

# ETHICS and ENGAGEMENT



Representation, Documentation and  
Doing the "Right" Thing

Like many artists, I am a “LEARNER”....and learn from many sources, and primarily through interrogation... through asking questions.

*“Questions of voice, authority, and authorship have become a serious concern among documentary filmmakers and anthropologists. Who can represent someone else, with what intention, in what “language” and in what environment is a conundrum that characterizes the post-modern era.”*

Jay Ruby, 1991

One follows the questions of practice and finds theory... discovers more questions... follows them... and if I have learned one thing in the last few decades, it is that these questions of voice, authority and authorship are in no way restricted to filmmakers and anthropologists. Indeed, they are embedded across most disciplines within in the act of constructing knowledge, making “representation” and in the act of “looking” itself... in the GAZE. Whether framed by the “male” gaze, the clinical gaze, the gaze of the camera or through our own “gaze” as artists and makers of meaning, these questions and others which spin out from them invite us into ethical ground... into the terrain of moral geography.

My intention today is to tell you a “story”... about a practice, which led one artist into that terrain with neither a map, a compass, nor a guide. Led to a long search for “navigation” tools and rules. Led inevitably to my current preoccupation with ethics and my belief that whether we work alone in a studio or together with others in a community, there are significant consequences to our work as artists. Consequences which can do “good”, AND can do “harm”, and for me at least, demand an attentive and earnest reflection on the ethical issues embedded in HOW we do our work as artists.

*Who gets to tell the story  
in contested territory marked by  
a “crisis in representation”?*

Since I get to be one of the storytellers, I ought to admit that I am as colored and constrained by my history as anyone else,

so before I dig in to the story, let me situate myself a little.

As a filmmaker and an interdisciplinary artist with both a production and a teaching practice, I bring a mixed set of “traditions” to the ethical questions which arise at the intersections of “art practice”, “documentary practice” and “community work”.

My earliest awakening to “ethics”, was formed in a film community, which routinely paid for access to other people’s stories, property, and time, and did so within a well-established tradition of formal “permissioning”, release forms, and fee structures which recognized the “value” of contributions made by “non-creators” to the creation of a “new” piece of “intellectual property” which would benefit its “authors”. My own documentary film experience took me directly into the ground of telling other people’s stories and forced me to confront the challenges of collaborative authorship. These “film” roots represented a radically different “tradition” than that defined by “the freedom of creative expression” routinely constructed as a “right” of the artist within the modernist canon in which I was trained as a visual artist.

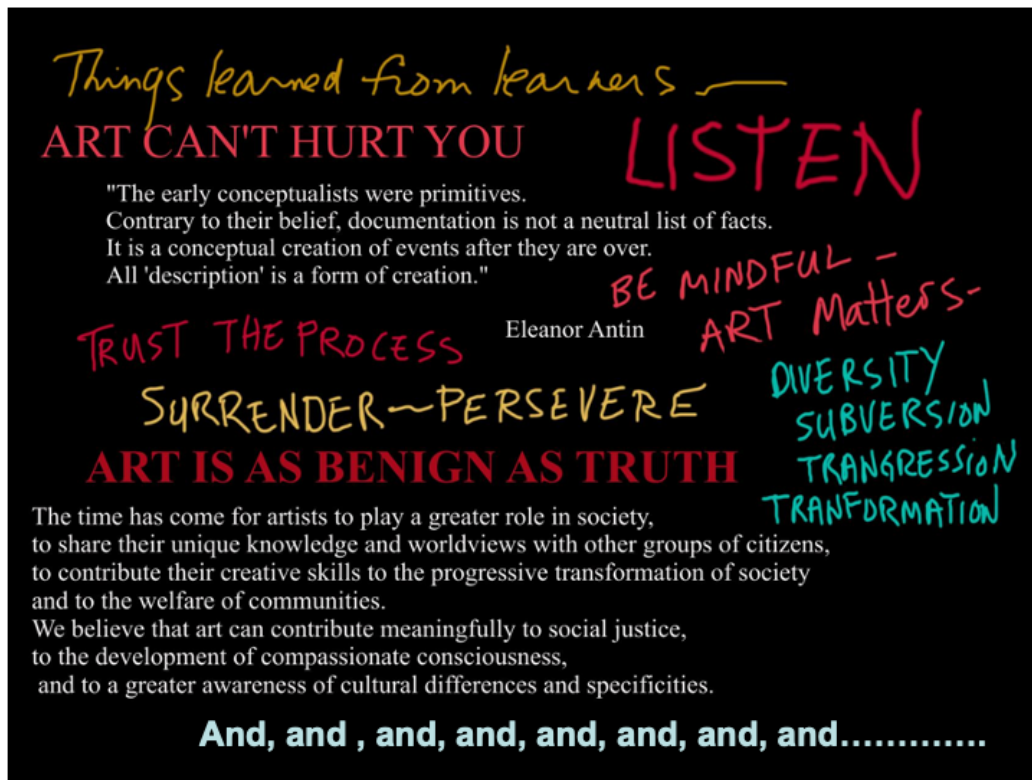


My “ethical” interests were deepened by five years of site-specific work on the land which forced me out of the safety of the studio and into the terrain of fisheries and environmental ethics, and serious “documentation” work. They were further advanced by 3 years in a Faculty of Medicine, first studying and eventually becoming a “member” of that community as their artist-in-residence.

The foundational notions of bio-medical ethics, as well as the well-developed protocols around human subjects research, seemed to have important echoes in artistic practices which “used” or engaged others aside from the artist, in the artistic process.

My participation in the 3-year scholarly study about *Ethics* the resource crisis in the Canadian Marine Fisheries, extended my investigations into deeper ground, back towards the environment, turning my gaze from the body, to the body politic. This experience solidified my instincts that self-examined ethical decision-making is usefully embedded in art practice whether we work alone, or with others, and regardless of the subject matter or content preoccupations of our work.





Finally, as a Faculty member in an graduate program which requires a community-based practicum from all of our students as part of the degree criteria, I am especially aware that these ethical questions are fundamentally and urgently important not only to myself, but to other artists working in the ground of community practice and public art.

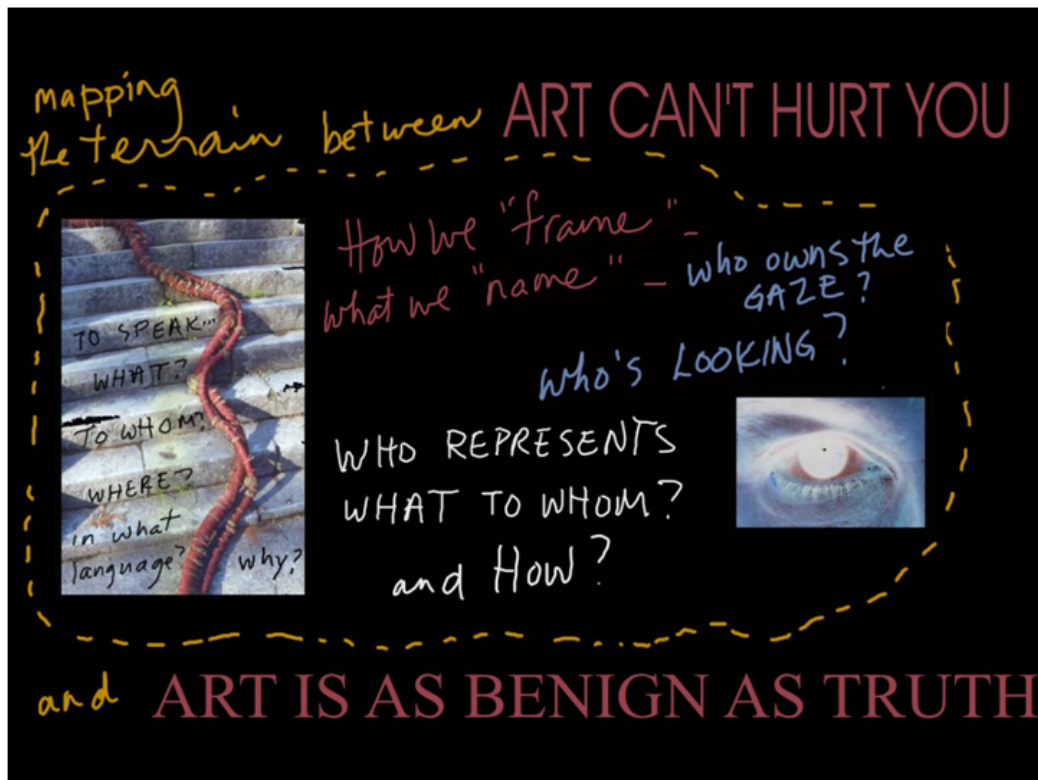
Like many artists who are privileged to *teach*, I am also privileged to *learn* from my students. So, from them, I have borrowed three phrases that, for me at least, describe the terrain and trajectory of the story I want to share today...

It is a story if you like, about coming to ethics.

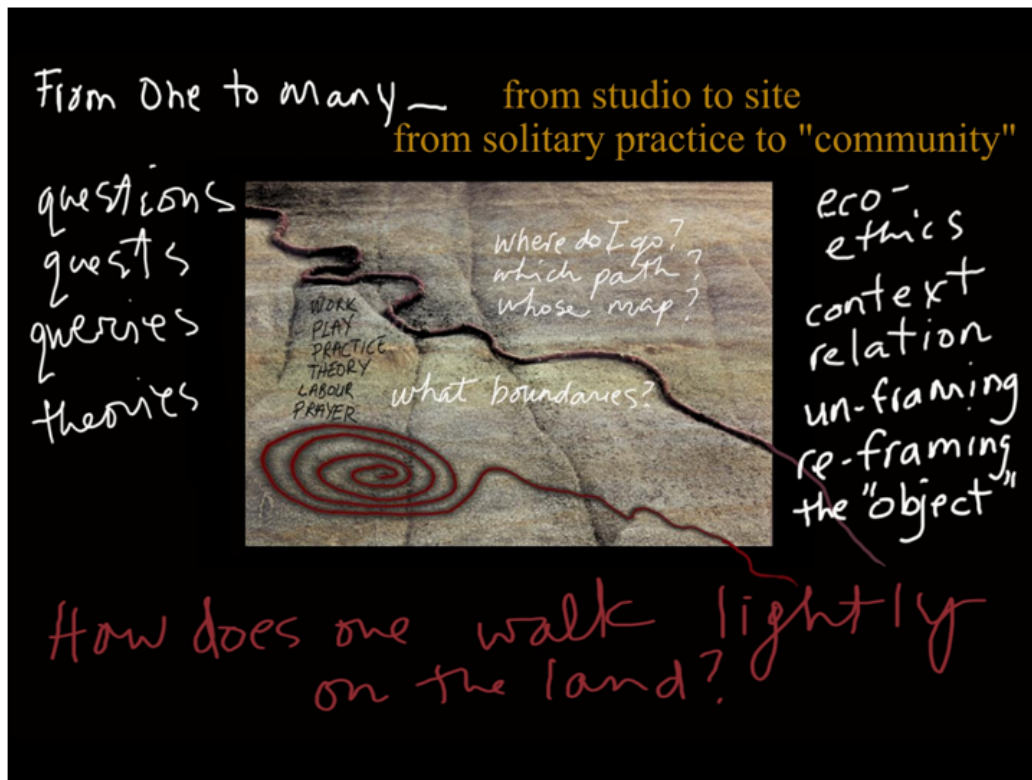
All of these fine phrases come from artists who are or were engaged in the MFA in Interdisciplinary Arts Program at Goddard College in Vermont.

ART CAN'T HURT YOU is written across a canvas shoulder bag belonging to Phyllis Fredendall, a current student in the program...

ART IS AS BENIGN AS TRUTH. is the title from a graduate portfolio by Graciela Monteagudo...



Somewhere between these opposing notions that "ART CAN'T HURT YOU" and "ART IS AS BENIGN AS TRUTH" lies the ethical terrain we navigate as artists. Whether we work in solitude or in community, from the personal or the political, towards the process or the product, we are surrounded by ethical questions and challenged by the consequences of WHAT we do and HOW we do it.



FROM ONE TO MANY is the title of another MFA Portfolio... this one by Jason Bagatta... and I want to acknowledge and thank these three artists for giving me their words to help focus and delineate my thoughts today.

From *One to Many* describes a trajectory...a journey taken, I suspect, by most artists who find themselves working "in community", or in the realm we now call "public art"...as activists, collaborators, witnesses, allies, facilitators of change... working beyond the traditional relationship to "others" in which the "community" was constructed as the "audience" for the creative expression of the artist. As audience, the community was the "viewer" – the artist was the "doer". Art "spoke"- audience "listened".

For artists of my generation and training, those were the heady days of the "freedom" of the individual artist, and the notion that ART CAN'T HURT YOU was strong, even if unstated, in our bellies. Even within the crumbling canon of modernism... the early days of "concept art", process art, and yes, those glory days in art school when young women were challenging the notion that women could NOT be "ARTISTS", we learned little language as object makers and meaning makers that made tangible either our role within community or our responsibilities.

I was trained in the late sixties, and certainly we believed that "change" was as important as "ART", that one must participate in order to earn the right to speak, but in many ways our "dialogue" remained primarily with materials, with mark and media, and with the struggle to make meaning visible in some kind of significant form.

That ART might *not* be the only or the quickest or even the BEST way towards social change, seemed obvious to a generation used to sit ins, demonstrations, volunteer work and all those strategies for engaging one's "activist" instincts or agendas. We thought about ethics, we struggled with moral questions... we just didn't do so within the context of our individual art practice, and our preoccupations with building our own voice as artists.

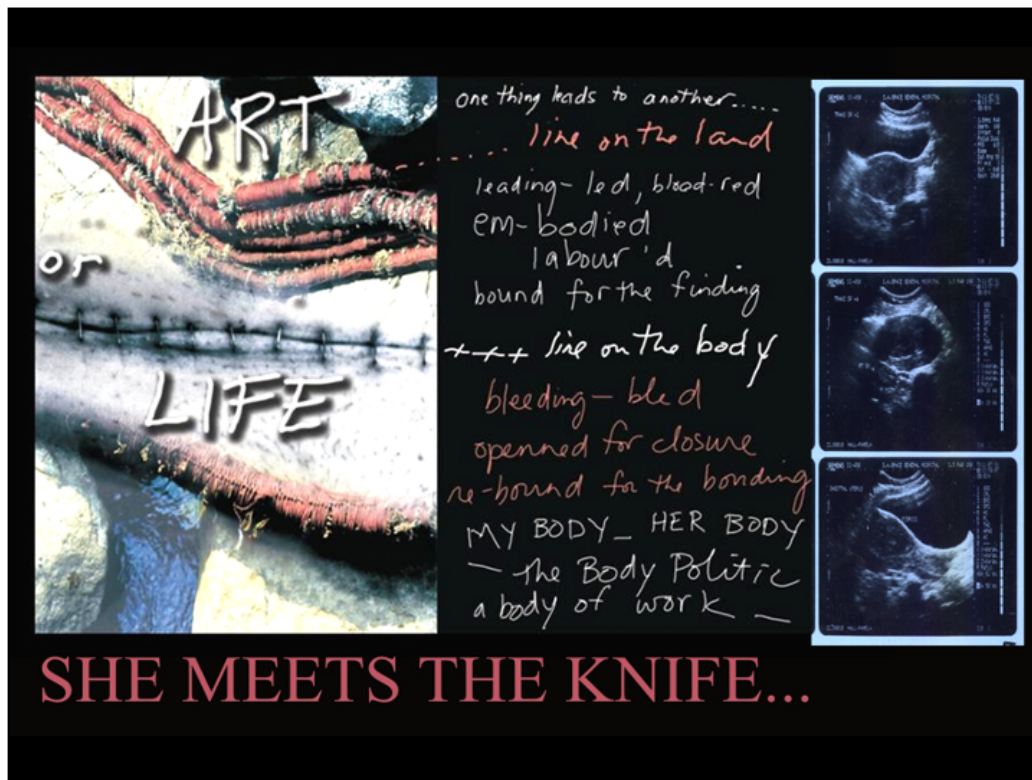


It was only when I stepped outside of the studio... onto and into the land...that the "geography" itself delivered its "moral" questions for consideration. Even alone in the landscape...moral or ethical considerations became not only "visible", but foundational to the way I was invited and yes, forced to pursue my practice. One could NOT avoid the questions...Whose land was it anyway? Did I need permission to be there? Whose permission? What could I "hurt" or damage in such a solitary and "simple" process? How much flora was I willing to pull up by its roots dragging "art" through fragile environments? What "entitlement" was presumed in "using" the landscape? In *representing* it in what I thought was a *personal* way, but one which was, like everything else, constructed by privilege, colored by colonialism, and contextualized by traditions in land art which were neither ephemeral nor transient? Indeed, how does a visitor, a "stranger" and "outsider", enter territory not their own with the intention to "speak"? This was the beginning of my "ethical" education. Real questions, raised by real "terrain", and by the real people who became my crews, my hosts, indeed, my partners in a process I could not undertake alone.

The sunburned crew, the pulled shoulders, the rigorous stewardship of park officials, the passionate connection to place of those who told me where I must "go" ...the regulations and traditions that told me where I must not... taught me well that it was possible to do damage. That indeed Art was NOT Benign...

I had my first inklings... and began to Pay ATTENTION in a bigger way to the "consequences" of practice... to the "ethical" issues that accompanied working on the land and in the landscape.... Doing site-specific work, I had imagined that these questions were site-specific... had thought I had a handle on them... had worked out the necessary creative strategies which would sustain me outside the studio...





Until... in one of those Life/Art, Art/Life collisions, the questions CUT close enough

to home, that they became "general"... applicable not just to the "body of the earth"

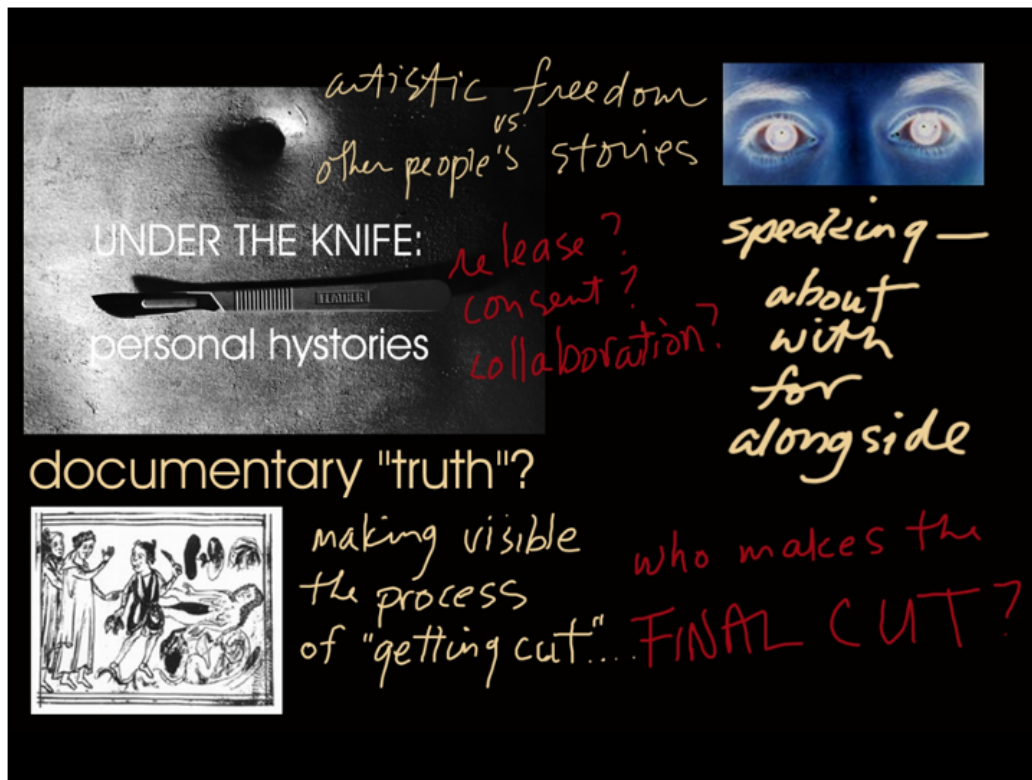
but to my own body, and from there...to the body politic...to bodies of knowledge.

Through an encounter with surgery in 1992, I was lured into ground which sharpened, focused, and indeed still fuels, my interest and interrogation of these questions, and because other women helped me navigate this experience, I realized that they were not MY questions alone. And so I stepped for the first time really, "into" community,

by choice, rather than by accident,

first as a place to learn,

and secondly to find a way to tell a story too big, too complex and too diverse for my voice alone.



I had worked in film since 1987... as a designer, and art director... as part of a creative team...and knew well the traditions of release forms, and rental agreements, of not only acknowledging, but indeed, permissioning, renting, or buying other people's contributions to the "art object" being created.

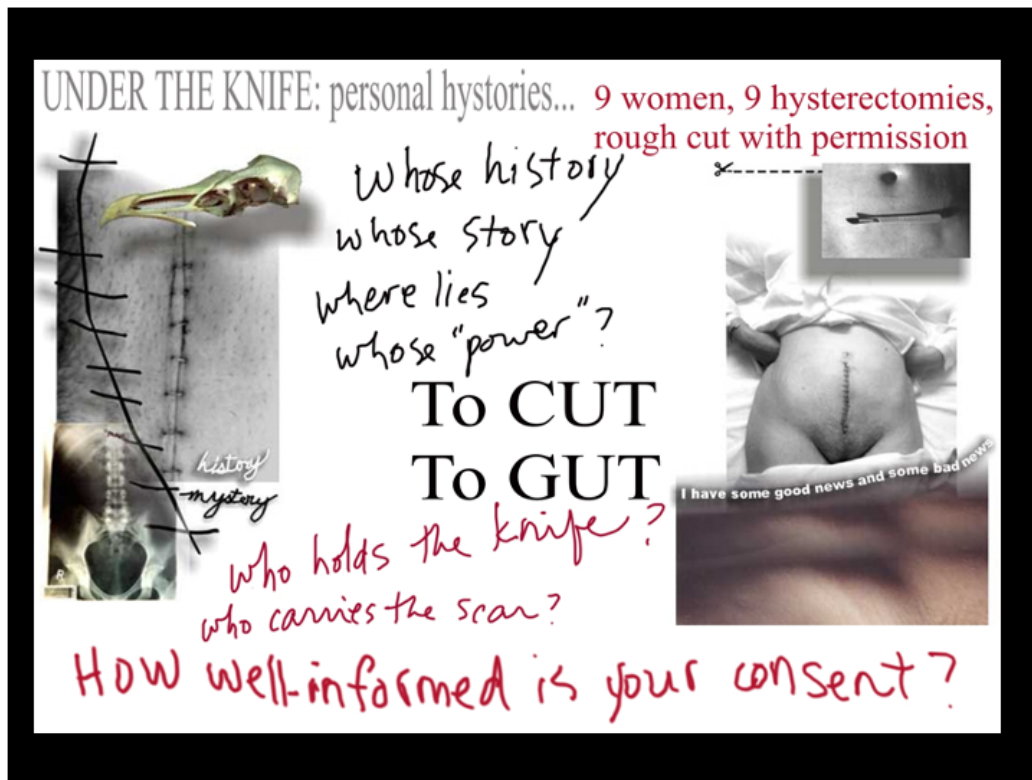
So when I made my own first film, about women's experiences of hysterectomy, I had the advantage of understanding two profoundly "ethical" elements in the process... the first was "consent", and the second was the tremendous POWER of representation... the power of the editor, or the camera itself, of the laying down of image with voice, to CREATE the meaning viewers would "read"...

Having been through the surgery, and the confusing "culture of institutional medicine" which delivered it, I was also keenly aware of the fragile and potentially traumatic terrain I was entering as a first-time filmmaker.

Like many women, my step into the "political" emerged from the "personal"... yet I was not telling my own story...so I was VERY VERY careful, and learned strategies which, while still evolving, are now foundational to how I dance with others when my practice takes me into that ground.

I learned to make a safe space for the sharing of hard stories...

Learned to be rigorous in transcription...in the explanation of intent... and in making visible the power my collaborators were passing into my hands.

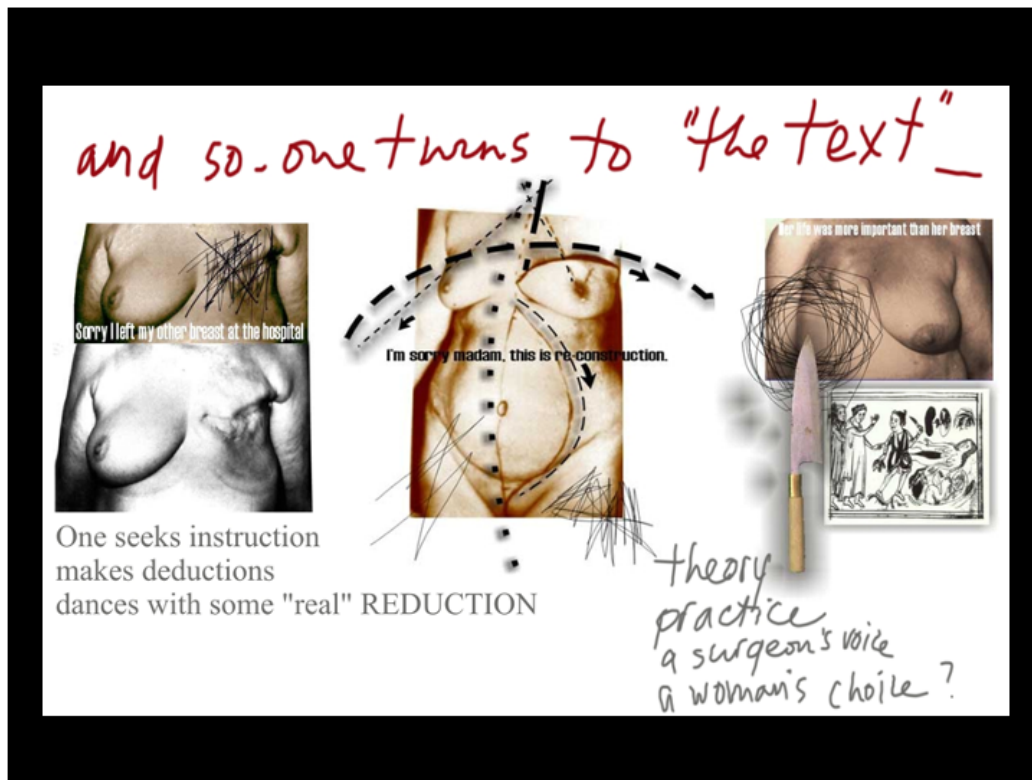


Not knowing the power of film language, editing, emphasis, POV...not knowing how an image alters the meaning of a word...not knowing the power of representation...

They offered full permission to use their words following the voice interviews... TRUSTING me to context their words well, to honor and value their stories. They had no idea what meaning I could "put" into their mouths... and until I spent days at the Steinbeck, cutting sound, neither did I... and yes, I was "tempted" ... an artist after all... used to the "freedom" of solitary practice... the freedom of "fiction"... used to "manipulating" meaning...which is, after all what artists do.....I was tempted to add, to alter, to construct poetry and drama, to pull out humor, to provoke tears... and yes, tempted to take a "position" , argue a case... advance an agenda.

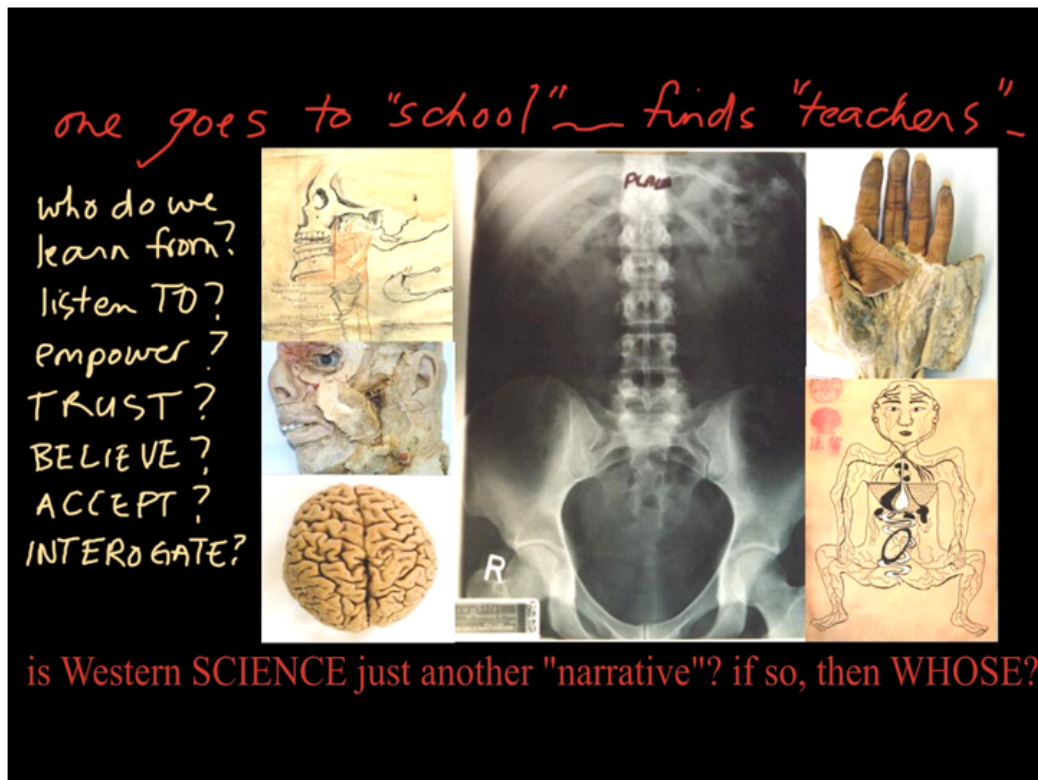
So I gave them rough cut permission...and ensured that if I lost my intention to keep clear of agendas, that THEY would keep me balanced, keep me "honest", and keep me true to telling many stories, and not just one. So yes, I lost a few lines here and there... some wonderful revealing phrases... but mostly I lost my old freedom to make decisions based on formal, or aesthetic issues, to "do my work" ALONE.





It was HARD...it was SLOW, and in search of the old "control" and "freedom" of an unpopulated practice, it turned me back to the "stories" of public domain... of text books and medical studies... safer ground, I thought... more freedom to follow one's learning. For in the ground of other people's stories, I learned I could not even control the "questions"... and I still had some... had lots in fact.

And so... following the questions, I went to school... thinking perhaps that it would be simpler... less imbued with "value"... clearer... and certainly less confusing than struggling with the "ethics" of throwing other people's voices into the world. I had audited first year medical school in 1992... following my curiosity about how doctors learned to see the female body...so when I returned in 1997, as the first artist-in-residence in the Faculty of Medicine at Memorial University, I had a small vocabulary, a tiny bit of familiarity with the labyrinthine corridors of the med school, and a humble agenda...which was primarily to make myself present to the medical learning process, To WATCH carefully... and to mirror back into this community in some way what I was seeing, and the questions I was "following".



This was the first process/project I undertook which was constructed from the beginning as an “artist-in-community” project. Objectives were loose, but were set jointly by the med school, the art gallery which was the other “partner”, and by the artist. We were all feeling our way forward, trusting somehow that something “productive” and worthwhile might “happen”. I am happy to share details of this project later... but here, I want simply to pull out the threads which I came later to call “ethical”... or which challenged what I had come to view as my “autonomy”, freedom, and self-determination as an artist. And as it happened, I stumbled over issues like these almost daily.



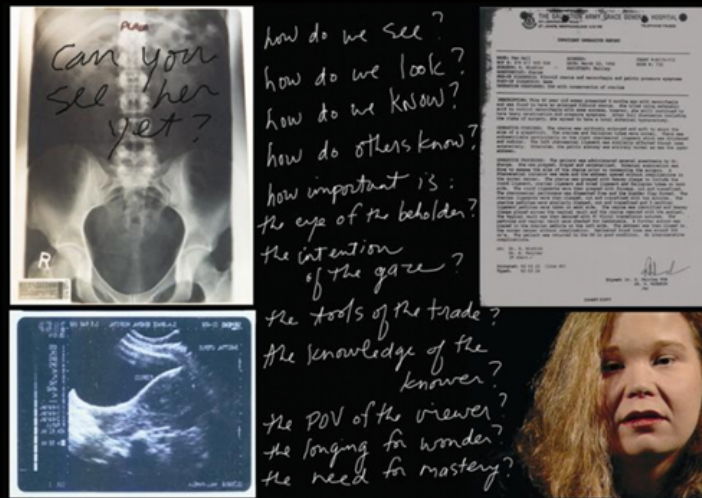
In the quiet of the anatomy labs, working with cadavers and body parts, I understood quickly that even the dead carry their history with them... had stories to tell, and remained connected to life through families who had every right to feel protective, to guard their privacy, to feel ambivalent or resentful about how the body of their loved one is “used”, and represented. The first two projects I wanted to undertake, both in their way intending to “map” the living history of a dead person, were impossible to “get permission” for and so early on I learned that I needed to be mindful of consequence, and constantly awake to the “rights” of others.



In a medical education environment, with its long history of stated ethical codes of behavior, it was inevitable that any member of that community would struggle to understand the consequences, accountabilities and potential "harm" of one's "practice". It took no imaginative "leap" at all, when "studying" the clinical gaze, to see the power and privilege embedded in the artistic gaze. In fact I was overwhelmed with parallels of practice...

The physician and the artist throughout history both having "permission" to "see" the body... Science and art both with long traditions of representing the body, indeed, constructing our "knowledge" about it... and though in different ways at different periods in history, both practices engaging in often mysterious and esoteric procedures, and investigations which gather knowledge from others as the basis for advancing one's own knowledge.

## taking "histories" CLINICAL SKILLS Medical ETHICS



How do our questions determine the "answers"

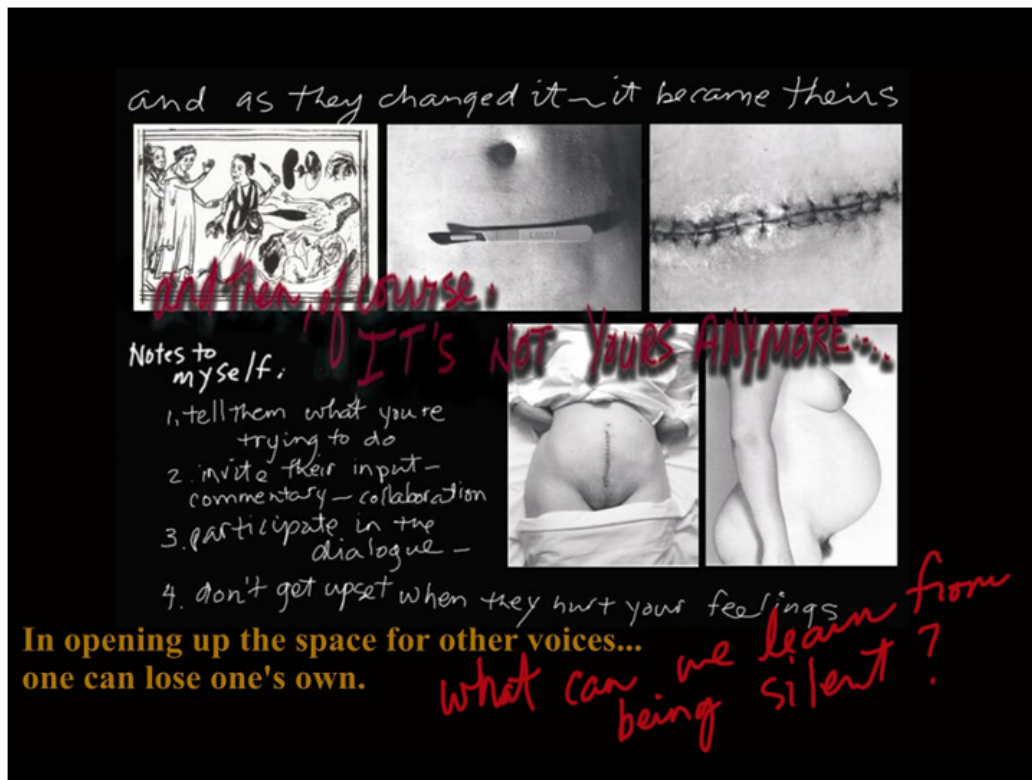
Though clearly the intention of the artist's gaze and interrogation is different than that of the physician, there seemed to me at the time, to be enough connective tissue between them, to learn from their methods... to seek in their approaches some strategies which might be useful in my own practice. And in community which discussed non-maleficence, beneficence, autonomy, justice and informed consent, it was inevitable that these principles would advance my thinking about ethics and art practice.





And in an attempt to create dialogue about how we make meaning about the body, how “constructed” it can be, how determined by how we “address” our questions to it, I installed *The Eye of the Beholder*, and invited students to alter it as they would, over time, and in response to what became a lively and ongoing dialogue in writing which was part of the installation.

Yes, this piece raised all kinds of questions... about artistic control and authorship, about “ART” itself, indeed about having an artist-in-residence who was not gracing the corridors with decorative and “uplifting” art works. The “ethical” question it brought to the surface seemed small at the time, compared to many of the larger, and more controversial ones... but it was a question that stayed with me and was one about audience. At least five students were deeply disturbed by the representations of surgical scars in this piece. One felt that surgeons were being represented as “butchers”, and the other two were deeply upset by the “poor job” that left these women “mutilated”... all three took it “personally” and on the dialogue panels where viewers would write, a major debate ensued about surgical responsibility, and cosmetic craft, and also about the “imposition” of such imagery into the stressful and fragile ground of medical learning. Two other students, both females, were reminded of personal loss and trauma in deep and distressing ways.



Having installed the piece in a non-public corridor where only med students, staff and faculty had access to it, I had thought I had considered those questions of “audience” protection that are handled in film and television at least with those warnings about difficult content.

I discovered though, that even a grown up audience, and one engaged in a very explicit relationship to the body in trauma, disease and dysfunction, carried their own personal histories to the work, and that those might be painful, disturbing, and if only in a small and transient way, damaging. As someone “in the community”, with growing relationships, real affections and complicities within it, I asked myself my first questions about my “right” to speak. And at the same time, my “responsibility” to speak.





Having learned to see the “whole person” beneath the white lab coat and the greens, having learned the “whole patient” language of clinical skills courses, Making Introductions was another attempt to create an opportunity for dialogue... this time, stretching beyond the med school itself and into the care-giving, clinical community of the hospital.

Using forms and procedures that were created to echo those used daily in medical practice with patients, I undertook what can only be called a project in “portraiture”. In reconstructing the representation of the caregivers... re-introducing them, I hoped, both to patients in the waiting rooms where the panels were installed, and indeed, to their peers, colleagues, and co-workers in health care.

Again, the work was accompanied by dialogue panels that enabled viewers to respond to both the work, and to one another’s commentary, and again, the work raised all kinds of interesting questions that have nothing to do with “ethics” or the freedom of “authorship”. The “ethical” questions raised were largely in the process, rather than in the content of the work. The “informed consent” permissioning process, while more rigorous than any I had initiated before, still did not ensure my “freedom” to finish and present the work as originally intended.

Some second thoughts on the part of participants, and the refusal by one to have her “forms” installed in the day surgery waiting room near where she worked, altered the work substantially from its original intention, but the most profound question of the “ethical” sort that emerged was in the process of gathering volunteers, and doing the photographic portion of the work.

## Fair Play - Role Reversals - Playing with Procedures

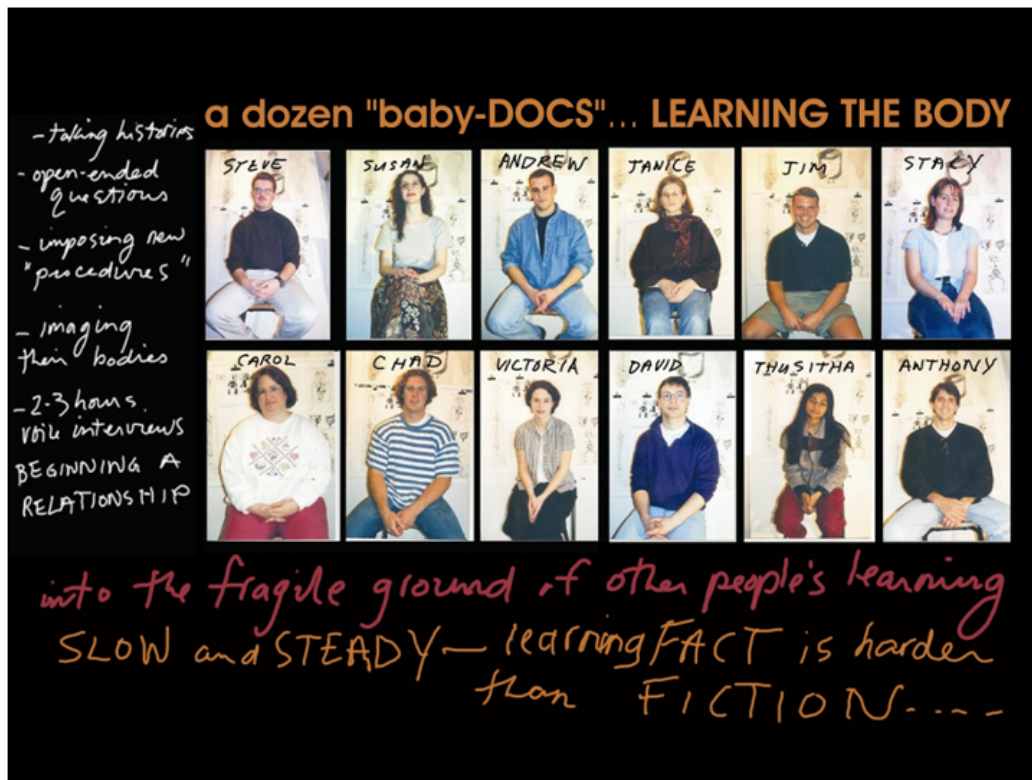
The image displays three side-by-side photographs of a man, each representing a different role, with a corresponding medical form next to it. The first photo shows the man in a white lab coat, standing with his hands in his pockets. The second photo shows him in a dark suit and tie, also with his hands in his pockets. The third photo shows him in a light blue hospital gown, standing with his hands in his pockets. Each photo is accompanied by a form titled 'INTRODUCTION FORM'. The first form is for a doctor, the second for a businessman, and the third for a patient. The forms contain various fields for personal information, medical history, and a section for the patient's story.

TAKING HISTORY - "FORM"ING IT and POOF!!!  
(FAKING IT?) IT BECOMES "KNOWLEDGE"!!!

**In the land of the living... every history belongs to someone**

These were all busy professional caregivers in a world of hard and demanding work... some would say, a world of life and death issues. It took more than eight months to take the photographs and gather the three pages each of questionnaires from 6 participants. One photo session was re-scheduled 13 times, 20 or 30 individuals who would have been happy to help, could not find the 20 minutes necessary for their inclusion.

So, for the first time I had to struggle with my own impatience, frustration, and sense of urgency about the work I wanted to make as an artist, and my dependency on others in order to make it. How hard could I "push"? How "demanding" could I be? What were my expectations of this community, and what right did I have to hold them? In the process of trying to "do good", how did I respect, honor and acknowledge the autonomy of those I was "working for"? This was a question that was foundational to almost every seminar discussion on medical ethics I participated in during my two years at the school, and suddenly I became aware that arrogance, paternalism, and the unexamined and presumed privilege of "status" in a community, were just as likely to exist in an artist as in a doctor.



I wish I could claim to have jettisoned those unattractive characteristics right then and there, never to see them again in the five or six years that have passed since that project, but alas... I can only claim to be more attentive, and more rigorous about watching for them, and more determined about fighting them into the ground when I find them lurking. For lurk they do... and I give a great deal of credit for ability to see them and willingness to "admit" them, to the dozen young medical students who, in letting me work with them over two long years included me in their learning.

WHOSE Cultural Traditions?

Human Subject Research

**ETHICS — ART. SCIENCE. MEDICINE**

who is doing what to whom?  
as physicians — as scientists —  
as artists?

**INFORMED CONSENT**

**AUTONOMY** whose gaze?

**JUSTICE**

**NON-MALFEASANCE** (do no harm)

Permission — artistic freedom —  
the responsibility of representation

WITNESS?  
VOYEUR?  
ALLY?  
ENEMY?

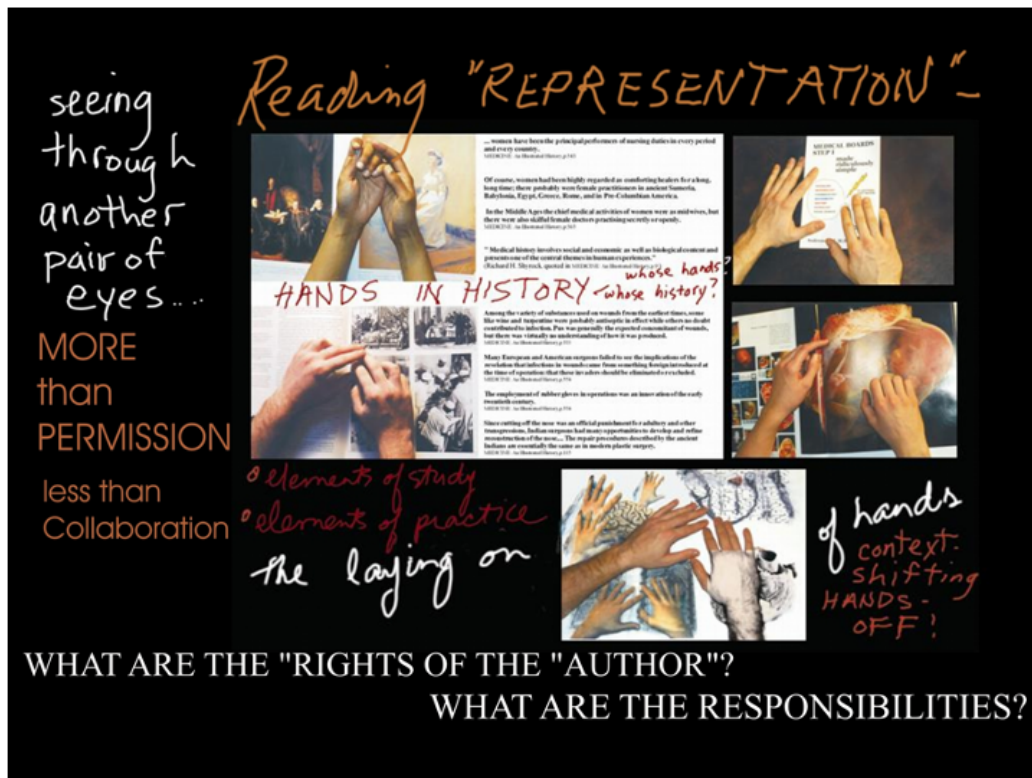
whose CANON?

Paternalism — marginalization — privilege —

**BENEFICENCE**

**RIGHTS? RESPONSIBILITIES?**

For in fact... we were ALL learning in the same terrain... ALL dancing with the same questions.

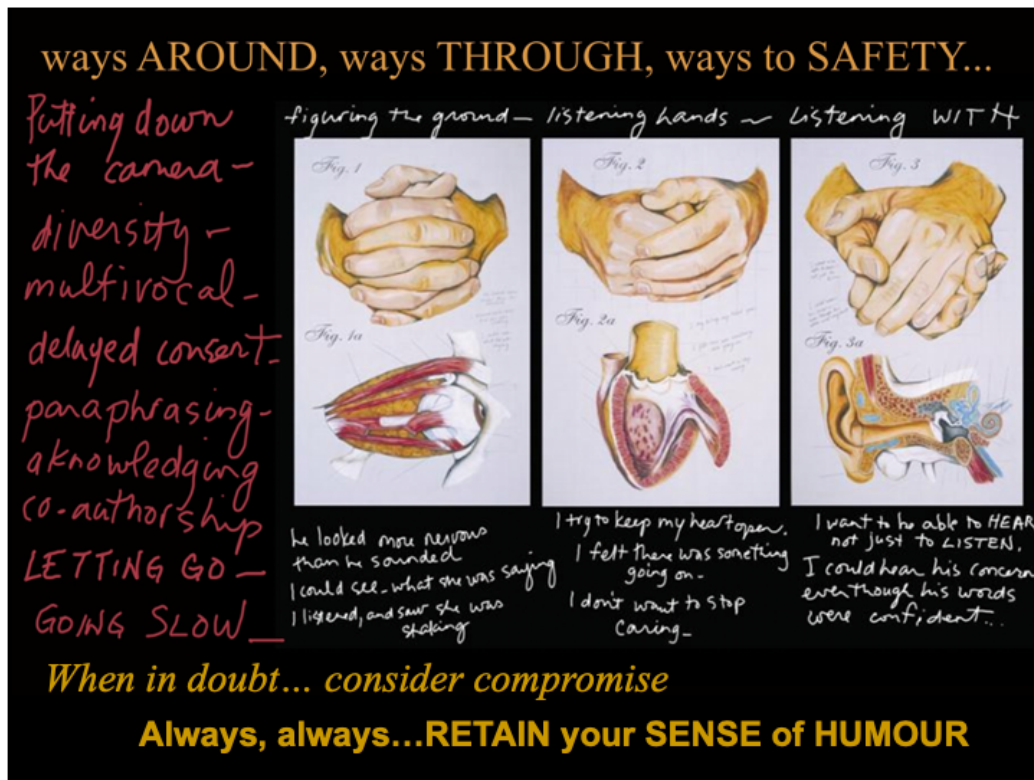


Over the course of my time at the med school, these young “doctors-in-training” became cohorts, subjects, and even objects of my work in that community. Hundreds of hours of taped interviews were gathered, thousands of photographs taken, dozens of projects initiated, and many completed and installed within the corridors of the school. They allowed me to “use” them, and taught me all manner of things...as they learned all manner of things. And in this ongoing and consistent partnership, we all learned about ethical practice. Sometimes my work suffered, was constrained, or “failed” in its intention, sometimes it was better served than I ever might have imagined. I had to take work down which one of my students felt “mis-represented” her, and by the time I could re-install it with text she was comfortable with, it had lost its purpose. At least, it had lost its original purpose as “ART”... and in its “failure” had gained its purpose as a spur to learning. A “lesson” in empathy, in imagining the point of view of another, and indeed, a lesson in navigating consequence, rather than getting defensive about it.

It was a lesson in compromise.

And in compromise as a “strategy”.





Throughout my work with these students I learned, sometimes entirely against my will,

a whole range of strategies, or ways through difficult ethical terrain. I had always said “different strategies for different discourses”

But learned at the med school that I needed different strategies for different days, for different people, for different intentions...

They seemed so obvious once I learned them, that I could not believe I hadn't known them all from the beginning.

Perhaps I am a slow learner... or an experiential learner...

learn best from practice in the world rather than from theory in books...but whatever the reasons,

I learned well and deeply enough so that when I approached my final project within this community,

I did so with my “ethical eyes” WIDE OPEN

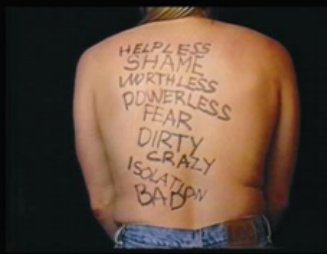
And my strategic “bag of tricks” well-packed indeed.

*Partnership - JOINT AGENDAS -*  
*Mending the Invisible Wound -*

2 family practice docs  
 1 artist/filmmaker  
 5 volunteer actors  
 15 volunteer voices  
 10 budget  
 3 months research  
 1 month scripting  
 volunteer musical composer  
 film co-op with an AVID + love of artists  
 artist with digital graphics and editing skills  
 supportive Family Medicine Program + cost Dean of Medicine  
 hours and hours and hours -  
 tears and anger - laughter and wine -  
 = 1 - 19 minute video on survivors of sexual abuse.

*entering the  
 Hard Ground-  
 RESEARCH  
 "TRUTH"  
 DOCU-DRAMA  
 The challenge  
 + opportunity  
 of film  
 and VIDEO -*

*Being "IN" Community -*



Which is a good thing, since as it turned out, this was the most challenging set of ethical dilemmas I had ever confronted as an artist, as a filmmaker, or as a member of this community. Finally “seen” as more than a serious tourist, I was asked to help with something perceived as important that was NOT my idea... was, in fact, asked to make work that would meet someone else’s agenda, serve someone else’s objectives, and “do some GOOD” not within the “art” or “public art” world, but within the world of medical education.

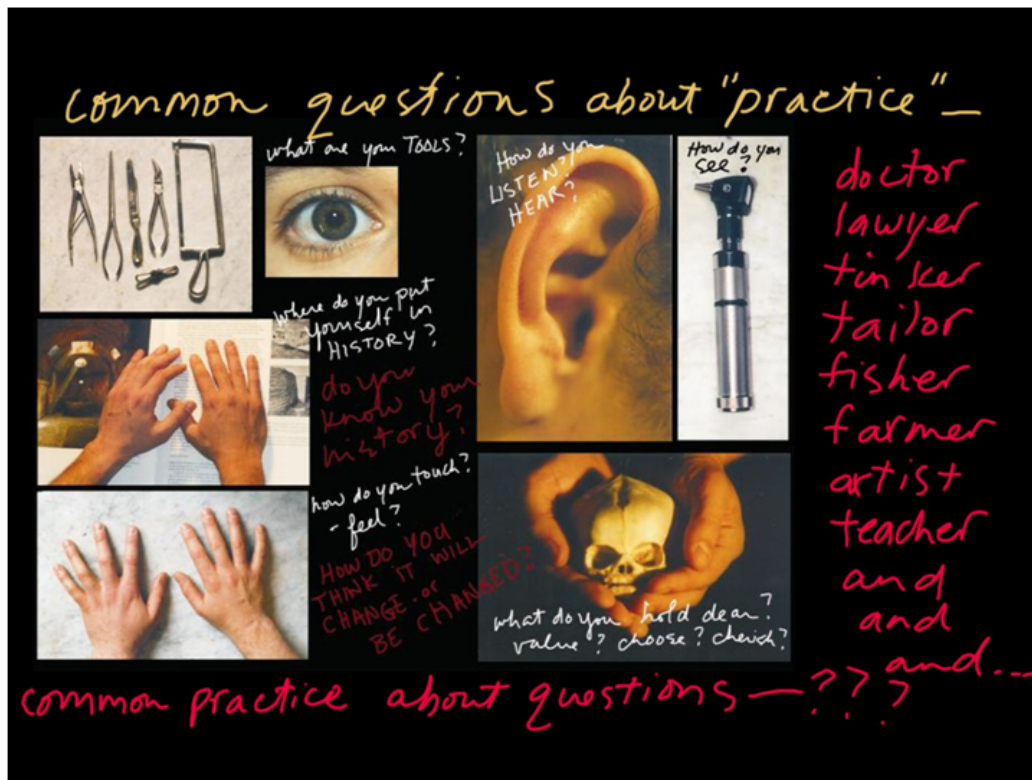
Two Family Practice residents approached me in my final six months at the med school to help them complete their senior resident research project. They wanted to educate their peers and other family practice doctors about survivors of sexual abuse, and wanted to do so, by making a film. They said, “You are our artist-in-residence-HELP US”.





They had research requirements which precluded making a documentary film based on interviews with real survivors. So we began at the outset with the ethical challenges associated with representation... the challenges of scripting, of using actors, and still images, and indeed of representing those who volunteered their images on camera as *survivors of sexual abuse*, which is still stigmatized in significant ways. We faced the challenges of inclusion... of age and gender and class and ethnic diversity... and the challenges of engaging audience in a manner dramatic enough to move them to awareness, yet distanced enough to present empirical information about abuse, and to keep them safe from traumatic events in their own lives, or those of loved ones.

This was a minefield, and I was fortunate to be walking into it with two amazing young women who were professional caregivers and clinicians. It was hard ground on all levels... medically, artistically, from a documentary film point of view, and personally. It remains hard ground every time that film is screened, and even in the medical education and community medicine context where it is most often used as a learning and teaching resource, it is accompanied by a detailed pamphlet, filled with advice and resources for family doctors. I do not screen the film without inviting audience members to feel free to leave, and without providing information about local counseling resources, or support groups, and every time I screen it to an audience of more than a dozen, I do so knowing that there is likely more than one survivor in the room, who may or may not have done their healing yet, or who may decide that I am someone to whom they can disclose their own abuse. What were my responsibilities here in the creation of this work? And what are they still when I bring this work to audience? How do we dance in fragile ground?



These may seem like extreme examples of ethically-charged issues...not relevant to artists who are making murals and community gardens in neighborhoods, working with sanitation workers in NYC, or building dance or theatre works with communities seemingly less “fragile” than a medical “community”, which by its very nature is preoccupied with dis-ease, dysfunction, and all the hard and scary bits of life. While I was at the med school I WAS indeed accused of becoming preoccupied with these issues as a kind of “environmental” response... you know... by contagion, kind of.

Self-pathologizing is after all a common response to medical education...

one studies the symptoms and suddenly finds them in oneself.

There is part of me that almost wishes that this was the case, and that such tangly ethical questions were contained only and exclusively in the ground of that one community... and that when I left it, I might have left them behind and returned to less complicated questions like “Is there too much red in that corner?” or “Can my dealer sell this?” Or “How could I make that in copper and steel instead of in fiber glass?”

Unfortunately... tangly ethical questions cross boundaries, invade diverse communities, engage a variety of discourses, and need to be navigated almost continually regardless of the community or set of partners I encounter in my work.




During my time at the med school, I was also working nationally with a team of interdisciplinary scholars struggling to construct an ethical framework to help advance the discourse and debate about the marine fisheries crisis in Canada. As an artist in Newfoundland, my work for many years had been engaged with the inshore fishery there, and my inclusion in the fishEthics project was profoundly challenging and privileging on all levels. The three years of research and collaboration across disciplinary borders, and meeting with partners of stakeholders in affected communities on the east coast and here on the west coast deepened my interest in ethics, taught me that "moral geography" has few boundaries, and indeed determines not only how we "walk the path", but how we "see" it, and which path we choose to walk.

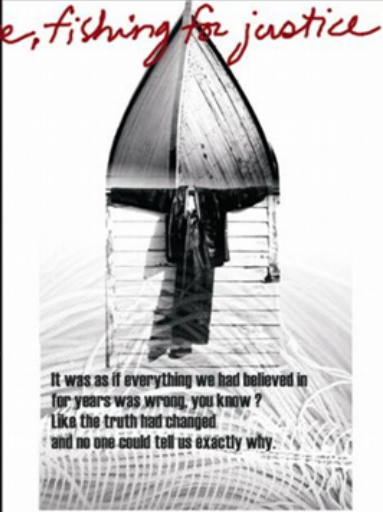
## How do we choose what VOICES to "throw"?

do we work  
for FISH  
or Fishers?  
big fishers?  
small fishers?  
white?  
native?  
who and  
what do  
we  
privilege?

*fishing for knowledge, fishing for justice*  
heart of a person  
heart of a place



from body scientists  
to fish scientists  
diagnostics for the body politic  
another team, more ethics  
from one practice to another  
HEALING AS MORE THAN JUST  
A METAPHOR - ENGAGED  
EMPATHY - DIS-EASE and  
DEATH - HEALTH & WEALTH

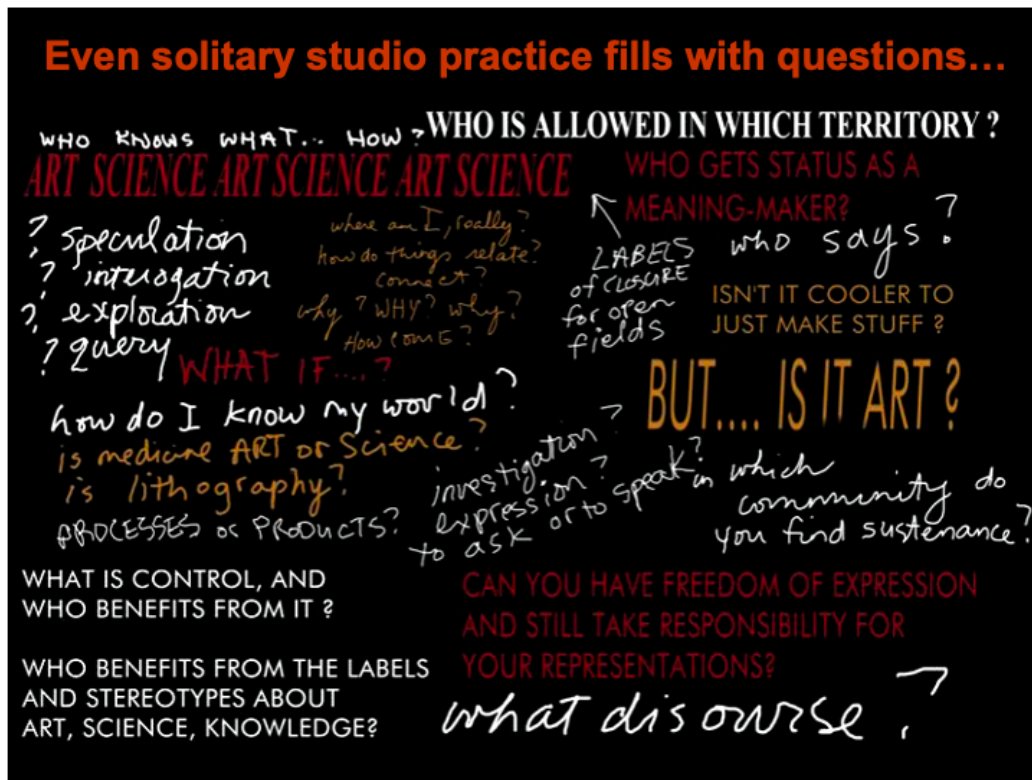


It was as if everything we had believed in  
for years was wrong, you know?  
Like the truth had changed  
and no one could tell us exactly why.

**Which history? Which "knowledge"? Which assumptions?**

For every voice we choose to listen to, are others voices we ignore...  
for each inclusion, there are dozens of exclusions,  
for every empowerment, there is some disempowerment.  
And while I know the impossibility of autonomy, justice, and fairness for ALL...  
I also know there will *a/ways* be questions surrounding these principles when  
we work with others,  
when we engage within community ...  
Perhaps the best we can do... is to stay awake to them.





I also discovered and continue to, that such questions do not disappear when we return to the solitary practice of a studio-based process.

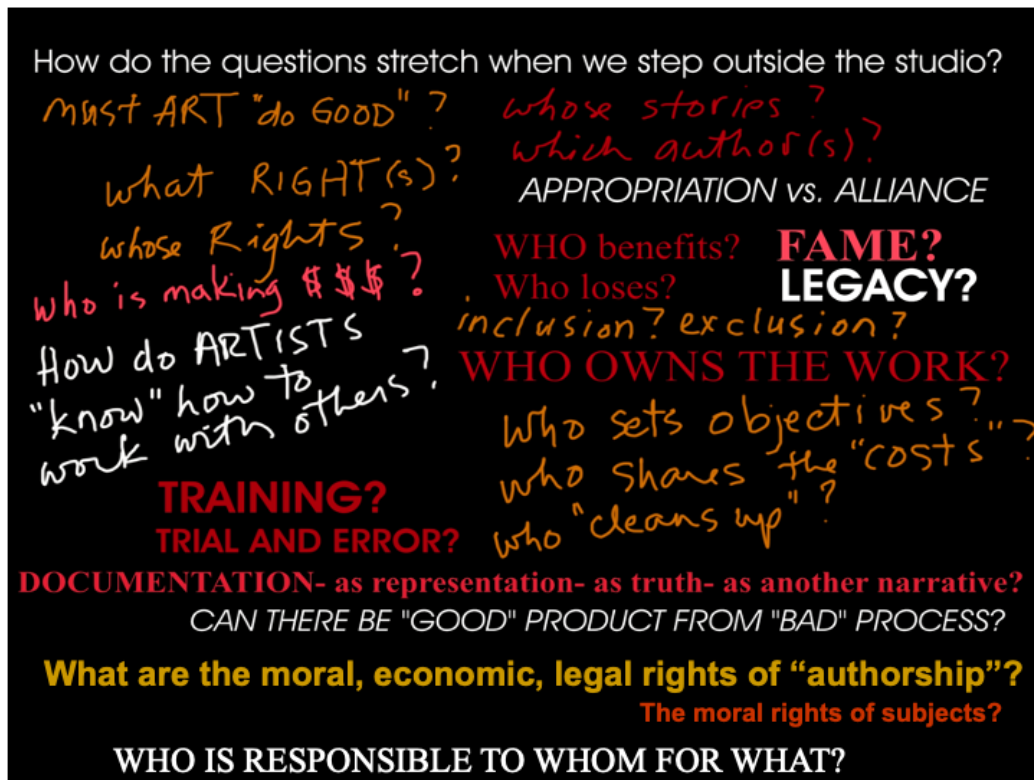
I move back and forth... both following such questions, and haunted by them at the same time.

Having spent decades arguing that artists were important in society, advocating for the position of the arts in Canada,

I think perhaps I have convinced, at least myself, of the truth of this...

of the REAL power of our meaning-makers. Both inside their studios and outside of them...

whether they make a solitary journey and are only “manifest” through the artifacts or events which meet their audience, or whether they work in the streets, or neighborhoods, in urban eco-systems, or the elders’ hospice, in the prison, or the school yard.



And indeed, if we have such power... to enable, to enliven, to re-enchant, to awaken, to inspire, to provoke...

then clearly we have enough power to do GOOD or to do HARM. Perhaps it is never our intention to mis-represent, to exploit, to open old wounds or inflict new ones... to promote hate, to provoke suicide or depression, to incite violence... and yet all of these things are possible in the terrain of art-making... and all of them are present within its history.

In 1967 a filmmaker was murdered by a man who felt humiliated by how his "community" had been represented on film. In 1999, a visual artist opened an exhibition of photographs of children which met with accusations of exploitation from some community members and relatives of the subjects. Writers of one culture have appropriated stories from other cultures, well-intentioned community-artists have increased depression and suicide attempts in a community of elders unprepared for the fragile territory they entered into...

yes yes, these are exceptions of the "horror story" variety...

and they are entirely surrounded and out-numbered by success stories.

All of these stories, good or bad, success or failure, benign or toxic, mine or yours, remind us that we work in RELATIONSHIP as we work in community ....and in relationship there is power, and in power there will always be *ethical questions* to challenge us.

I believe we are up to the challenge, but will leave you with my questions anyway ...

and would now be delighted to engage with yours...

Thank you.