

VIDEO

# Arts for Health

**Series Editor:** Paul Crawford, Professor of Health Humanities, University of Nottingham, UK

The *Arts for Health* series offers a ground-breaking set of books that guide the general public, carers and healthcare providers on how different arts can help people to stay healthy or improve their health and well-being.

Bringing together new information and resources underpinning the health humanities (that link health and social care disciplines with the arts and humanities), the books demonstrate the ways in which the arts offer people worldwide a kind of shadow health service – a non-clinical way to maintain or improve our health and well-being. The books are aimed at general readers along with interested arts practitioners seeking to explore the health benefits of their work, health and social care providers and clinicians wishing to learn about the application of the arts for health, educators in arts, health and social care and organizations, carers and individuals engaged in public health or generating healthier environments. These easy-to-read, engaging short books help readers to understand the evidence about the value of arts for health and offer guidelines, case studies and resources to make use of these non-clinical routes to a better life.

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INVESTOR IN PEOPLE

*To Maureen*

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## ABOUT THE AUTHOR

**John Quin** is a retired Consultant Physician specializing in general medicine, diabetes and endocrinology. His first book, *Dr. Quin, Medicine Man*, received a four-star review in *The Times*. He has been writing on art, literature and music for more than 20 years for publications including *ArtReview*, *frieze*, *The Quietus*, *Tagesspiegel*, *The Wire*, *The National*, *The Irish Times*, *The Guardian*, *The BMJ* and *The Lancet*.

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## FOREWORD: CREATIVE PUBLIC HEALTH

The *Arts for Health* series aims to provide key information on how different arts and humanities practices can support, or even transform, health and well-being. Each book introduces a particular creative activity or resource and outlines its place and value in society, the evidence for its use in advancing health and well-being, and cases of how this works. In addition, each book provides useful links and suggestions to readers for following-up on these quick reads. We can think of this series as a kind of shadow health service – encouraging the use of the arts and humanities alongside all the other resources on offer to keep us fit and well.

Creative practices in the arts and humanities offer a fantastic, non-medical, but medically relevant way to improve the health and well-being of individuals, families and communities. Intuitively, we know just how important creative activities are in maintaining or recovering our best possible lives. For example, imagine that we woke up tomorrow to find that all music, books or films had to be destroyed, learn that singing, dancing or theatre had been outlawed or that galleries, museums and theatres had to close permanently; or, indeed, that every street had posters warning citizens of severe punishment for taking photographs, drawing or writing. How would we feel? What would happen to our bodies and minds? How would we survive? Unfortunately, we have seen this kind of removal of creative activities from human society before and today many people remain terribly restricted in artistic expression and consumption.

I hope that this series adds a practical resource to the public. I hope people buy these little books as gifts for family and friends, or for hard-pressed healthcare professionals, to encourage them to revisit or to consider a creative path to living well. I hope that creative public health makes for a brighter future.

Professor Paul Crawford

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And to Maureen: yellow blue vase.

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The fact that 'normal' people can get around, can see, can hear, doesn't mean that they are seeing or hearing. They can be blind to the things that spoil their happiness, very deaf to the pleas of others for kindness; when I think of them I do not feel any more crippled or disabled than they. Perhaps in some small way I can be the means of opening their eyes to the beauties around us; things like a warm handclasp, a voice that is anxious to cheer, a spring breeze, music to listen to, a friendly nod. These people are important to me, and I like to feel that I can help them.

*A patient with multiple sclerosis quoted in 'Stigma' by Erving Goffman.*

I would sit right down, waiting for the gift of sound and vision.

*David Bowie*

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# INTRODUCTION AND A BRIEF HISTORY: WHY VIDEO? WHY VIDEO ART?

## THE SEA, THE SEA

The day after the proposal for this book was accepted I walked, on an odd impulse, to the Fabrica Gallery in Brighton, a converted Regency church that sits nestled among the many coffee shops and restaurants in the city's centre. It was dark under the wooden rafters, but I made my way into a curtained-off section where two large adjoining screens showed a video work by Vanessa Daws, a Dublin-based artist. What I saw projected was the bobbing sea, an endless vista of waves, the waters of what might be a channel or an ocean, who knew? A woman's voice then talked over the images. She spoke about wild swimming and the challenge of long-distance crawls. The artwork was called *At Home in the Water*. The visuals were mesmeric and it was easy to zone out, drift into a Zen-like meditative state, as I watched a swimmer's arms plunging and rising again and again into the choppy white horses. I could imagine coming here after a long shift, a tired healthcare worker in need of balm and calm, then relaxing, relaxing.

But art asks much more of us than a mere *c'mon, chill out*. The art was intended to make the viewer think – what is this work *really* about? Were we meant to consider exercise and the vigorous appeal of extreme effort? To some extent, but this wasn't a fitness-instruction video. There was something else, something more expansive, more ambitious, going on ... and then it hit me.

Daws' video could be seen as a metaphor for video art *itself*: video as opposed to movies. What we were watching was something

utterly plot-less and potentially near infinite, and yet extremely easy to dip in and out of. You didn't have to be there right at the start of the film, you didn't need to stick around until the end. *This wasn't a movie!* Video art works could be imagined as the sea, or an ocean, a boundless form that we've not entirely explored as yet, a medium not utterly navigated. Video could be treated as an art form that could easily, as with movies, have relevance to medicine and healthcare, one in which we might immerse ourselves in for minutes – as in a short bath – or hours as in one of Daws' long-distance swims.

And now, in the twenty-first century, we are in a new floating world – as the Japanese might say – of video and video technology. We inhabit a transient, unreliable place – an updated *ukiyo* culture – where we live in the moment online. We are immersed (a word overused in art criticism but entirely appropriate here), some might say drowning, in a permanent now on social media. Many people have even given up on television as such; the physical sets being too bulky, too uncool, too immobile for our near-permanent ambulatory lives. We now watch clips on Instagram, YouTube, TikTok, Twitter: choose your platform. We submerge in and out of our tablets and mobile phones on the train, on the bus, in search of entertainment and enlightenment.

Healthcare is no exception to this new paradigm. Got a query on a ward round? No more of those educational prescriptions that involved a trip to the library to consult actual *physical* books: just open up Google and ask away. The answer is in your pocket. The implications of this new technology for medical teaching are enormous and not yet fully understood; already the role of the traditional lecture is being seriously questioned. Students might fall asleep after 10 minutes unless you've got the stand-up skills of a top comedian (Bradbury, 2016).

Open Twitter and you'll see quizzes on X-rays, ECG interpretation, spot diagnoses; immediate learning that sits benignly between scrolling over news headlines like a brief portal into *actual* wisdom. This book is thus based on the proposal that both video art and videos available on social media platforms may be helpful in educating both healthcare workers *and* patients alike. As far as I'm

aware this idea has not, as yet, been formally tested scientifically to any great extent, but my hope is that this book will make a strong argument for its further study.

As a corollary, many of my proposals/suggestions here are necessarily speculative. The need for research has become particularly urgent given the immense and growing popularity of social media. These outlets often highlight video works, often short and to the point. Some have a high likelihood of impacting on health behaviours. Most cannot be considered as artworks as such but many are clearly un-ignorable.

While the bulk of this book will address video as an art form the recent mutation of video usage into social media outlets will also be examined and we will highlight specific healthcare related examples. To continue the earlier oceanic metaphor about video this selection will be as random as dipping a fishing net into the deep. There are millions of personal statements from patients out there; many appear helpful, some less so. I've trawled a haul and selected ones that strike me as being particularly powerful. This then is a particularly personal sample. Readers will find their own particular favourites out there.

I've also picked a small number of significant episodes from TV history for discussion but I have deliberately decided to avoid the large number of medical TV dramas, these being (arguably) the subject for entirely different volume. Video is a protean medium and there's the sense that we are still in the foothills of its evolution.

## VIDEO VS CINEMA

We should try to make an early distinction between cinematic film and video despite clear overlaps. This differentiation is not clear-cut. Steven Schlozman has addressed film in an earlier volume in this series. He deals with the role cinematic works might play in influencing healthcare and its potential use for patients. The same principle applies here in *Video* although, as said, there is not nearly as much scientific study as regards the impact of video art in comparison to cinema. One has the strong suspicion that many

of the conclusions of the scientific studies on movies highlighted in Schlozman's volume could equally apply to video art. *Video* will deal with visual art works and short clips on social media that are *not* mainstream movie productions. *Video* will not concern itself with less commercial art house films that still involve standard cinematic tropes like plot, acting skills and so on.

The key advantage of video over film, as far as its impact as an art form is concerned, an art form that may help healthcare workers and patients understand their world, is *time*. It takes time to head out to a movie, or watch one at home. You need to invest a significant amount of attention to pick up on plot and its exposition. You need to identify with characters. We all love movies, as Schlozman brilliantly demonstrates, but sometimes we just don't have the time to see one. Video works can fill that gap. Video works can give you a message that's instant.

There's a famous scene in Nic Roeg's movie *The Man Who Fell to Earth* (1976) where David Bowie, playing an alien, screams 'Get out of my mind!' to a bank of TV sets blaring multiple voices, multiple sets of imagery. This overabundance of video could be feared; many have worried about potential deleterious effects on mental health. But Roeg was probably being too pessimistic about our capacities to take in screeds of information. The brain is much cleverer than we know. Nowadays most of us take this profusion of messaging as the norm ....

Video art works are of course generally aimed at an art-gallery-going audience, not mainstream cinemagoers. Some video artists have progressed onto longer film works but these are only rarely, if ever, shown in standard cinemas. Even rarer still are those video artists who have evolved into full-on movie directors. But I'd want to stress that gallery going is *not* absolutely essential for the appreciation of video art: it remains the best way *aesthetically* to appreciate the work but for educational purposes much is now available online. A quick survey of the many works mentioned in this book would take about the same time to watch as a single Hollywood production.

This volume will also consider a few exemplary TV moments that are easily available on YouTube. Of course, *Video* could never be an utterly comprehensive survey. The selection of artists here

is invariably linked to personal taste. I'm reminded, to continue that earlier aquatic metaphor, of writer Adam Nicolson's (2021) thoughts on the coast and how 'the closer you look, the deeper it dives'. Video as form might be compared to the famed Mandelbrot set, it's a world of fractals: one video leads on inexorably to another like the convolutions of a coastline. Witness the popularity of Instagram and TikTok feeds where you can scroll clips for hours on end. Commercial algorithms exploit this rapacity; this fact in itself might argue for the select group of suggestions that *Video* proposes.

*Video* will thus examine several clinically relevant aspects of medical practice that have been the topic of video art works. As said, there is no intention here to be comprehensive as this would be an impossible task: the sheer volume of material out there on the Internet is enormous. And the rapidity and ease of access is stunning. Works that previously could only be accessed by a gallery visit are now easily available online.

Praising cinema's ease of access Schlozman compares it with other art forms and asks in his own introduction: 'How often can you recall or even access an interview with a famous artist whose work you enjoyed at a local gallery?' True – this is not easy to do in real life. But this situation has radically changed with the Internet and YouTube: now you *can* access many such interviews online. Some are cited in *Video*; many are extremely enjoyable and informative. There's now a large library of these, many of which are mentioned in the reference section.

Suggestions will be made in *Video* as to how these works might be used as teaching materials and/or may be useful to discuss with patients and carers dealing with issues varying from new life to bereavement. Appropriately *Video* will start its review with matters relating to birth and death. But first, we need recap the basic history of the medium ....

## VIDEO: A SHORT HISTORY

Let's begin with a short outline of developments in video and its use as an art form as distinct from cinema. New York City was the centre of the art world in the 1960s and it was from there

that video art came to prominence (London, 2020). Museums were initially somewhat sceptical of the new developments, in particular curators were quite concerned about sound bleeding into silent spaces elsewhere; this was quickly addressed. By common consent, the first major artist to popularize the use of video technology was Nam June Paik (1932–2006). Early video art used *actual* TV sets and today these works can look somewhat clunky in art galleries with their use of outmoded models, grainy imagery and poor sound. This was often, as in Paik's case, art about TV *itself*, and thus of limited relevance to healthcare workers. He used television sets sculpturally; this was art about technology. Many of these works from the 1960s also had serious political intent – the Vietnam War was at its height – and as with Instagram and Twitter use today artists saw an opportunity to get their message across with some urgency. The American artist Carolee Schneeman is thought to have made one of the first anti-war videos.

Famously, the Canadian media theorist Marshall McLuhan said of TV that 'the medium is the message'. By this, he meant, in part, that it was video *itself* that needed to be studied as a form of media, as a form of communication, with particular regard as to the implications of its power. By extension, McLuhan's thinking can be applied today towards social media platforms and their use of video. We need to consider the impact these new forms of media will have on medicine, their effects on patients and on medical education. *Video* will try to provoke such discussion.

Cost of video technology, portable cameras and videotape, was prohibitive to most artists in the 1960s, especially in developing countries, and so it's not surprising that their use was super-specialized. As the price of equipment fell portable video recorders and cassettes (arriving around 1971) became more widely available. Nam June Paik echoed the individualist sentiments of Joseph Beuys when he said 'like pen and paper and canvas ... the camera makes everyone an artist'. He was right. Paik was absolutely ahead of the game. Today making a short video clip on your mobile phone is an everyday event for billions.

The new technology had an obvious advantage over film – videotape did not need developing and it was easy to re-record. Artists were attracted by the ease of distribution: all you needed

was a TV and a VCR rather than the un-wieldy and costly business of moving sculptures and large paintings around the world. After initial hesitation, museums soon began collecting video works and individuals began collecting too. There are even trained *conservators* of video works today. And the technology just gets better and better: digital imagery is now much more polished. There are serious overlaps with video game technology: young people – healthcare students and patients alike – are highly adept at the use of new modes of communication. As a result, older methods of education are being questioned: we ask – can the message be put across more effectively, more efficiently, with the new tools? McLuhan’s mantra remains relevant – we need to interrogate the medium, make it work for us, dismiss what is useless.

Are any of these early works still insightful from a healthcare perspective? Not many. David Hall’s *60 TV Sets* (1972) is exactly that, a multiscreen installation that would be later referenced in the said Roeg/Bowie film *The Man Who Fell to Earth*. The work captures the chaotic and incessant flow of information that is now normative in our own time of scrolling and rapid-fire imagery. But it wouldn’t be long before video artists addressed the body and health.

## VIDEO AND THE BODY

The body quickly became the focus of much video art in the 1970s. Early works by Bruce Nauman and Dan Graham often focussed on the body in space and had implications for neurological studies that we will discuss later. They used mirrors and time-delays to discombobulate the viewer interacting with a camera. More disorientation is seen in Gilbert and George’s *Gordon’s Makes Us Drunk* (1972) – an amusing study of behaviour during inebriation, instantly recognizable to anyone who works in an A+E environment.

Martha Rosler focussed her attention on women’s bodies – with her *Semiotics of the Kitchen* (1975). This is arguably required viewing for women involved in healthcare who *still* face the continued condescension of many male patients and staff: the expectation that a female health worker should behave like a maid, or the regular trial female doctors face when they are addressed as ‘nurse’, and so on.

Chris Burden's early video works documented several actions that dealt with self-harm; these raise even more complex issues with the body. His work will be discussed at length too in Chapter 3. One issue he highlights relevant to today's world is this: should videos showing self-harm be available on modern media platforms? Issues of freedom of expression come up against the real possibility of harmful influence – as was evident in the UK in the recent past with the case of a young boy who accidentally killed himself following a TikTok 'challenge'. There are now even several online lists of dangerous TikTok trends (one has 3.8 million views at last check) and how they can impact children's safety. These may have a useful public health purpose.

#### ANDY WARHOL

The foundational 1960s influence of Andy Warhol must be referenced. His early time-based works, for example, *Sleep* (1964) are arguably of interest to sleep physicians! These are technically films ... but they are clearly *not* serious commercial propositions. Warhol's influence cannot be minimized – his much-quoted maxim 'in the future everyone will be famous for 15 minutes' was mutated by the Scottish musician and artist Momus (Nick Currie) who accurately predicted that in the future everyone would be famous for 15 people. This has come about largely as a result of the explosion in video technology and social platforms. Patients have taken full advantage of such technology, particularly those with rare conditions who can now communicate with others around the globe as a community. There can be distinct advantages to being famous for 15 people if you and the other 15 have the same rare medical problem. The potential use of such self-made videos in medical education will be discussed later.

#### 1970s/1980s

By the 1970s, a newer generation of video artists were making works that were becoming ever more ambitious and strained at the boundaries of the new technology. Scale was one factor that