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**Power/less**

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## Trauma



Personal notebook from a hospital stay, 2009

I wonder how many times I have changed my memory or my perception of something painful in order to try to gain back some power over the event? I have no idea.

This text is an attempt to write through some thoughts and ideas I have had the past few years on the subject of my work, my past, how in particular I have - and still do - struggle, and how this all intersects and functions together. It is about trauma and what the mind does with it, and how this relates to images and to art. I will go through some sources relating both to the field of psychology and to art, and try to explain how I work, as well as talk a bit about my graduation project at the point it is at right now. I haven't reached any finite conclusions, nor do I feel the need to, only possible connections and paths to continue my process.

Traumatic stress is usually divided into the categories of trauma as the result of a single event, and trauma as the result of recurring events stretching over the course of weeks, months or years. In this text I will refer to my own personal experiences with this, and though I will not go into specifics, I will say that both these categories are relevant.

I started drawing and keeping notebooks when I was about 16. I was severely depressed and struggling, feeling entirely detached from my body. Since then, I've drawn things as a way of exorcising emotions and as a way to remember. I've often used drawing as a way to deal with my feelings, as a way to try to document them and as a way of sharing them. I've mostly been drawing bodies. Disintegrating bodies or trying to pull bodies together maybe too. Trying to make my body a body, trying to draw how my body isn't a body. I've always tried to grasp my own body through drawing, or what, in my perception, stood in for a body. I used to have difficulties understanding what I looked like.

"I thought my skin would slide off someday"

(From a personal notebook, 2009)

Trying to understand trauma better I found Bessel Van Der Kolk's book *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (2014). It details trauma experience, research, theories, and treatments, but also deals with the medical industrial complex and how money has dictated which forms of treatment are developed. It has a focus on scientific research into how the mind functions, but also relies heavily on information gathered working with and learning from patients. I found reading this book to be revealing of how I function, both as a person and as an artist, and to show a clear connection between trauma and images.

"Broca's area is one of the speech centers of the brain, which is often affected in stroke patients when the blood supply to that region is cut off. Without a functioning Broca's area, you cannot put your thoughts and feelings into words. Our scans showed that Broca's area went offline whenever a flashback was triggered. In other words, we had visual proof that the effects

of trauma are not necessarily different from - and can overlap with - the effects of physical lesions like strokes. [...] Even years later traumatized people often have enormous difficulty telling other people what happened to them. [...] Trauma by nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past."

*(The Body Keeps the Score, page 43)*

Trauma is quite literally unrepresentable; it cannot be communicated in words. Being unable to share what has happened contributes to a feeling of extreme isolation. I could never successfully communicate what I have gone through but attempting to create a visual representation of my emotions has gotten me closest. It has at times brought with it a feeling of liberation.

"Breakdown of the thalamus explains why trauma is primarily remembered not as a story, a narrative with a beginning, middle, and end, but as isolated sensory imprints: images, sounds, and physical sensations that are accompanied by intense emotions, usually terror and helplessness."

*(The Body Keeps the Score, page 70)*

In order to speak of what one has experienced one usually has to come up with what Bessel Van Der Kolk calls a 'cover story.' This is a traditional narrative from beginning to end that others will find comprehensible, but which has near-nothing to do with one's own experience as it happened, nor after the fact. One will often internalize this cover story and lose touch with one's true emotions, making the trauma even more unreachable and unresolvable. One becomes even more isolated, both from others and from oneself.

"Depersonalization is common during traumatic experiences. [...] Traumatized people [...] feel separated from their bodies. One particularly good description of depersonalization comes from the German psychoanalyst Paul Schilder, writing in Berlin in 1928. 'To the depersonalized individual the world appears strange, peculiar, foreign, dream-like. Objects appear at times strangely diminished in size, at times flat. Sounds appear to come from a distance...'"

*(The Body Keeps the Score, page 102)*

Trauma is an out-of-body experience in varying degrees, and then it is lodged firmly in the body, inseparable from it. Afterwards it can continue to change the world one is in, at any time, with no warning. Out of touch with one's surroundings, nothing looks or feels the way it should. It's an extreme sensory and emotional experience, an entirely alien perspective. Drawing, or otherwise visually and sensually exploring and representing painful events brings me back to the heart of it; my real experience as opposed to a rational idea of what has happened. It gives me total power of expression and a real possibility for meaningful exploration.

## Power



Bob Flanagan, from 'Visiting Hours' at the New Museum, 1994

Michael Taussig's book *Mimesis and Alterity: A Particular History of the Senses* (1993) is a history of mimesis, the practice of imitation, and its relation to alterity. It was recommended to me by a friend when I was working on a miniature reproduction of my childhood bedroom. After reading it I came across *I Swear I Saw This: Drawings in Fieldwork Notebooks, Namely My Own* (2011) also by Taussig, a book about drawings in the fieldwork notebooks of anthropologists. These are drawings that have no place in completed articles and text works, yet nonetheless have a power that text cannot achieve. What interests me about this book is both the overlap

between the fieldwork notebook and my own notebooks, and his writing on the act of drawing and the particular power and nature of drawings in general. Taussig is interested in what he refers to as gaining power over something by representing it.

"The important point about what I call the magic of mimesis is [...] that 'in some way or another' the making and existence of the artifact that portrays something gives one power over that which is portrayed."

*(Mimesis and alterity, page 13)*

When and how trauma will manifest is impossible to predict. Two persons can undergo the same event, yet only one of them become traumatized as a result. There are many factors that go into this, but it seems a decisive factor is whether or not one feels powerless during the event and in the immediate aftermath. The unbearable feeling of helplessness will often turn into a need to regain control over what has happened: through a simplifying narrative, through denial, or through fantasy. The sense of power gained through reproduction of these helpless moments, whether in physical form or in fantasy, can hold great potential for healing.

An artist whose practice centered on the intersection of painful personal circumstances and the power of fantasy is Bob Flanagan (1952-1996). Flanagan was an American poet and artist who had Cystic Fibrosis, an illness that, at the time he was born, made one unlikely to survive until adulthood. He attributed his unlikely longevity in part to a lifelong involvement with sadomasochistic practices, fighting sickness with sickness. His work often dealt with the meeting point between the medical world and sadomasochism, which he speaks about in interviews done for the book *Bob Flanagan: Supermasochist* (2000) by Andrea Juno and V. Vale.

"AJ: You've found a link between the medical world and the SM world-  
BF: - except the SM world is more fun, and you can choose it. I was forced to be in the medical world, so I turned that into something I could have control over instead of something that was controlling me."

*(Bob Flanagan: Supermasochist, page 11)*

In his 1994 show 'Visiting Hours' at the New Museum in New York Flanagan lay in a hospital bed in the middle of the gallery and was routinely hoisted up by a pulley attached to his ankles to hang suspended from the ceiling. In the 'waiting room' the insides of magazines were replaced with SM magazines and an anatomical model of a man oozed 'shit,' 'sperm' and 'phlegm.'

"BF: [...] People process information and experiences differently [...]. People have all sorts of strange imprinting - I think the bondage aspect of my situation (being a prisoner to other forces) was sexualized so I could survive it. In order to not be terrified by it, I sexualized it."

*(Bob Flanagan: Supermasochist, page 36)*

Bob Flanagan is one of the artists I felt, early on, legitimized my desire to work with the subjects that I do, fearlessly and shamelessly.

## Work

Ottar Karlsen: Do you have a title? I've probably asked you that before.

Kier Cooke Sandvik: The exhibition title is 'Surged,' like s-u-r-g-e-d.

OK: What does it mean directly translated to Norwegian?

KCS: Well it's... it's really taken from this slang that trans people use [...], to have surgery basically, that you're gonna get surged or you are surged or whatever. So it plays on that - surgery - but then I also thought that people could maybe guess something like that from the context and the images [...] But the word surge is also a word, like a kind of surge, so I guess it plays on that too. Do you know what I mean?

OK: No not really.

KCS: [shows word definition]

OK: Mm.

KCS: So it's that in past tense, 'surged?' Or you can say 'it surged,' or 'the water surged' or something. So it's kind of vague or ambiguous or... open for interpretation I guess.

(From a conversation between my friend and fellow artist Ottar Karlsen and myself in my studio on October 1st, 2020, where we spoke about my graduation project)



Dry pastel on paper, 30 x 42 cm, from 'Surged,' 2020

Drawing and photography have been with me since I was a teenager, and are what I am now returning to, after working in many other mediums over the course of my bachelor's degree. Working with my hands has always been crucial for me, and drawing seems to make the most direct link between my inner state of being and the images I produce. I try, and wish, to lose some amount of control while drawing. I want to be surprised by what happens. Perhaps what comes out of me then is closer to what's inside of me. When I draw memories come to me as blurry flashes, nothing is certain or clear, everything vibrates with emotion.

"Drawing [John Berger] adds, has something that painting, sculpture, videos, and installations lack - corporeality. Others refer to this as the kinaesthetic sense in drawing. [...] The corporeality of which Berger speaks seems to me to be like sympathetic magic in which an image of something provides an image-maker bodily access to its being."

*(I Swear I Saw This, page 23)*

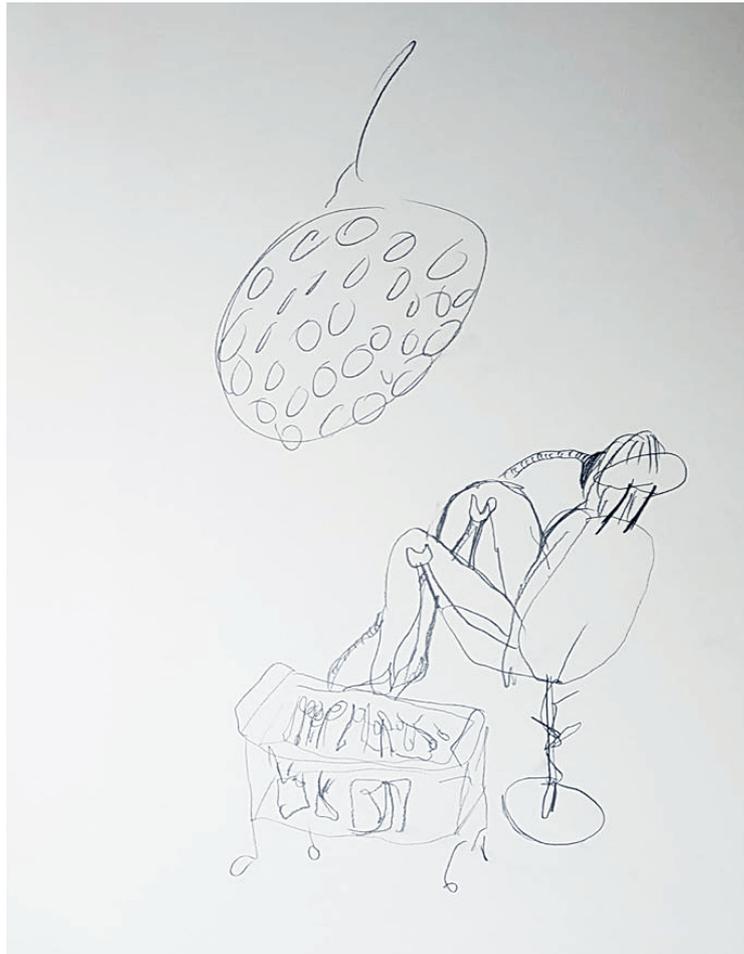
My graduation project 'Surged' consists of a series of A3-sized dry pastel drawings and a series of pencil drawings measuring ca. 60 x 80 cm., both showing medical scenes. The project will be shown at Haus der Kunst, the gallery run from inside Hausmania by Eirik Sæther and Calle Segelberg. There are still a lot of decisions with regards to installation that have yet to be made.

When working on the dry pastel drawings I try to bring back up the relevant emotions I'm drawing from, primarily pain and confusion. I try to get in touch with, and preferably a little lost in, an emotional state. I want to find some instinctual flow, where the drawing hand is loose and somewhat out of my conscious control. I think about colours and their combinations, what associations they bring. I think about how clear or unclear the image is, how readable, how abstract. I want the viewer to find enough room in the work that their mind will try to fill in what it can't make out. I want the drawings to be beautiful, appealing, romantic, erotic, abject, repulsive, frightening, ugly. I want them to look the way I feel.



Dry pastel on paper, 30 x 42 cm, from 'Surged,' 2020

When I first started using dry pastels, I used what paper we happened to have in the house at the time, which was a quite roughly textured watercolour paper. Later I found it impossible to accomplish what I wanted with the pastels on smoother paper. The watercolour paper allows me to smudge every single line I make and create these foggy unclear images. They're reminiscent of a dream or a fantasy, something glimpsed out of the corner of an eye.



Pencil on paper, 60 x 80 cm, from 'Surged,' 2020

When drawing in my notebooks or with a pencil or pen, the process has key differences. I work very quickly, roughly, and unlike with the pastels, I can't hide any 'mistakes' I make - I embrace them. The images are blunter, less beautiful, but equally abstracted and suggestive. I never sketch my drawings beforehand no matter the technique.

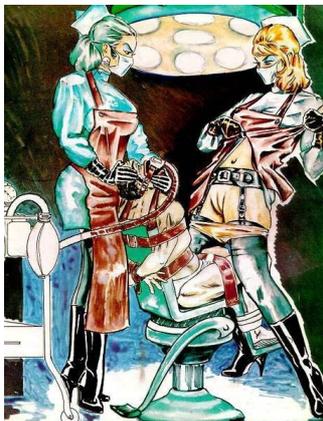


Jo Spence, 'The picture of health,' 1982-86



Rudolf Schwarzkogler,  
'2nd Action,' 1965

My research for 'Surged,' has included vintage erotic art, fetish images, films like David Cronenberg's 'Dead Ringers' and Pascal Laugier's 'Martyrs', and medically themed work from artists like Romain Slocombe, Jo Spence and Rudolf Schwarzkogler. I've also taken a lot from my own archive of photographs taken at various hospitals and notebooks full of drawings from hospital stays.



Unknown artist



Romain Slocombe, from 'Extreme music from Japan'

After my solo graduation show I want to make a book comprising my hospital photographs and drawings made over the last thirteen years, which were an important part of my working process, to act as a companion piece in the future. It would be a limited edition available for purchase alongside an exhibition. I want the book to be an object with a physicality that mirrors the work, maybe hand bound.

When drawing with pastels I use baby wipes to clean colour off my hands, and I have been drying and collecting these tissues to sew into dust jackets for the books. I think they'll be both appealing and slightly disgusting, used tissues like a kind of skin.



Personal notebook, 2018



Drawing, 2014

## Hospital

Ottar Karlsen: There's something kind of fucked up about that flowerpot that shows up, but those curtains too... [...] That it's like... you try to make things pretty and nice but then it just becomes wrong.

Kier Cooke Sandvik: I guess it's a combination of how often if something is painful you focus on, like, some object. So, they're a bit clearer than the other things, but then it's also that with hospital design and aesthetics and stuff, that you have these 'pretty' curtains, or I mean they're fucking ugly, but... or some art or something... that's an attempt to humanize these rooms. But that always just feels totally fucked. Or that somehow just makes it even more dehumanizing.

(From a conversation with Ottar Karlsen, October 1st, 2020)



Personal photo from Stavanger Hospital, 2009

I have been curious about the appeal of hospital-themed fantasies, having spent a lot of time in hospitals and medical spaces for various reasons, and finding the experience dehumanizing at worst and intrusive at best. It doesn't feel like fertile ground for pleasurable fantasies. Yet medical fetishes are relatively common, ranging

from 'sexy nurse' costumes, to roleplay and use of medical equipment and hospital environments. I've been looking at my old drawings and notebooks for research material - much of it chronicling hospital stays - and finding evidence that I have at times eroticized my own experiences there. From one longer hospital stay in particular there are drawings that blur the lines between depictions of medical events that occurred and sexualized imagery. I don't know if this is coincidental or some protective mechanism of the mind.



Personal photo from Stavanger hospital, 2009

I have also developed an interest in hospital aesthetics and design over the past few years as a result of time spent in hospitals and doctors' offices. I find the, often failed, attempts to make these places look nicer very fascinating. The generic and harmless aesthetic that these design choices must necessarily have feels foreign and almost grotesque to me. Paintings of nature scenes, greenery, colourful textiles with flowers and geometric shapes. The gap between the physical reality and this idyllic imagery feels unbridgeable. At the same time, these design elements provide distraction and somewhere else to place one's focus, even in their hideousness. In the hospital there

is often the need to distance oneself from one's body and be elsewhere, in the pattern of the curtains, in the flowers on the pillowcase.



Personal photo from Stavanger hospital, 2009

I am constantly in a process of trying to understand my past, my associations and attractions. Though trauma and its effects has always been central to my work, being able to work with the topic so consciously is new. My large archive of notebooks and photographs going back near fifteen years has come to life, it's suddenly full of new information. I don't yet know what to do with it all, but I feel I have access to it in a way I haven't before. My practice remains tightly bound to my personal life, not just the work but also the working process. It develops as I do, changing and evolving drastically as the result of therapy appointments, personal insights, and so on. This can make my work and my process difficult to talk about at times. It's why my work is made to have everything it needs within itself, never reliant on explanation or additional information, as a way of protecting myself and my personal information when the work is so tied to my private life. Different perspectives and understandings also come with time, my archive might have needed for me to mature and to have

some distance to be able to take it all in again. For me to not be so powerless anymore.

## **Bibliography**

Andrea Juno and V. Vale, 2000, *Bob Flanagan: Supermasochist*, New York, Juno Books

Bessel Van Der Kolk, 2014, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, New York, Penguin Books

Michael Taussig, 1993, *Mimesis and Alterity: A Particular History of the Senses*, New York, Routledge

Michael Taussig, 2011, *I Swear I Saw This: Drawings in Fieldwork Notebooks, Namely My Own*, Chicago, The University of Chicago Press