

Transpersonal Futures: Artishood in Posthumous Digital-Life Limiting Conditions

1.

I would like to begin by watching an episode from Oreet Ashery's web-series *Revisiting Genesis*, titled: *Our Nurses*.

2 <<<<slide - website>>>>

<http://revisitinggenesis.net/>

This episode, which is one of twelve in the series, follows a discussion between a group of nurses that simultaneously stages how nurses today inhabit and counsel patients. Together they reflect on what it entails to actively prepare humankind or individuals for death – they discuss this in the everyday aspects of their jobs (as Nurses) and in the future. In addition, and as part of the artworks genesis, the nurses discuss the creation of biographical slideshows to serve patients/ humankind – the slide shows address what images and voices you might leave behind and record before you die with an emphasis towards the significance of a posthumous digital legacy.

3 <<<<video clip>>>>

**Viewing of 3mins (or 10mins) depending on the panel format*

It is not a simple task anymore to discuss the subject of living into death when we do not have the right relationship– and are not prepared– for our futures.

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Ashery often adopts a fictional strategy to bear down and centre the concerns of the future present, and at the heart of this work is a major tactic to hear 'real issues' without feeling defeated – to live within and against the normative regimes of late liberalism and lastly to live and die queerly and persist within that living.¹ (queer = alternative livelihoods to conventional understandings of success in a (hetero) normative capitalist society)

¹ These last two concerns, share the influential thoughts of Prof. Elizabeth A. Povinelli in her book 'Geontologies' which continues to define and shape an Anthropology of today in relation to practices outside of cultural attitudes but rather in building sustainable relationships. This is compassionately evidenced in Povinelli's 30-year relationship to the indigenous communities of northern Australia and the formation of The Karrabing Film Collective.

Revisiting Genesis focuses on a shared notion of 'preparation' and subsequently asks what does revisiting prepare you for? How should you, us, they, them, prepare to die online? What is the value of our future legacy offline as well as online? While Ashery's web TV series approaches this task through a complex lens of artishood, feminist reincarnations (also referred to as a new feminist liberalism on ethical becoming...), digital afterlives and a personal career that spans 25 years of making and thinking about art – this project is also attempting to resuscitate a belief in humanities escalating disbelief while also exploring our present day failures, current anxieties and future inconsistencies. The artist chooses a framework that circulates around futures studies as imagined within multiple queer timelines of care and rejection. One further aspect of this is curiously conveyed in the moving directions of the camera that lurks in and out of a fixed status. The various positions of the camera suggest a problematizing of the subject in a world of apolitically saturated voices that usurp the eco-feminist and the digitally marginalised fields of visual sense.

Revisiting Genesis constructs a political landscape that explores both cultural and evolutionary time in that it covers the artist's life through a transpersonal history of art and life directives.

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These two perspectives redirect 'art and life' through the interconnected forms of artistic production and reception that are continuous yet unequally aligned with a resistant set of questions and conversations. Simply stated, where is the value in producing art without sustaining a life directive?

Instead of a defeatist remit, *Our Nurses* generates a conversation that repeatedly revisits a 'false positive' in terms of a live cultural genesis. What has been artistically produced in the past for Ashery (alter egos, political reconfigurations and community master-classes, etc) is now divorced from her previous developments as a professional artist as well as an individual. Since turning fifty, Ashery is an artist that is tired and more importantly frustrated by the demands of such a future-tense orientated premise surrounding her practice and expertise.

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Today we recognise that palliative care nursing is the discussion of quality dying, symbolically or otherwise. Palliative care nursing is a relatively new, under-researched and under-funded area of medicine since its investment is not located in curing but in the experience of dying.

Our Nurses presents shared conversational instances that combine a collective frame towards the end of an individual's life that is both symbolic and technologically physical at the same time. The verbal interchanges of the conversation reinstate a *collective sense of an ending* that successfully capitalises on an unwelcome 'labor of coping' that follows a less rational understanding of death, dying, symbolically or otherwise.

6. <<<<slide – tea image>>>>

Ashery critically engages and facilitates a model of post-digital culture for the human lives of the present that remain so embedded towards its current uses. The conversation between the nurses characterises the subject of death within a transpersonal construction. In other words, the nurses speculate going beyond a consciousness of humankind whilst combining socially reproductive care, tea drinking and community building. Importantly the discussion also adopts a representation of a peacefare, a 'positive togetherness going on' as Johan Galtung remarked in the Humankind 2050 conference last summer.

Again, Ashery is using real issues without feeling defeated, living within and against the normative regimes of late liberalism alongside a conversation of ethical distributions on dying, preparing and becoming—digitally—(un)dead.

The biographical slide shows relay anticipatory systems that belong in a feminist reincarnation that reproduces a posthumous narrative as expressed by one of the nurses in episode 10. As the artist and writer Mark Prince remarks on artists working today within subjects related to fiction and the future,

7. <<<<slide - quote>>>>

*'As becomes increasingly apparent with hindsight, when artists, writers and filmmakers fictionalise the future they are usually creating metaphors for the present or the recent past. What else, after all, have they got to go on?'*²

Ashery however, makes an alternative claim in Episode 6 of *Revisiting Genesis* when she refers to Charles Keene College.

8. <<<<slide- Charles King College>>>>

² See Douglas Coupland's monograph titled: *everywhere is anywhere is anything is everything* published by Black Dog Publishing and Vancouver Art Gallery, 2014. Mark Prince, *The Present—as–Future Tense: On the Objecthood of Art and Language in the work of Douglas Coupland*; p. 137.

This episode turns towards the neoliberal dismantling of art educational institutions within the UK and critically asks what is a future without the protection and architecture of curriculums, experimental avant-garde histories and reflective studentship? This is conveyed not just in terms of artistic practices but also towards artistic legacies and their productive value within art institutional histories.

9. <<<<slide- Charles King quote>>>>

How can the lives of artists (and the artworks they produce) address such a violent decay within the vitality of a subject that governments worldwide keep leaving till tomorrow?

10.<<<<slide- Charles King College>>>>

A decommissioned future does not end or cancel itself today but rather redistributes its usefulness elsewhere or so the future-present governmentality would like to communicate.

A perfect example of government communication is the present national health service (NHS) in Britain which was founded after WW1 with the guiding principles of universal, comprehensive, 'free healthcare' for all UK citizens— designed on the foundations of solidarity and global envy. With a succession of recent governments alongside the failed duties of the tabloid press, the NHS has not been protected from the privatisation of public services and the escalating dominance of a market based healthcare system. Take last year as an example, when the NHS was subject to the 'largest cyber-attack in its history' when it was hacked and held to ransom. The press described this as 'the biggest ransomware attack in history' costing the lives of individuals, corrupting storage files and deleting the existence of patient data which went unprotected.

Our Nurses focuses on the less visible labour and more reflexive labour in practices of nurses working globally which do not have the luxury to wait till tomorrow. Nurses need the time to share their experiences with each other as part of their practice.

In a peer reviewed article from 2010 published online by the *US National Library of Medicine and National Institute of Health*, titled: *Nursing Care and Patient Outcomes: International Evidence - from the Center for Health Outcomes & Policy Research, University of Pennsylvania School of Nursing*, make several points:

11.<<<<slide- quote 1>>>>

They state that, '*In hospitals, supportive practice environments have positive effects on both nurse and patient outcomes.*'³ While this makes absolute sense to all working sectors of society, increasingly contemporary artists are forced into an unsupportive environment or a post-studio context. The 'environment of support' is now a collective dependence on self-organised resources that foster networked processes of exposure and production to distinguish artistic outcomes. This is progressively a lot less about the artwork itself. In other words, the notion of a gallery, a museum or

³ Accessed online in April 2017: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856593/#R14>

a public space for art is a pre-internet construction that offers low-immunity (if any) to the meaningful production of contemporary art. (Tony Bennett – Museum Complex, institutional displays of power, the states role in promotion & distributions of art and culture, complex(ity), knowledge, in complex social receptions and participations)

12.<<<<slide- quote 2 >>>>

My second point taken from, *Nursing Care and Patient Outcomes: International Evidence*, and I quote:

In a second study of AIDS units, differences in patient and nurse outcomes were compared between units dedicated to the care of patients with AIDS, Magnet hospitals (more accredited hospital standards) without dedicated AIDS units, and non-Magnet hospitals where the care of AIDS patients took place on medical-surgical units scattered throughout the hospital. They found lower death rates in both Magnet hospitals and hospitals with dedicated AIDS units as compared to hospitals where AIDS care was scattered throughout. Moreover, patient satisfaction was higher, nurse burnout levels were lower, and needlestick injuries were less in these same units.⁴

While artists operate globally and are equally scattered across the world – they remain largely an uneven diaspora – an unstable global community without a dedicated unit of care (Documenta 14). One can attribute this partly to communication technology and the dematerialization of information that opens up a culture of digital language and Big Data. Furthermore, many of the contemporary artists that I speak to openly declare high levels of dissatisfaction trying to survive the ‘technologies of living’ as they work through the increasingly precarious economic conditions. Government investment in the arts is a dissolving historical structure and is clearly not a concern for the politically cast future.

This is further evidenced in the recent changes to secondary school curriculums’ where the subject of art has been deprioritised in favour of social sciences – a radical oversight when we consider humankind grappling with educational futures.

Universities today are a thriving business enterprise that increasingly becomes removed from the historically cultivated practices of art within education and its relation to the welfare state. Gradually Universities have distanced themselves from the core intellectual pursuits and those independent bridges of history, art, philosophy, culture and social conscience. Art and pedagogy is constantly co-opted and mimetically swallowed into an illiberal agenda that undermines democratic values at every

⁴ ibid

level of social and political life in higher education. As many of you already know... Like the unfortunate needlestick injury to a nurse, contemporary artists have little inoculation to begin with.

11.<<<<slide- quote 3 >>>>

My last point taken from, *Nursing Care and Patient Outcomes: International Evidence*:

In England, researchers add to the rapidly accumulating evidence of the strong links between staffing, mortality, and nurse outcomes. Their study of close to 4000 nurses in 30 hospital trusts found that nurses and patients in hospitals with the most favorable staffing levels had better outcomes compared to hospitals with less favorable staffing. As the number of patients in the nurse workload increased, so too did the mortality rate. Nurses in hospitals with less favorable staffing levels were almost twice as likely to show high levels of burnout, higher job dissatisfaction, and to report low or deteriorating quality of care on their units.⁵

In other words, without knowing the future direction of a patients' symptoms or having any realisations to draw from, the *horizon of expectations and futures past* are fairly met with the values you always hoped for. If we take stock in Koselleck's *Futures past: on the semantics of historical time*, he charts a horizon of experience and expectation which in principle was not always related to this world but to myths, prophecies and predestined fate. If we compare this context to the work of nurses in relation to artishood, the Dutch art theorist Camiel van Winkel makes a similar point,

12.<<<<slide- Camiel van Winkel>>>>

'Insofar as ideas about artishood are irrational, this, in fact, is where their rationale lies. A complete demystification, assuming it were possible, would also herald the end of artishood – and thus the end of art.'⁶

For Ashery however, this is not the same mutated horizon that Kosselleck invokes, something of the prophecies and the conversational context remains more than hopeful but responsible, gritty, transpersonal and progressive. *Our Nurses* suggests, that like artists, nurses are also prophets, forecasters or uniquely placed narrators. Ashery constructs this conversation between two real-life palliative care nurses; an actor; a doctor (who is also an artist) both of whom perform nurses in the series. Yet all the while Revisiting Genesis is underpinned by a different question: how can an artist propose or forecast new terms for artistic production outside of a speculative or mythical

⁵ ibid

⁶ Camiel van Winkel made this statement in a recorded conversation for a series of public lectures on *Where Theory Belongs*. The series focuses on the irrational side of theory as a less wise point of production. The discussion took place at the Institute of Contemporary, London on February 4th 2015 and is due to be published next year by Open Editions.

proposition? How do you maintain an individuals' future inside and outside of artisthood? What constitutes an art practice today? The idea of a future or a pre-destiny that never actually takes place presents the basic structure and plot for anticipation, independence, failure and futurity. This *mutation of historical experience* suggests that expectations simply travel too far and go beyond meaningful formative experience, we don't expect to live forever as the ethos of medical research suggests. However, we are right to expect the possibility of sharing and improving our understandings on future quality dying.

In a recent book on how to dismantle the national health service in the UK, Youssef El-Gingihy reminds of how, 'James Meek put it in the London Review of Books, you can praise something whilst at the same time legislating it out of existence.'⁷ Let's favour quality dying on less regulated terms.

⁷ Consult Youssef El-Gingihy, *How to Dismantle the NHS in 10 Easy Steps* - published by Zero Books (2015); p.41.