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Blending Worlds with Mending Words: How to Create the Patient as a Poem

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Abstract

The foundation for the artistic research presented in this paper are anamnesis interviews that I conducted with rheumatic patients at the AKH Wien, Vienna's General Hospital. The theory of a 'progressive universal poetry', formulated by Novalis and Friedrich Schlegel in the age of German Romanticism, provides the theoretical framework. It states that the poetic process of creation ultimately means to transform the body and its organs into tools of world modification. The 'PA – poetical anamnesis', a technique I developed for the practical part, draws on this idea and conceptualizes the autoimmune body as a modified and therefore poetic body. Consequently, the symptoms of an autoimmune disease are understood as articulations of this modification, as signs of a burgeoning transformation of the body into a poetical means of world creation. The goal of the PA is to capture the poem of the autoimmune body and to (re)construct the patient as transformative serial poetry.

Keywords: poetry, autoimmunity, chronic illness, embodied language, transgression, language-based artistic research

Preamble

'He who has been mad enough to come into this world, should eventually comprehend that she is ready for delivery by poetry.' (Sloterdijk 1988: 138, transl. by Barb Macek)

When I was employed as a tutor at the Medical University of Vienna, guiding an interdisciplinary student group to lead anamnesis interviews with hospital patients, I started a research project to develop new, artistic forms of anamnesis in a clinical context. (Anamnesis is the process of taking a patient's personal medical history.) The interviews that provide the basis for the poetical series in this paper (see 4.5.1) were conducted at the rheumatology department of the General Hospital Vienna. The patients signed declarations of informed consent and were aware that their — anonymized — answers were going to be used for further academic and artistic purposes.

The project forms part of my ongoing investigation into autoimmunity and its meaning as an existential human condition. This research started in 2018 and is also central to my current PhD project, titled 'Autoimmunität und anthropologische Differenz' (Autoimmunity and Anthropological Difference).

1. Background

1.1 Universal Poetry

As a poet and writer, it was natural for me to use language as a resource (among others) for my artistic research. The 'PA – poetical anamnesis', a technique I developed in the course of my work at the Medical University Vienna, repurposes a key concept of early German Romanticism, the 'Progressive Universalpoesie' ('progressive universal poetry'). Within this theory, poetry became the world-determining principle. Its first law, as formulated by Philosopher Friedrich Schlegel (Schlegel 1967: 181), implies that the will of the poet does not allow for any authority above him.

The theory was the result of a collaboration of Schlegel, who is responsible for its written form (first published in 1798), and Novalis, who was not only a poet (and the creator of the blue flower as the iconic symbol of German Romanticism) but also a trained natural scientist. Novalis studied mining sciences in Jena that at the time included mathematics and physics and maintained a lively exchange with the physicist Johann Wilhelm Ritter, known for his self-experimentation on galvanic phenomena and the discovery of 'chemical rays' that later were called ultraviolet radiation.

Universal poetry in a nutshell not only encompasses all literary genres but conceives of all artistic as well as scientific disciplines as closely linked and equally important for our understanding of the interplay of forces in the cosmos. The term 'progressive' indicates the importance of 'becoming' within the theory; in which everything was seen as unfinished, in fact, eternally so — therefore all works of theory and art were regarded as constant works in progress, and the fragment was the preferred literary form of German Romanticism.

1.2 Art & Illness: A Peculiar Perspective

In regard to the relation between art and illness I suggest that the artist, as well as the patient, by producing art or an illness, becomes 'un monstre et un chaos'. This thesis draws on Nietzsche, who in turn referred to Blaise Pascal's warning that humans over history — especially with growing distance to Christianity — would become monstrous and chaotic to themselves. Nietzsche stated that modern man is already there, that she has already become that monster, that chaos — and he did not consider this as something bad or reprehensible. (Cf. Nietzsche 1954a: 507)

I state that art as well as illness can be seen as exemplary for monstrosity in the sense of something extraordinary, wondrous, with an imaginary quality — and for chaos, indicating derangement, disorder, and anarchy.

This image (Figure 1) is part of a series of experiments I conducted concerning the monstrous aspects of the changes that an illness, especially an autoimmune disease, entails. The series also refers to the art of the grotesque — applying alienation/dissociation and ironic extremeness as sty-

listic elements, and thereby addressing the key processes of autoimmunity: lysis (i.e. dissolution), elimination, and phagocytosis (i.e. devouring).

Illness stands for a loss of order, it involves monstrosity in the sense of deviance, abnormality, and transgression of the borders of the ordinary. It reminds us that the body is still a mystery — or, as Nietzsche asks:

Does not nature withhold by far the greatest part, even the very closest to him from man — his own body, of which he only has a buffoonish awareness? And there he is, locked up in this consciousness, and nature threw away the key. (Nietzsche 1954: 271, transl. by Barb Macek)

When we state that these enigmatic features of our bodies become more obvious in the case of illness, then health is a condition that facilitates the tendency to overlook the wonders of our physique. There is an interesting definition by the French surgeon René Leriche, made known by Georges Canguilhem, saying that ‘health is life lived in the silence of the organs’ (Canguilhem 1998: 91). Finding oneself admitted to hospital might indicate that the organs have started talking.

2. Specifications of the Poetical Anamnesis / PA

In the clinical context irregular signals of the body are interpreted and treated as symptoms. But what if we treat them as meaningful messages, without judgment, without trying to classify them? If we, instead, try to decipher them with open senses, with an open mind?

This is the way of the PA: to mount these signs in respect to the context, i.e. the body, the person, her surroundings — to a significant text. It is the experiment of (re)constructing the patient as a poem.

And this is the perspective of the PA: The patient produces his illness as a piece of art — the anamnesis is the assemblage of her products, bringing the artwork to light that is hidden behind the symptoms, and behind the verbal as well as nonverbal utterances of the patient.

2.1 Autoimmunity

Autoimmunity in the clinical context is still a medical mystery. The pathogenesis (cause and development) of autoimmune diseases is unresolved within the biomedical model. I therefore suggest using and understanding the term ‘autoimmunity’ as *Mana* — a concept that was introduced by Marcel Mauss into ethnology for the imagination of the invisible or eternal, for the ungraspable.

Ethnologist Lévy-Strauss used the term as an open signifier, something that ‘resist[s] the constitution of any unitary meaning’ (Lévy-Strauss 1987: 63) — thus remaining open to different meanings in different contexts.

The Italian philosopher Giorgio Agamben also dealt with the concept of *Mana* as an indicator for an emptiness of sense; he sees it as something primarily affecting the scientists that use the term — stating that it is the shadow of it that enfolds the effect (cf. Agamben 2010: 22ff).

In case of the term ‘autoimmunity’ the shadow is easy to identify — it can be traced back to the expression ‘horror autotoxicus’ (i. e. ‘fear of auto-intoxication’), coined by Paul Ehrlich, to describe the natural fear of the organism to intoxicate itself — that should prevent the occurrence of some-

thing like autoimmunity in the first place.

The horror stayed since then, linked to the concept, as something dark and threatening, as it is also emphasized by Anderson and Mackay in their *Short History of Autoimmunity*:

The paradox at the heart of autoimmunity helps to explain the durable resistance to the concept. ‘[...] The body’s failure to recognize itself, its capacity to treat itself as foreign, seems both sinister and bizarre’. (Anderson and Mackay 2014: 2ff)

When I was conducting anamnesis interviews in the rheumatology department where most patients have an autoimmune condition, I started to develop and employ poetological methods with the aim to explore this paradox of autoimmunity, and to enlighten the horrifying shadow cast by the term and its history.

2.2 Poetization

It is my conviction that the addressed darkness can be accessed, and even enlightened, by means of poetization. Poetry, rooted in the Greek word ‘*poiésis*’, means creation, it means to bring something out of the darkness and into the light. Agamben said that every time when something is produced, when it is brought from nonexistence into presence, we are concerned with poiesis, poetry, or generation (cf. Agamben 2012: 79).

By using poetry in order to learn more about something as ominous as it is hiding behind the noun autoimmunity, I refer to this understanding of poetry and to Novalis’ thoughts on the act of poetizing. He describes it as the active use of our organs with the aim of becoming independent of nature. The duty of poetry is to force our senses to produce the form we require, that we demand, thus enabling us to live — in the true meaning of these words — in our world:

Our body is the instrument to form and modify the world. We have to train our body as an omnipotent organ. Modifying our instrument means modification of the world: The purpose of the higher practice of poetry is to convert all that is involuntary into voluntary acts. (Novalis 1953: 446, transl. by Barb Macek)

In hospitals, in biomedical settings, the signals of the autoimmune body are deviations, compared with the normative body, i.e. the body in correspondence with the norm that is reflected in the standard values of the blood work and the absence of signs like skin eruptions, swellings, reddening, etc. They are gathered as abnormalities, labeled as symptoms in the course of the biomedical anamnesis procedures, and classified in accordance with the respective diagnostic guidelines. The end result is an umbrella term like rheumatoid arthritis or systemic lupus erythematosus that conveys and at the same time stands for the diagnosis.

But for the PA the specifics of the autoimmune body are first manifestations of an ongoing poetical modification on a physical and psychological level. Accordingly, autoimmunity — the process behind — attains significance as a trigger of transformative processes, a motor for modifications on

the level of the organs, of the nervous system, with an ultimate strive for global transformation.

The patient, by starting autoimmune processes that include activities of the immune system against his or her own body tissue, forces his/her cells to transform, to constitute a new body that — as a possible result — can change his existential situation, that can change her entire world.

2.3 Special Case: Doing Anamnesis with an ‘Agent Poétique’

As a special form of practicing anamnesis in the hospital I introduced a third agent, or, as I called it, an ‘agent poétique’ (poetic agent) into the anamnesis process. It had the shape and appearance of a plastic crow (Figure 2).

2.3.1 Setting

The crow is placed on a hospital chair, in the middle of the room. The human interviewer sits on its right side, and the patient on its left side. The crow’s head points to the left, in the direction of the patient. It takes on the role of the doctor, of the interviewer, it is the focus of attention, the addressee of the patient’s answers.

2.3.2 Background

The presence of the animal figure is the presence of the symbolic third within this anamnesis constellation. It also implicates the meaning of the represented bird:

The crow, as part of the family Corvidae (corvids), is a mythological messenger, ascribed with the ability to wander between worlds, from this one to those beyond. The common expression used in this context is ‘psychopomp’ (guide of souls), suggesting that birds like crows and ravens accompany the souls of recently deceased from earth to the afterlife or underworld. Psychoanalyst Carl Jung referred to psychopomps as mediators between the conscious and the unconscious that appear in dreams and myths in the guise of wise men or birds like ravens.

Corvids in mythology are also described as tricksters, ambivalent figures — neither good nor entirely bad, cunning, and inept at the same time, neither female nor male, neither human nor animal. The trickster is a shapeshifter, a crook, a fool, a hybrid, and also a messenger.

The plastic crow in the hospital causes an irritation: The first reaction it provokes is the thought that it is displaced, that it does not belong here. So, the figure per se crosses borders: the border of appropriateness within the clinical environment of a hospital ward, the border of life and death because it resembles a living animal, an animal that represents a psychopomp, and at the same time it is an inanimate plastic figure. In its appearance as a crow, as the messenger bird, the soul guide, the mediator between the conscious and the unconscious, new possibilities for the patient to open up to express her situation. Being placed in the middle of the anamnesis setting animates it.

This ambivalence of the plastic crow — being an artificial product but also a mythological figure — is an invitation for transgressions of all kinds.

2.3.3 Transgression

Transgression is the main characteristic of the carnival, as Michail Bachtin explained in his analysis of the function and meaning of the medieval carnival (Bachtin 1967). The crow implements a carnivalesque and also a grotesque element in the anamnesis situation at the hospital, indicating, as it is known from the timeframe of the carnival, that the hierarchies are suspended, and the common rules lose significance.

How will the patient react in the presence of the crow? How will it affect his answers in regard to his medical history? These are some of the questions that are addressed by this specific setup. The protocols of the PA-interviews serve as poetic material, as the basis for further interpretation, and the results can be read as poems.

3. Project Specifications

3.1 Hypothesis

The patient poetizes his body by activating autoimmune processes on a cellular level so that it becomes a modified body. With these physical changes she tries to change the world in her sense, with the aim to be able to actually, truly, live in her world.

3.2 Project Goal

The goal of the poetical anamnesis is to interpret the signs of change, of transformation, that in a clinical context are accounted for as symptoms, in regard to the world and the existential state of their carriers. It is about capturing the body poem, translating it, and reconstructing it as transforming serial poetry.

3.3 Motivation

The motivational background of this project is also an important part of it. As the project leader, I consider it relevant that there is a personal involvement at the level of the body, the mind, and the existential state, as it concerns a topic that exposes the vulnerability of those affected by the condition in question.

I consider it appropriate then, that I disclose my belonging to the group of persons affected by an autoimmune disease and by its effects on all levels of my existence. I think that it is important to know by personal experience what these effects mean, how it feels like when your organism acts or reacts in this way, when your body launches these autoimmune processes.

It is because I am also a patient who has to visit the outpatient department for rheumatology on a regular basis, and from time to time finds herself committed to the hospital as an in-patient, that I know the ‘other side’ of the anamnesis, that I had these conversations with doctors, explaining their diagnosis and its implications to me. Therefore, I know what information is communicated, and I know about the images and metaphors that are commonly transmitted to patients. (Cf. Macek, 2019). It is the root of my motivation for the research on autoimmunity that I want to contribute to a shift in how it is conceived of, by finding other pictures, and other terms, so as to develop a new imagery for autoimmune dynamics, and thereby support others affected by this condition by providing alternative cognitive maps for coping with autoimmune diseases.

4. Practical Principles of the PA

The use of poetry for art-based research can be considered as an accepted strategy by now. Two important references in this regard are Sandra Faulkner's compendium *Poetic Inquiry: Craft, Method and Practice* (Faulkner 2019), and the article 'Poetic Inquiry: A Fierce, Tender, and Mischievous Relationship with Lived Experience' by Sean Wiebe (Wiebe 2015). Both agree that poetry is a useful research tool due to its discursive structure that allows for experimentation, invention, and for pushing the boundaries.

4.1 Sample Questions Used for the PA:

- What is the medical name of your disease?
- What do you call your illness?
- What changes do you remember — from the time before you were diagnosed until now?
- What were the first signs of change?
- What is it now that you would regard as signs of the illness?
- What is it that you do in consequence of the changes you experienced?
- What do you wish for?
- What should go away, what should stay, and what should change?
- What is the message of your illness, do or did you receive one?
- What is your message for the disease / for your illness?

4.2 Cut-Up-Method

The main techniques for the analysis and the processing of the interview transcripts of the PA draw on proceedings invented by Dada artists at the beginning of the twentieth century, like the cut-up-method and the random principle. As an example, I recommend Hans Arp's *Die Wolkenpumpe* (the cloud pump), published in 1920.

Employing the cut-up method means that words or fragments of sentences are selected randomly from a given text and then, also directed by chance, are recombined to form a new text / new poem.

An important constitutive factor for the practical application of the PA is repetition: The resulting series of poems are repetitions of the same input, of the same words and fragments of sentences from a medical history that are recombined again and again. Via slight variations within the repetitions, differences become more obvious, drawing our attention to the gaps between words, to the dynamics of the relations between letters and words, allowing for new meanings to emerge.

A visual realization of these slight differences by slight variation within repetition can be seen in Figure 3.

Sean Wiebe sees the 'infinite iteration of differences' (Wiebe 2015: 160) as a key feature of poetic inquiry, fostering new insights. This is also the view of the PA: The minimal differences within the repetitions create obstacles that cause the recipient to 'stumble' on his way through the poem. In consequence of the suspense triggered by the confrontation of formerly unconnected and unrelated text fragments, unexpected/irritating/surprising discharges of meaning occur, leading to an excess of meaning. This excess of meaning entices the recipient of the poetry to explore unknown fields of emotional as well as cognitive understanding.

For Faulkner, it is the power of lyrical poetry that causes a blurring of the distance between self and other (Faulkner 2019: 24), allowing for a reinvention of experiences.

4.3 Method of the Thirty Seconds

Another way to process the gained data from the PA is the technique of the thirty seconds — every thirty seconds two words from the patient's talk (either from his answers to PA-questions or from the narrative of his medical history) are noted and subsequently arranged under the perspective of the sense the patient made — the way he sketched the image of himself and his surroundings — and by following poetical requirements in regard to rhythm and form.

The random principle can also be executed by a computer algorithm that selects the words and text fragments from transcripts of the patient interviews and arbitrarily recombines them.

4.4 Editing Process

The final process is editing based on poetological principles, like the formal rules of a specific verse form, or a specific rhythm triggered by the words/syllables that were randomly selected. It also leads to a consideration of the dynamics between words or fragments of sentences.

The end result of the application of these principles and of editing the new combinations is a lyrical series that (re)constructs the patient as transforming serial poetry.

4.5 Results

The medium of poetry is language, therefore the process of interpretation also happens on the level of language. Philosopher Ludwig Wittgenstein established in a renowned statement in his *Tractatus Logico-Philosophicus* that the limits of our language mean the limits of our world (cf. Wittgenstein 1922: 74). The PA states, in reverse conclusion, that by expanding the limits of our language, we — at the same time and to the same extent — expand our world. This is exactly what poetry does. Poetical acts are always transgressions on the level of language, and, according to the principles of the progressive universal poetry, also on a global level, on the level of our worlds.

With every new poem, the patient is created as a transient poetical formation in the course of the PA. New information emerges and becomes comprehensible, and the result is a gain of meaning on all sides — on the medical side, on the poetic/aesthetic, and on the individual/practical side.

4.5.1 Example: Result of a PA

'Lyric Series I – Creating Patient C. as a Poem – Renga 1–6'

Renga 1 – Animal, Escape

6th floor, kidneys and innards
Always too warm
The illness? Sleep, always too

Warm, I cannot, involvement of the lungs
8 years ago the outbreak
8 years ago, sleep.

Illness, to the mountains
Animal, escape.

Renga 2 – Somehow Threatening

BODY muscles disintegrate
For innards. I cannot
Walk too well.

Somehow threatening
It is always too warm, alas.
Innards, outbreak
Kidneys, threat.
The illness.

Renga 3 – Pulmonary Involvement

6th floor, view of trees.
Kidneys, innards, pulmonary involvement
Somehow. View of

The floor, I cannot.
Animal, into the mountains,

Muscles disintegrate
I cannot walk well.

Renga 4 – View of Trees

Whatever. Pulmonary
Involvement since 2 years
Muscles disintegrate, whatever.

Quiet trees, problems to breath
Since 2 years
Worse, landscapes
Healing essential
View of trees, whatever.

Renga 5 – Inner Values

Dumplings, the lungs
Involvement, outbreak 8 years ago
The illness it is

Quiet, essential, the weather
Essentially worse, since 2 years

Outbreak, inner values
View of the inner values

The outward appearance – I do not care

Renga 6 – Po- Polydermatomyositis

Lungs, view of trees, quiet.
BODY, I cannot
On the floor, sleep, too warm

Sleep is essential, 8 years ago
To the mountains, since 2 years

Worse, speechless, the mountains
Involvement positive, Po-
Polydermatomyositis.

(Transl. by Barb Macek)

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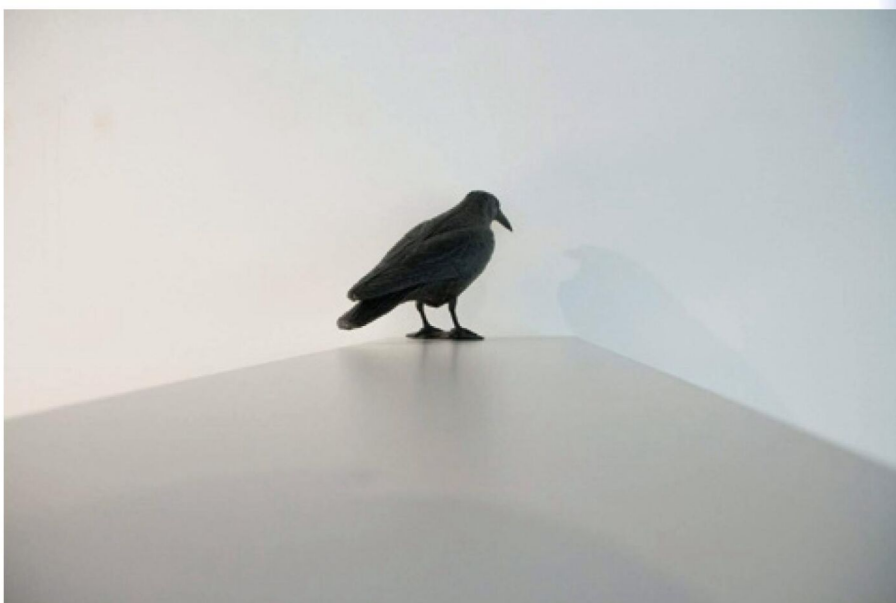
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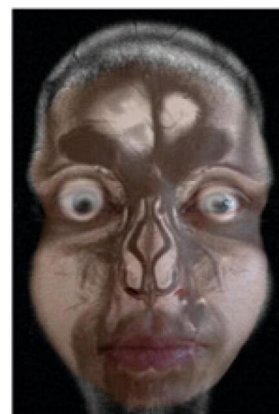
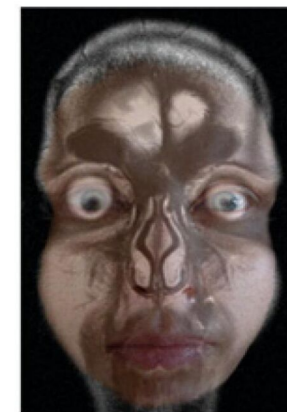
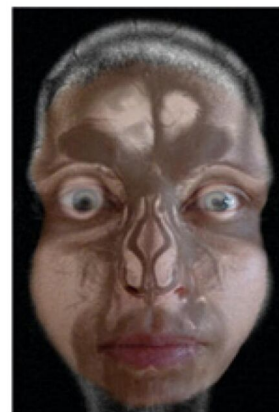
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I



II



III

I Barb Macek, *Facing Autoimmunity*,
2018, photo collage, 13.7 × 10.3 cm, Vienna

II Barb Macek, *Crow's Death Talks*, 2017,
detail of the installation, photo, 13.5 × 9 cm,
Vienna

III Barb Macek, *MRT Transformations*,
2021, photo collage, 34.7 × 43.3 cm, Vienna