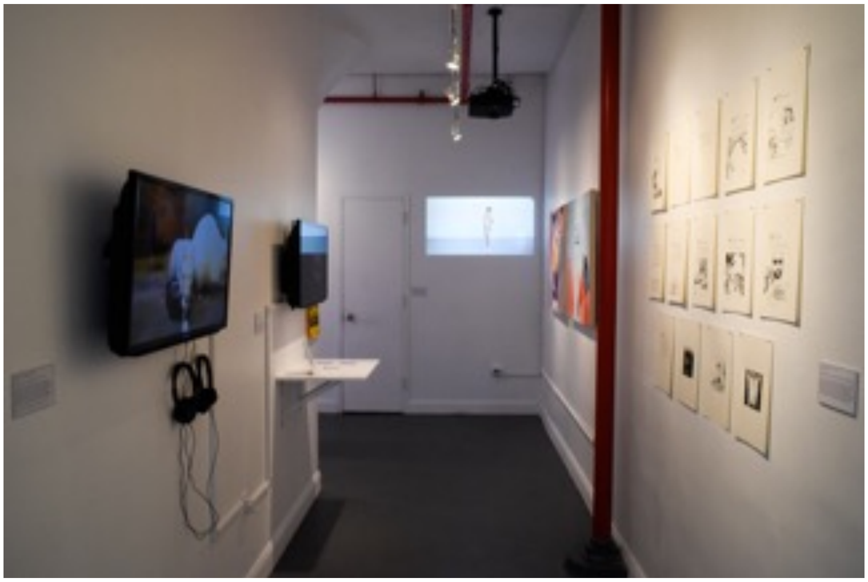

Figure 2.1: Installation view of *Three Acts, Three Scenes: Your Care, My Care, Careful Care* with “Act One: Your Care” in the front, curated by Natalie Fleming and Conor Moynihan, Kunstraum LLC, Brooklyn, New York, June 24 – July 22, 2018. Photo: James Hilton.

Description: View of gallery interior from entrance. Gallery is a narrow space and turns left at the end of this hallway. On the left are two monitors: Kathy High and Michelle Temple’s video *Rat Laughter* on the left and Avye Alexandres’s multi-component series *Flipping Me, Flipping You*. ~~Miguel~~ Bonneville’s Study for The Importance of Being Simone de Beauvoir projected on far wall of the gallery. On the wall to right, from left to right, are fourteen illustrations organized in three horizontal rows from Joshua Rains’s *If You Need Me* series, Dominic Quagliozzi’s *Wipes,* and Dominic Quagliozzi’s *Piss Cupt*.

Figure 2.2: Installation view of “Act Two: My Care,” *Three Acts, Three Scenes: Your Care, My Care, Careful Care*, curated by Natalie Fleming and Conor Moynihan, Kunstraum LLC, Brooklyn, New York, June 24 – July 22, 2018. Photo: James Hilton.

Description: View of gallery interior from otherwise of gallery space. On the right is Kathleen McDermott’s *Urban Arbor #2*, a pink and white dress on a black mannequin, and a television monitor mounted next to the dress on the wall playing Kathleen McDermott’s *Urban Armor Video Reel*. There is a concrete column in the middle of the image, behind which is Dominic Quagliozzi’s *Piss Cup* and *Wipes*, on the left and right respectively.

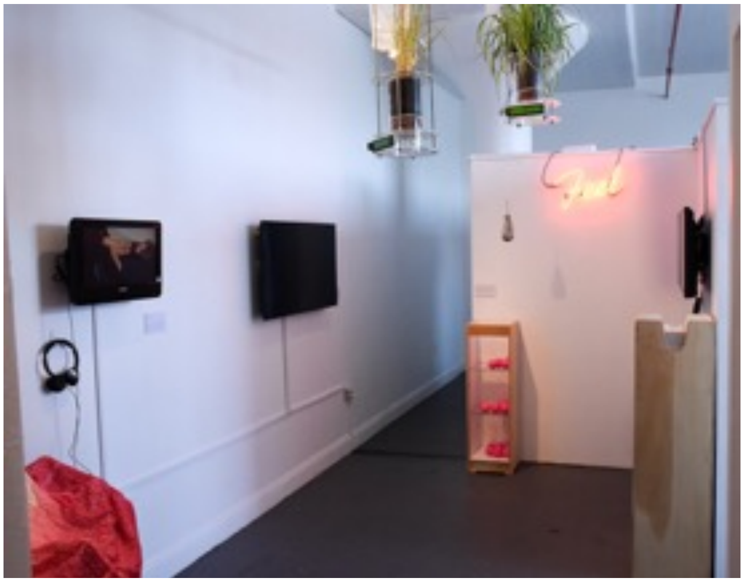

Figure 2.3: Installation view of “Act Three: Careful Care,” *Three Acts, Three Scenes: Your Care, My Care, Careful Care*, curated by Natalie Fleming and Conor Moynihan, Kunstraum LLC, Brooklyn, New York, June 24 – July 22, 2018. Photo: James Hilton.

Description: View of gallery interior facing toward the back of the space. Two video monitors are mounted on the wall to the left: Kathleen McDermott’s *Urban Armor Video Reel* and Sharif Waked’s *Chic Point*, from left to right respectively. Suspended from the ceiling are two of Stephanie Rothenberg’s *Planthropy* works, each comprised of one potted plant in a clear plastic container with digital scrolling text bar at the bottom each. In the right corner is Kyla Kegler’s *Feel Me* multi-part installation with wood and plexi shelf filled with bright pink lacrosse balls, an illuminated red neon sign that says “Feel,” and a video monitor in profile.

Figure 2.4: Joshua Rains, *If You Need Me* (selections), 2015-2016, ink and white-out correction tape on cold-press watercolor paper, 9 by 12 inches, series of 40. Photo: James Hilton.

Description: Fourteen illustrations hung on the wall in three rows. First and second rows have five illustrations and the third row has four illustrations. Each illustrations is done in black ink on white paper. All are mounted to the wall with small, circular magnets in the upper right and upper left corners.

Figure 2.5: Avye Alexandres, *Flipping Me, Flipping You* series, 2018. Multiple components: *A Special Bonus!*, digital print, edition of 500 (right); *Say Yes!*, 2018, set of cards, 2.5 by 3.5 inches, edition of 5 (bottom); *The Average Attendee*, 2018, single channel digital video, 1:57 minutes (top). Photo: James Hilton.

Description:

Figure 2.6: Dominic Quagliozzi, *Piss Cup* (left) and *Wipes* (right), 2014, acrylic and silicone on canvas, 32 by 34 inches (each). Photo: James Hilton.

Description: Painting on the left depicts a man holding his penis and urinating into a cup over a toilet. The painting on the right depicts a pair of bare legs with a box of wipes on the tiled floor just in front of the man’s feet. The man’s right hand is gloved and he is in the act of wiping his leg. Both paintings are done in a first-person point of view from the subject’s perspective.

Figure 2.7: Kathleen McDermott, *Urban Armor #2: The Personal Space Dress*, 2014, fabric, motors, ultrasonic sensors, microcontroller, umbrella parts, recycled plastic, 36 by 36 by 36 inches. Photo: James Hilton.

Description: Kathleen McDermott's *Urban Arbor #2*, a pink and white dress on a black mannequin, and a television monitor mounted next to the dress on the wall playing Kathleen McDermott's *Urban Armor Video Reel*. The dress has a motion sensor at the waist, when activated the skirt expands.

Figure 2.8: Stephanie Rothenberg, *Planthropy*, 2015, mixed media with custom hardware, 8 by 8 by 30 inches per plant sculpture, 2nd edition software. Photo: James Hilton.

Description: Two clear plastic and metal containers holding plants, soil, and clear plastic water bags suspended from the ceiling. The plant on the left is a grassy plant with a yellowish green color. The plant on the right is also grassy but a more verdant shade of green. There is a scrolling text bar on each sculpture where live tweets about charitable giving are displayed.

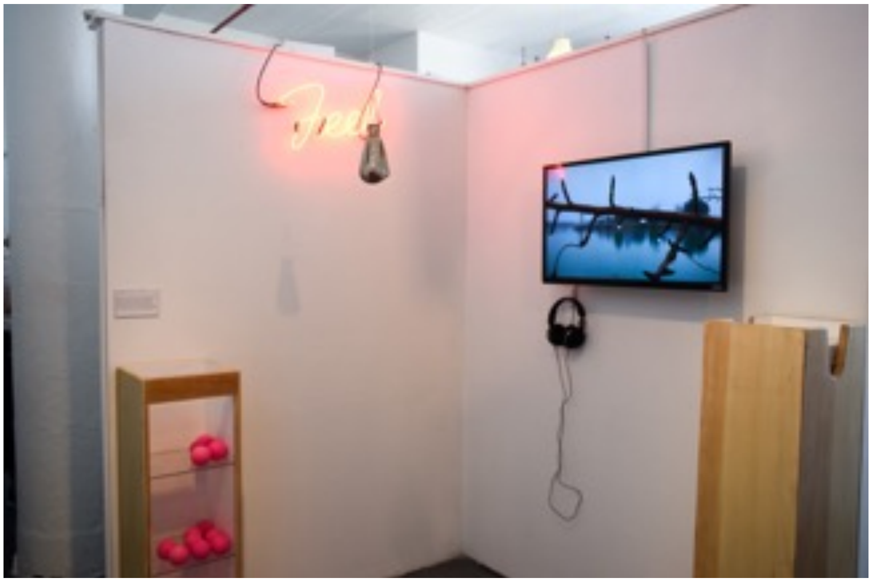

Figure 2.9: Kyla Kegler, *Feel Me*, 2018, multi-media installation, dimensions variable. Photo: James Hilton.

Description: Image of Kyla Kegler’s *Feel Me* multi-part installation with wood and plexi shelf filled with bright pink lacrosse balls, an illuminated red neon sign that says “Feel,” and a video monitor in profile. Suspended in the middle of the space before the neon sign is a silver mesh bag.

Notes: *Three Acts, Three Scenes*

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[1] Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), 140.

[2] Miriam Ticktin, *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (Berkeley: University of California Press, 2011), 13.

[3] As a video piece, *Rat Laughter*—as with ~~Miguel~~ Bonneville's and Sharif Waked's respective videos—is best viewed as stills rather than installation shots. To see these works, please attend to gallery floorplan above.

Showing and Telling: The Limits of Vision and Speech

> Simply put, diagnosis wields immense power. It can provide us access to vital medical technology or shame us, reveal a path toward less pain or get us locked up. It opens doors and slams them shut.[1]
>
> —Eli Clare, *Brilliant Imperfection: Grappling with Cure*

This project is now entering its final stages as we turn to researching the final show of this tripartite exhibition. Unlike *Ill at Ease* and *Three Acts, Three Scenes*, which have already been researched, hung, and completed, this final phase is still under development in the research phase. The idea that this would be a three-part exhibition was realized early on in the process, shortly before *Ill at Ease* went on view in the spring of 2017. For the final component, we want to focus on an aspect that relates to both illness and care, but also could exist as a standalone research-curation project. Like *Three Acts, Three Scenes*, the final exhibition will have a deconstructive methodology focusing on the limitations of diagnosis. In particular, we are interested in bringing together works that draw attention to the limits of diagnostic processes writ large. That is to say that as diagnosis correlates to observation and the determination of maladies, we want this final aspect of our project to consider the ways that all forms of observation and determination are inherently subjective and inter-relational. In other words, we are interested in exploring the limits of diagnostic methodologies and dwelling on what remains in excess of what can be seen, heard, or observed in the body or mind of another. Furthermore, when diagnosis is used in concert with cure, it becomes differentially yoked to class. As Leonard David notes, "the possibility does exist of cures for many impairments that now define a group we call 'people with disabilities.' We must recall though, that cures will of course only be available to people with means in wealthy countries."[2] While we are not interested in upending the value, need, or capacity of the diagnostic process, as the field of disability studies has pointed out, there is a benefit too of trying to think past the limitations of categorical and definitional diagnoses.

In his most recent book *Brilliant Imperfection: Grappling with Cure*, disability and LGBTQ activist Eli Clare contends with the issue of cure, arguing that in the pursuit of cure, violence is often enacted. Related to cure, for Clare, is the issue of diagnosis. As quoted in the epigraph, Clare has an ambivalent stance on diagnosis, conceding that it has necessary benefits just as these benefits come with potential or actual consequences.

In his typical prosaic analysis, Clare delineates what diagnosis does in an eloquent paragraph worth quoting in its entirety:

> Diagnosis names the conditions in our body-minds, charts the connections between them. It holds knowledge. It organizes visceral realities. It draws borders and boundaries, separating fluid in the lungs from high blood pressure, ulcers from kidney stones, declaring anxiety attacks distinct from heart attacks, post-traumatic stress disconnected from depression. It legitimizes some pain as real; it identifies other pain as psychosomatic or malingering. It reveals little about the power of these borders and boundaries. Through its technology–x-rays, MRIs, blood draws, EKGs, CAT scans–diagnosis transforms our three-dimensional body-minds into two-dimensional graphs and charts, images on light boards, symptoms in databases, words on paper. It holds history and creates baselines. It predicts the future and shapes all sorts of decisions. It unleashes political and cultural forces. At its best, diagnosis affirms our distress, orients us to what's happening in our body-minds, helps make meaning out of chaotic visceral experiences.[3]

As Clare rightfully points out, diagnosis is intimately tethered to the technologies and processes that promise to make the body and the mind legible for analysis and interpretation. Recognizing that "diagnosis rarely stays at its best," Clare, who is a trans man living with cerebral palsy, has many justifiable reasons and lived experiences that warrant his skepticism for both the diagnostic process and the rhetoric of cure that follows.[4] As he has experienced it, and as he has witnessed others go through it's torturous process, he points out: "It is brandished as authority, our body-minds band to match diagnostic criteria rather than vice versa."[5] Even as Claire is critical of diagnosis and cure, he grapples with the spaces and situations within which his rhetoric might not fit, realizing that what cure, and perhaps even diagnosis, means to him might not be the same for someone else going through illness, disease, or disability.

Rather than dismantling or simply affirming diagnosis, we want to craft a curatorial project that delves into the complications of this process, which can be as fraught as it is life-saving. This means that even though we come to that table with our own ideas about, and experiences with, the themes we want to focus on, and while this process takes research and investigation prior to becoming public, we still aspire to the research-curation format that allows for people who make the artwork we incorporate, come to the exhibition, read the catalog, or engage with this project's website, to bring their own ideas to bear on the project. And, importantly, draw their own conclusions about diagnosis. Diagnosis also extends far beyond the medical field, gaining rhetorical traction in the cultural and political arenas. From popular psychology to conversations about national borders, diagnosis figures as a key rhetorical device. For example, writer and psychologist Nigel Barber, in a blog post for *Psychology Today*, notes that even though "[p]rofessional psychiatrists and psychotherapists are loath to go on record saying that Trump has a psychiatric disorder on the premise that one cannot give a diagnosis without an office visit…the DSM [Diagnostic and Statistical Manual of Mental Disorders] is written so clearly, and so simply, that the diagnosis [of Trump's Narcissistic Personality Disorder (NPD)] is transparent."[6] He continues to list nine of the DSM-5 symptoms associated with NPD, including "1. Grandiosity with expectations of superior treatment by others" and "2. Fixated on fantasies of power, success, intelligence, attractiveness, etc.," concluding that while Trump does not fit all of the criteria of the disorder, he does present enough of them to be diagnosed with NPD.[7] Moving from this diagnostic conclusion, Barber contends that "Narcissists are difficult to deal with, whether as friends or as politicians. They do not feel the need to build consensus, which is why most are screened out by democratic systems of government."[8] Whether one agrees or disagrees with this assessment notwithstanding, what is of relevance here is how a medical diagnosis—made through observation from afar—is leveraged to make claims about the political environment.

This is not without historical precedent, especially in American immigration policies forged at the beginning of the twentieth-century. In his important discussion on the interrelations of immigration, disability, and race, disability studies scholar Jay Timothy Dolmage maps out the ways that Ellis Island was a "rhetorical space," a term he borrows from Roxanne Mountford, because "power travels through Ellis Island" and "Ellis Island, as a space and as an idea, structures and shapes power."[9] As a site where immigrants were subjected to diagnostic scrutiny, he discusses how immigration offers used the rhetorical space of Ellis Island to decide who could or could not immigrate to the United States based off of quick "medical glances" that lead to "snapshot diagnoses."[10] Dolmage explains, "The social processing that Ellis Island engendered was all about identifying and sometimes manufacturing abnormal bodies: these elements are out of place; these bodies are disordered. Ellis Island created a physical space in which abnormality could be arrested or deposited."[11] This lead to the production of difference as negative and excludable, naturalizing the need—in eugenic terms—to exclude certain bodies from the nation-state and producing a conflation of disability and race that marked some as undesirable or disqualified.[12] As Dolmage makes clear, diagnosis was not used just to lead to treatment, it was leveraged to produce normalized exclusions from the social and political body. This has had lasting effects on American conceptions of race and disability, providing an apparatus for anyone to quickly assess someone else's worth based on external and observable features. Dolmage concludes, "Whether or not this outcome was desired, Ellis Island helped to strengthen or validate this propensity for body-reading in everyone."[13]

As our citational practice suggests, we are looking to include projects that place a strong and complicated emphasis on the position of disability in the diagnostic process. At the same time, we are looking for work that aims to thematize what remains in excess and unknowable at the limits of sight and touch. This article is now another platform for us to interact with people on these topics. Fleming has designed the final portion of the website to be open to your responses. While we research this final phase of the show, we want to hear from you. Tell us your thoughts on diagnosis. What does it mean to you? How have you experienced the process of diagnosis? What has diagnosis affirmed and what has it left feeling unsatisfied?

Returning to Dolmage's definition of rhetorical space, but moving beyond the disciplinary measures of Ellis Island, we see our practice of curation as a form of rhetorical space praxis. By creating exhibitions, we, as curators, can never make totally invisible or inoperable the influence we bring to the exhibition through the ways that we present information, art, and ideas. Nonetheless, by knitting together curatorial projects that deconstruct and consider small topics from myriad perspectives, we see our practice as creating spaces for critical thinking, ceding control of the "final" meaning back to the people who come to see them. This works especially well for us as co-curators as there is a constant exchange of ideas. Fleming might propose a work to consider that Moynihan had not considered working for the exhibition, and vice versa. It challenges us to think through the questions our exhibitions pose in such new ways that we find ourselves challenging our own assumptions. Thus, as rhetorical spaces, we see our exhibitions as fostering this type of reflective inquiry where viewers, artists, or even people who read the catalog without ever visiting the show can formulate their own conclusions. This is not to state that we do not have our own goals and politics in the process. We do, but we really want to position our claims alongside other interpretations and perspectives. At its best, this is what art does: it provides ways to consider something differently, thinking through an idea, form, or topic visually and materially. *Ill at Ease: Dis-ease in Art* began this project, starting with disease as it becomes intertwined with people and spaces. *Three Acts, Three Scenes: Your Care, My Care, Careful Care* explored what care means as a word an action. In an ironic flip of medical temporality, our final project in this series, *Showing and Telling: The Limits of Vision and Speech,* ends on diagnosis, typically, the starting point connecting pathology to cure. Curative time, as explained by disability studies scholar Alison Kafer, is animated by a series of questions: "Were you born that way? How much longer do you have to live this way? How long before they invent the cure? How long will a cure take? How soon before you recover?"[14] All of these questions posit ends, they seek conclusions to mark things over and done. In contrast, we want to dwell in the questions our research-curation praxis posits, forever finding new ways to think about how illness, care, diagnosis, or any other thematic question reverberates and changes over time. That is to say, we always want to find ease in dis-ease, and dis-ease in what comes with ease.

Notes: *Showing and Telling*

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[1] Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham: Duke University Press, 2017), 41.

[2] Leonard David, *Bending over Backwards: Disability, Dismodernism & Other Difficult Positions* (New York: New York University Press, 2002), 24.

[3] Clare, *Brilliant Imperfection*, 41.

[4] Ibid., 42.

[5] Ibid.

[6] Nigel Barber, "Does Trump Suffer from Narcissistic Personality Disorder?" *Psychology Today*, published August 10, 2016, accessed June 27, 2019, https://www.psychologytoday.com/us/blog/the-human-beast/201608/does-trump-suffer-narcissistic-personality-disorder

[7] Ibid.

[8] Ibid.

[9] Jay Timothy Dolmage, *Disabled Upon Arrival: Eugenics, Immigration, and the Construction of Race and Disability* (Columbus: The Ohio State University Press, 2018), 9.

[10] Ibid., 19.

[11] Ibid., 10.

[12] Ibid., 17.

[13] Ibid., 31-32.

[14] Alison Kafer, *Feminist, Queer, Crip* (Bloomington and Indianapolis: Indiana University Press, 2013), 28.

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