Re-enacting Traces: The Historical Building as Containe of Memory

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Abstract

In this article I refer to an aspect of my recent artistic practice—"wall-wounds"—that was created in response to the site of a former lunatic asylum. This was carried out to explore how art can operate in the interstices between historical narratives, memory, and material evidence relating to the inhabitation of institutional space. The key artistic method was re-enactment, a critical tool that was activated through interaction between my body (and my embodied actions) and the metaphorical "body" of the historical building. This was in order to explore the gaps between architectural spaces and the indexical remainders that point to institutional frameworks and regulatory systems employed therein. I direct my attention to the hollowed traces left behind doors that index the operations of constraint and control through aperture and enclosure, and investigate the role of the body as the means by which the past is brought into the present through re-enactment. My processes address the inherent problem of a lack of verifiable witness accounts by regarding the building itself as "witness" and container of memory relating to absent bodies. I propose that imagination plays a central role in re-enactment by activating a past that we cannot altogether know, and that it is equal to interpretative and analytical modes of enquiry.

Keywords: asylum, re-enactment, indexical, archive, imagination, memory
... Reenactment confounds history with geography, spatialises the past and treats its linearity and continuity as an architectural site ...

Jennifer Allen’s proposition above suggests that re-enactment works as temporal incision, slicing through time, and re-inserting events that took place in the past in the spaces of the present. It resonates closely with my own use of re-enactment as an embodied research method for investigating the site of the former Devon County Pauper Lunatic Asylum opened in 1845 (Figure 1). This is done through what Graeme Sullivan describes as “situated cognition”, a form of “visual arts knowing” that is responsive to “context-specific situations”. It leads towards critical understandings, in this case of the architectural spaces of the asylum in relation to the ideologies of cure that influenced its design and management.

Initially, using digital photography I archived traces of inhabitation that I discovered within the now abandoned asylum. This was specifically the damage that occurs behind each door through acts of (en)closure and aperture (Figure 2), where the handle or lock hits the plaster wall with force. These contusions, or “wall-wounds (found)” as I named them, were formed through the containment and constant ordering of the patients’ bodies in time and place. In the present I suggest that they operate as the indices of spatial and temporal control—the building’s own memory trace (Figure 3).
When embarking on this practice-led research project, I was initially perplexed by how little evidence was held in the official archives relating to the patients’ lives and their individual narratives. On the other hand numerous accounts exist made by the professionals, medical superintendents, and “mad doctors”. Their publications advance ideologies and perspectives based on the preeminence of medical, moral, and scientific viewpoints in the nineteenth century. Disturbingly, most of the information about the patients that could be discovered related to recent patients in the many confidential medical documents and x-rays that had been left in the building when the National Health Service moved out in 1986.

I was not, however, aiming to “represent” the patients or attempt to mediate the memories of those contained and constrained within this edifice, or indeed to account for their individual circumstances through drawing on their personal narratives. For as Donna Haraway suggests, although “there is a premium on establishing the capacity to see from the peripheries and the depths”, there “lies a serious danger of romanticizing and/or appropriating the vision of the less powerful while claiming to see from their positions”.

My focus instead was on the traces that stood in for the absent bodies, and seemed to point to the conditions of their containment. Central to my approach was Paul Ricoeur’s argument for “what” is being remembered rather than “who” is remembering, an emphasis that places the “egological question” second to the phenomena itself—the trace. This privileging of “what” and “how” before “who” echoes the prominence I gave to the trace and I began to investigate how these potent remnants of immurement were formed. I started a process where I used my own bodily actions to reveal and scrutinise the conditions under which the range and complexity of forms emerged on the walls (Figure 4).

Here I turned again to Ricoeur for his typology of mnemonic phenomena, which includes and invokes three types of trace, two of which opened up ways for me to consider the significance of “wall-wounds (found)”. The first is a psychical or affective trace, which when using the metaphor of a block of wax as memory is akin to an impression left on the surface of the wax. This is due to “an affection resulting from the shock of an event that can be said to be striking, marking. This impression is essentially undergone, experienced” and is formed in the moment of the event. Importantly this imprint or trace is recognised by the subject as faithful to the original affection and recalls the moment of impact, the trauma. In the context of the asylum the wall-wounds are formed through affective encounters, and represent a dynamic relationship between the social and the biological through a transactive process whereby the transmission of affect occurs. Affect is therefore metaphorically lodged in the fabric of the building in what I term the “somatic grumblings” of the former asylum.

In addition to the affective trace I found that Ricoeur’s documentary trace framed my proximal and material investigations of the “wall-wounds (found)” through hapticity and an embodied (rather than objectifying) vision. Alongside
written evidence, documentary traces include physical vestiges or unwritten traces, things which act as “clues”—objects that are the subject of archaeology, such as the remains of buildings and fragments of pottery. The materiality of the “wall-wounds (found)” provide just such evidence through traces formed by an impression left on the surface of the wall as the result of a physical strike, an indexical trace that also acts as a reminder or memory trace of an event. In this case the “wall-wounds (found)” point to both trauma and immurement.

Paradoxically, as I was starting this research the empty building’s identity was itself being re-formed through its redevelopment as gated residential housing—a place of exclusion transformed into an exclusive and desirable dwelling-place masquerading in the marketing material as a former stately home and obscuring its past as an asylum. This was because, as the director of the redevelopment company suggested to urban planner, Bridget Franklin: “99% of people don’t want to live in a mental hospital”. Here one heritage (that relating to patients and staff) is being obscured, but the values attached to an altogether different type of heritage (country estates) has been inscribed through new names and narratives for marketing purposes, inventing a new identity.

I am not suggesting that a singular or homogenous “history” linked to the former asylum exists, for dominant and culturally constructed versions of history or homogenising meta-narratives need to be resisted. No one narrative could fully encompass the history of the asylum. However, the re-inscription of the building as faux stately home enabled the erasure of a significant site in local history.

By inserting my body into the building my intention was to critique the mechanisms of institutional power metered out in this edifice designed—by architect Charles Fowler in 1842—to facilitate the use of regulatory practices and impose conformity and compliance through self-coercion. These were methods that were considered powerful cures for madness by the nineteenth-century moral reformers and Commissioners of Lunacy.
The building’s semi-radial form served the purpose of managing, observing, and securing the “mad” and of controlling the entry and exit points. For as Franklin notes, Fowler “achieved a plan with a minimum circulation area, but with maximum supervision capability, with long sight lines into wards and exercise yards”. Its walls provided the source material for my research, albeit contextualised by nineteenth-century writings on methods of cure and control such as Henry Burdett’s *Hospitals and Asylums of the World*, as well as more recent perspectives by Foucault, Scull, Goffman, Showalter, and Porter.

Re-enactment has been used extensively by contemporary artists and filmmakers, such as Peter Watkins in *La Commune (Paris, 1871)* (2000), to critique memory, history, and authenticity. As Sven Lüticken points out, art is well placed to “examine and try out … forms of repetition that break open history…” and creates “small yet significant acts of difference”. These acts are not an alternative to political force, but produce a space for reflection. By using my body as the agent to re-enact the institution, and following Steve Rushton’s analysis of re-enactment as an “agent of memory and experience”, I was replacing the need for “authentic” historical sources for re-enactment (such as film footage and written accounts) by using the building as a “witness” and incorporating my own experiences into the process.

I considered the building as a “container of memory”, a self-archiving archive, recalling Derrida’s notion that “the technical structure of the archiving archive also determines the structure of the archivable content even in its very coming into existence”. That is, these traces and marks only exist because the plaster walls in the building “structure” the archive and allow the evidence of the force of the handles to materialise. Significantly, in using re-enactment as a research method I was not aiming to replicate the wall-wounds through mimesis, but to repeat the institutional practices that produced them. The wall-wounds that I created through my actions (Figure 5) were, in effect, new events.
Unsurprisingly, the overlooked indexical traces did not attract witness accounts for they are laid down anonymously over time. They are however happenings that index the regulatory methods of the former institution that mark time, space, and action. For, as Thomas Markus states, “time and space are joined in rules that govern the opening times of specific spaces.” Ordering and managing the movements and locations of the former patients is therefore inextricably linked to: timetables; to the sequence of architectural spaces; to the thresholds, the doors, their hinges, the handles, and locks; and to the position, surface, and consistency of the walls.

One historical document is of interest as it highlights the problems pertaining to usage of the doors in the asylum, and emphasises the prevailing attitudes towards the care of the “mad” when it was first occupied. In his final architect’s report of 28 April 1846, Fowler writes that “… the locks are exposed to high usage, and consequently the more liable to be out of order … others have had the mortar shaken out of the joist on the shutting side, by violent concussions”. Fowler ends the report with advice for asylum staff to be watchful as “… in so extensive a range of buildings it must be obvious that a vigilant attention by persons on the spot will be necessary to prevent and amend these injuries to which all buildings are liable, and particularly in such an establishment as a lunatic asylum.”

Fowler’s metaphor of the building as a body, which is subject to “concussions”, aligns with my use of the same metaphor. This particularly relates to my reference to the surface of the wall which in the “wall-wounds (found)” and “wall-wounds (fabricated)” photographs appear skin-like—damaged and scarred (Figure 6) and blistered and sore (Figure 7). The absent bodies of the past are alluded to in this metaphor, and Allen usefully observes that re-enactment always “presupposes a missing body”, but nonetheless “uses the body as a medium for reproducing the past”. She continues: “while a re-enactment may depend upon historical documents and artifacts—from newspaper reports describing an event to the
clothing worn by key figures—the body remains the vehicle that can carry the past into the present, that can give the past presence. My embodied process reveals the past, that is, how these anonymous indices of institutional control are formed. The dialectic between absent and present bodies is drawn into focus within re-enactment as a performance of memory, one in which this event draws on the past and simultaneously forges new events in the present. These new events then produce further memories, which stand in for the inaccessible past. This is a process of slicing, cutting, assembling, and reassembling action and memory in new configurations.

I re-enacted (en)closure and aperture, monotonously repeating my actions to find out how to produce the wall-wounds. At the outset I used actual doors and then I made a hinged device to which I could add a variety of handles and locks, then swung and pushed them, hitting them against layered plaster panels that I fabricated for this purpose. I was aware that in the asylum closure is symbolised by the external walls that confined, enclosed, and excluded the patients and the internal walls that isolated, partitioned, distributed, and segregated. Aperture is symbolised through observable space, the doctors’ rounds, the x-rays, and the lack of privacy. My body was the conduit for this exploration of boundaries, both symbolic and actual.

These re-enactments led to the production of a number of wall-wounds on the plaster panels. However, I recognised that in the process of production I was constantly erasing the previous state through each subsequent action. Equally, in the digital archive of the “wall-wounds (found)” the traces were photographically captured at an arbitrary point in their process of becoming. By introducing stop-frame capture technology, I could document the outcome of each impact and reveal what could not be experienced through the archival image. That is, the emergence of the wall-wound as a durational process, resulting in short pieces of moving image that transform the digital photographs into a narrative event.
I documented one frame between each hit, involving a set of disciplined actions and bodily movements to render the process visible through the camera lens, compressing action, time, and space. When projected back onto the institutional wall as artworks these “wall-wound (projections)“ appear to restore both duration and space simultaneously. By reintroducing the temporal in relation to the spatial I was, in Allen’s words, “confounding history with geography” and spatialising the past.\textsuperscript{33}

The production of what appears to be a piece of moving image is dependent on the sequencing of single images, a development that is explored by Mary Anne Doane in her examination of early cinema and its relationship with the still analogue image. Thus, “a duration based upon division, upon sequential serialization of still photographs … when projected, produced the illusion of motion and the capturing of time”.\textsuperscript{34} Also significant to my research is her related observation that “the promise of indexicality is, in effect, the promise of the rematerialization of time—the restoration of a continuum of space in photography, of time in cinema”.\textsuperscript{35}

Here a question arises about the relationship of indexicality to its referent during the process of re-enactment. The imprint of my action, the trace, is captured in the plaster surface, “embodying in its form the existential traces of its referent”—my absent body. I then capture that physical trace within a digital frame, and each frame is subsequently placed in sequence to produce the illusion of transformation and movement.\textsuperscript{36} However, my absent body is re-enacting the actions of other absent bodies so the referent (my body) is already referring to an event that was never “captured” in any documentary sense, suggesting a loss of history or of memory.

The artworks, when projected into institutional spaces, including buildings other than the former asylum, and therefore seem to actively hover between representation and mis-representation, bringing fact into dynamic tension with fiction. They remind us of the unreliability of both memory and interpretation of documentary evidence, and caution us to acknowledge the extent to which we assume that we can reconstruct the past in the present.

What began as my refusal to search for a homogenising narrative of the inhabitants of the former asylum resulted in artworks that allude to institutional control, but in a different register. This register involves re-enactment as an imaginative as well as critical act which, according to Rushton’s reading of R.G. Collingwood, “affords us the possibility of imagining the position of the protagonists within an historical narrative and the interrogation of evidence weighted against our interpolation of that evidence”.\textsuperscript{37}
Hence we imagine the missing parts of the historical narrative based on our interpretation and understandings of the things that remain, such as Ricoeur’s documentary “clues”, or the things we think we “know”. The “wall-wounds (found)” (Figure 8) provide such provisional clues, as does the structuring structure of the architectural rationale of the original asylum. Through re-enactment as an embodied research process I investigated and trialled movements, locks, and actions that I imagined, and that produced similar marks and evocative hollows.

The resulting moving image artworks, when projected onto institutional walls, subsequently allude to the building as a container of bodies and the “memories” of those bodies in the body of the building without recourse to representation, but as an imaginative act that refuses homogenising narratives. My body and the body of the building act as surrogates. They perform a form of intercorporeality involving the interaction between situated bodies—the body of the building and my own body—through re-enactment as a critical and embodied artistic research method to explore the immurement of other absent bodies.38

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Endnotes

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3 I also collected wall-wounds from a range of other former asylums, hospitals, and institutional buildings.
7 The further trace is the cerebral or cortical trace that is the domain of neuroscience and known as mnestic but that in this instance is of less relevance to my practice. Ricoeur, *Memory, History, Forgetting*, 415-16.
10 Donna Haraway argues for a “feminist objectivity” that embraces vision as embodied, critical, and situated rather than a gaze from nowhere. Haraway, *Simians, Cyborgs, and Women*, 188.
16 Moral treatment was part of the regime of cure in the early days of the asylum and the first Medical Superintendent, John Bucknill, was a proponent of a healing environment. However, the asylum was quickly full and many of the aspirations of moral approach were deemed un-economic and containment of a mass scale became the norm.
17 Franklin, “Hospital – Heritage – Home,” 175 (personal communication).
9Devon Records Office, Devon, U.K. (Ref: Devon Q/S 116/1).
12Foucault, *Discipline and Punish*, 141-43.
14See http://sarahbennett.org.uk/currentPracticeWWPR1.html
17Doane, *The Emergence of Cinematic Time*, 70.
18Rushton, “Playing Dead,” 89.

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**Biographical note**

Sarah Bennett is an artist and Associate Professor in Fine Art. She is currently Programme Leader for MA Fine Art at the University of Plymouth, U.K., and academic liaison for MFA Creative Practice at Transart Institute, New York, US. In her art practice she explores the historical, social, and cultural contexts of institutional sites. She completed a practice-based PhD in 2010.

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