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In the Absence of Running: from injury and medical intervention to art

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Compliance with Ethical Standards

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In the Absence of Running: from injury and medical intervention to art

Abstract

In recent years I have developed an endurance running art-practice as part of a larger inquiry into the performative nature of human physical activity. *In the Absence of Running* is series of artworks made using images from medical arthroscopic interventions, following the diagnosis of medial meniscus tears to the cartilage and osteoarthritis in both my knees. Faced with not being able to run, or to make artworks using running in the long-term, I turned to the tools of medical intervention. If a camera was going inside my knee for the purpose of surgery, I would use it for the purpose of art. The resulting videos and photographs led to a contemplation on the image and viewing practices not previously anticipated, not least on the now endemic uses of advanced imaging technologies as integral parts of surgical operations. Their reassembly as a stop-frame animation and artist's book in physical and electronic form enabled a process of slowing down and re-engagement with the image and physicality of the book itself and processes and with practices of viewing. This was important in reasserting the sense of human agency in our relationship to images in a world where this appears to be increasingly absent.

Key words: Performance, Medical Imaging, Running, Injury, Artists' Books.

Running as a creative and sensory experience

Running became a large part of my life from about 2007. My interest in it developed following an intense period of activity spent inside a fitness gym, mainly for the purposes of making a series of photography and video artworks, rather than specifically for the desire to keep fit. I deliberately chose long-distance running, as a means of working with a distance that by its nature is solitary, self-governed and physically demanding, aligning this to traditions of performance and body art practices. Following artists including Chris Burden, Carolee Schneeman and more recently Matthew Barney, who were well-known for making artwork within the contexts of body-building and athletic training, using their own bodies "to investigate specific sensual experiences" (Nemser 1971, 41), I sought to investigate the sensory experiences of running. I knew of few artists who were using running as a means of making art, whilst walking art-practices were well-established.¹

¹ Walking art practices have often affiliated themselves with the traditions of landscape art and/or with the socio-politics of walking via the work of Guy Debord and the Situationist International (1957-72). Apart from

Fig. 1 *Knees from the side*, digital photograph, sizes variable, © Véronique Chance.

I began recording long-distance runs from my eye-view and experience of running the event, participating in organized runs, wearing mobile cameras and recording devices attached to my head and body. The encumbrance of these devices appealed to me as they added to the level of difficulty in the task of running and my body had to become accustomed to their presence and weight. Adopting the position of the camera/s to my eye-view/s was also important as a means of transferring my viewpoint to that of the viewer when reshowing the work, which presented the event in its entirety in durational dual-screen projected video installations. I was less concerned with the physical appearance of my own body in the projected image than with my unseen body being framed by other runners' bodies, the environment and by the duration, physical effort and endurance of the task in hand. These elements controlled the appearance and physical movement seen in the resulting moving image/s, of the space surrounding my moving body, in which the activity of running was being performed and recorded. In this way, movement seen in the recorded video image/s, was directly affected by my body's physical movement. The sound of the activity (of running) also became a dominant part of the work, in which my body's physical effort and willingness to endure fatigue became apparent in the sound of continuous, alternating rhythms of the heavy footfall and heavy breathing that combined with the movement seen in the moving image/s.

The work pointed to the limitations and inefficiency of the human body, which under duress, in carrying out a prolonged physical activity, might not succeed or go the full course. I found value in this element of tension and possible failure that I had not previously considered. I saw failure as a productive mechanism that was not aligned to achievement, to competitiveness, to winning a race or to a 'personal best', but to a growing awareness of the vulnerability and fallibility of the body and as something profoundly human. I had not anticipated, however, that failure might take the form of a prolonged injury and I had not considered what I might do should such an occurrence take place. This I later discovered, is what makes the body particularly vulnerable since it enables the development of a loss of control over one's body that is largely undetermined.

established artists, such as Richard Long, Hamish Fulton, Francis Alys and Janet Cardiff, one only needs to visit the AHRC-funded walking artists' network website (<http://www.walkingartistsnetwork.org/>) to get a sense of the scale of recognition of research and practice within this field.

The question of humanness in running is something that particularly aligns itself to performance art practices, since it shares many characteristics of performance “that put the body centre stage...as a body-based enquiry” (Whelan 2012, 114). As one of the first forms of bodily practices and of human movement, running “asks us to reconsider the very nature of the human body. In evolutionary terms running produces humanness, it is the body’s first performance” (Whelan 2012). “Like breathing” (Whelan, following Cheever 2007, 236), “we have always done it.”

I became more interested in investing in running as a solitary activity. I had always run on my own whilst training for organized running events and it was this I realized, that I was more interested in exploring than running as part of a mass (of bodies), which distracted me from the particularity of the space I was running in. I was also becoming increasingly uncomfortable with the cultural shift in the predominance of running as a fitness practice into the mainstream, in the way I had been before with the environment of the fitness gym. Although my taking part in running events was entirely voluntary, I disliked the ways in which organized running events, in particular, appeared paradoxically to take on the role of regulatory institutions, with “societal expectations regarding health, fitness and charitable giving transformed into self-regulation and self-discipline on an extreme scale, played out in public spectacle[s]” (Human 2010, 4).

Finnish artist and academic researcher Matti Tainio (2018) argues against prevalent views of today’s popular recreational physical activities that “turn human movement into a rational practice pursued for practical reasons only: for health, vitality, stamina and longevity”, which he claims create an emphasis and bias for “the biological, physiological and medical”, whilst “sensual, experiential and creative aspects are suppressed” (1). This he asserts, results in only a “partial understanding about the significance of human movement in contemporary culture.” Pushing instead for an “aesthetic justification for the contemporary way of being active,” he explores the transformative possibilities of aesthetic experience in contemporary physical activities (Ibid). A keen runner himself, the opening paragraph of a recent article succinctly describes the experience he feels when engaged in the activity of running:

When I am running through a landscape, be it urban or rural, I feel that I am engaged in an aesthetic activity. I can enjoy the environment visually, as well as hearing and smelling it. I can feel the warmth of the sun or the sting of the freezing wind. I feel my feet working rhythmically and I can feel the structure

of the ground through the thin soles of my shoes. I feel my heart pounding and my lungs gasping in the air. I can feel my clothes moving against my sweating skin. I do not think much, but my senses are open.
(Ibid)

It is an experience that resonates strongly with my own experience of running.

Fig. 2 *Knees from the front and side*, digital photograph, sizes variable, © Véronique Chance.

How I came to not running

In the spring of 2014 I started to feel pain in my right knee intermittently. Pain I had learned from now several years of running came with the territory of running. According to the popular running journal, *Runner's World*, “many runners constantly deal with a slight (or not so slight) disturbance— a tender foot, a tight hamstring, a whiny knee.” If carefully monitored, these are not normally serious enough to require too much time off and are usually more annoying short interruptions than anything significantly long-term (Ashwanden 2011).²

However, this pain was persistent and after several weeks of physiotherapy treatment with different practitioners and a specialised lower-limb exercise class, I was none the wiser as to what was causing it; neither could the specialists confirm a diagnosis. Meanwhile I could not run and my left knee also began to hurt. After several months, a physiotherapist I had not previously seen picked up on my persistent symptoms and lack of progress with recovery. He told me that my injury could be a *medial meniscus tear* and recommended I ask my G.P. to refer me for an MRI scan to confirm the diagnosis. It was September 2014.

This was an injury I had not previously heard of and was not in the list of common running injuries I had seen anywhere.³ Resorting to an online definition as a means of further enlightenment, I found that a *medial meniscus tear* is defined as “a tear to the semi-circular cartilage in the knee joint causing pain on the inside of the knee” (Virtual Sports Injury Clinic 2018).⁴ The symptoms described of experiencing pain on the inside of the knee, fitted my own, as did the experience of pain when attempting to bend the knee or when squatting down (neither

² Source: <https://www.runnersworld.com/health/the-big-7-body-breakdowns>

³ For a list of common injuries see link in the footnote above.

⁴ Source: <http://www.sportsinjuryclinic.net/sport-injuries/knee-pain/acute-knee-injuries/medial-meniscus-tear>

of which I was able to do fully). Swelling, occasional sudden locking and giving way of my knee, were also symptoms I had experienced, as were tenderness in the joint on the inside of my knee and an overall restriction of motion (2018). I was relieved to have found a possible diagnosis that appeared to fit my symptoms, but this needed confirmation and a course of action for recovery. I still wanted to run.

The causes I learned, could have been from a fall or sudden twist to the knee, or from gradual degeneration over time “especially in the older patient”. (2018) Falling is a common occurrence when running, and although I had had some spectacular falls in the past, none had been serious. I had no idea what this would mean in terms of prognosis, recovery and rehabilitation, and what I read varied in terms of treatment, depending on the type of tear.⁵ I would not know what type of tear I had in my knee or if there was a tear at all until I had a confirmed diagnosis. Following up on the physiotherapist’s recommendation to see my G.P., I saw one of the practice doctors. After a brief examination, she agreed to a referral. After five weeks I rang to check on progress only to find the referral had never been sent. By this time, the pain in both my knees had become severe and I begged the G.P. to make the referral. An appointment with a consultant finally came through for early December 2014, three months after the physiotherapist’s original recommendation.

The day of the appointment arrived and after a short wait my name was called to see the consultant. I was given an abrasive few minutes, with a cursory examination of my knees and a few questions about my lifestyle and age. There was no mention of an MRI scan; instead, I was told what I could do to minimize the pain and sent off to be x-rayed. I knew that this was not the right diagnostic tool to pick up detail in soft tissue to confirm a cartilage tear and I was expecting the consultant to agree to book an MRI subsequently. When this did not happen, I asked about the MRI and was told that it would not be necessary and that I should find ways of ‘managing the pain’. When I asked if I could return to running in the long term, I was advised that I should stop running and told to consider other low-impact sports instead. I tried explaining that apart from for my health and well-being, running was an important part of my art-practice and research as a professional artist and academic. This fell on deaf ears and I was told that I could be discharged. I left the room speechless; this was not what I had expected. I was about to leave the building, when I came to my senses and returned to the reception; I had not waited all this time for nothing and knew that I was entitled to a second opinion. I was angry at the

⁵ For more information on different ways in which the cartilage can tear, go to

<http://www.sportsinjuryclinic.net/sport-injuries/knee-pain/acute-knee-injuries/medial-meniscus-tear>

consultant's dismissive attitude and at myself for not speaking out more forcefully during the consultation. A decision had been made that due to my age (and possibly my gender), I was not worthy of treatment and could 'live' with the pain. Had I been an elite athlete with an approved private healthcare plan, there would have been no question of providing the appropriate treatment. I now knew that cartilage injuries were common in many active sports but as an NHS patient money could be saved by not sending me for an MRI scan, despite its recommendation. Never mind that I was in considerable pain. Apart from my art practice, running had become a way of life and my main means of keeping healthy, mentally as well as physically.

My partner took it upon himself to contact the Patient Advisory Liaison Service (PALS) team on my behalf, in writing, to relay my experience, threatening to make a formal complaint and asking for a second opinion. This prompted swift action and I was given another appointment for the end of the month with a different consultant who was a sports specialist. My experience had made me realize how vulnerable one is as a patient and how much those in positions of power can influence decisions and outcomes in treatment. From then on, we decided that both of us should be present at future appointments.

From here things moved swiftly. I finally had the MRI sometime in January 2015 and a follow up appointment with the consultant's registrar shortly afterwards. This revealed that there were indeed degenerative tears to my cartilage in both my knees. I was told that if I opted for surgery, the cartilage irritating my knees could be trimmed and that it could relieve some of the pain. There was no question of not opting for surgery since it suggested that much of the pain and my quality of life would improve. As the condition was now affecting both knees I was advised that for ease of mobility and swifter recovery, I should have each knee operated on separately. A date for surgery on my left knee was confirmed for the 20th March 2015. It would be another six months before I would have the operation on my right knee.

Fig. 3 *In the Absence of Running* Part 1 (cropped), Inkjet on Agwami Paper 110 x 155cms; whole image: 110 x 490cms, © Véronique Chance.

From medical interventions and viewing practices towards art

The question of what I would do as a consequence of my injury had been plaguing me since I had been unable to run. I still had artwork that I had previously planned to continue developing using the activity of running, but

which now I would have to put on indefinite hold until such a time as I could return to running. Even then, in advance of the surgery, there was no guarantee that this would be possible. I was devastated. As an artist and academic what was I to do?

Since the start of my difficulties, I had kept every medical appointment letter and every scrap of information and ephemera concerning my injury in a file, as a record. Up until now, it had not occurred to me that this could possibly become raw material with which to make work (apart from the risk of disclosing too much sensitive information about myself, why would a series of black and white laser-printed letters be of any interest to anyone, apart from me?). Now, with impending medical interventions in the form of arthroscopies awaiting both my knees, it was a different matter as these offered something more intriguing and current to contemplate. If miniature cameras were going inside my knees for the purposes of surgery, I could perhaps use the images for the purposes of art. At least, it would be a missed opportunity, if I did not ask whoever was going to operate on my knee/s if I could have a copy of the video footage and photographs that would be recorded and kept on file. I could then contemplate using this material as a basis for an artwork. This possibility excited me, but I was not without reservations.

I was well aware of artist Mona Hatoum's infamous *Corps Étranger* from 1994 (a single-screen projected video installation that had consisted of continuous video footage of an endoscope's journey through the interior of the artist's body from her mouth to the end of her colon), which I did not want to appear to be replicating. Apart from being a different procedure, more than twenty years on, there had been significant developments in surgery, not least with the now seeming endemic uses of advanced imaging technologies as "operative tools" within the operating theatre site (Hoel & Linseth 2014, 177). This raised questions regarding the transformation of such spaces into "sophisticated augmented reality studios," the status of surgeons, their use of such tools and the images they displayed as an integral "part of an operation" (Ibid). No longer having to rely on the eye alone, surgeons

interact with [the] various displays, permitting indirect observation of the surgical field through high definition videoscopes (microscopes, endoscopes), supplemented with scans obtained before the operation in combination with image and tracking data acquired during the procedure. (Ibid)

How are we to make sense of these medical images and visualisations, which are on the one hand “highly interventional and artificial, and sometimes entirely computer-generated and synthetic”, whilst on the other hand, they “reveal pertinent aspects of reality”? (Ibid) Clearly these tools provide a function in that they serve a practical purpose tied to specific tasks, enabling the surgeon a clearer, more detailed view of a particular procedure. However, they also “ultimately determine what [a surgeon] see[s] and even how [they] see it” (Hoel & Linseth 2014, 178, citing Uricchio 2011, 33).

In my case the (magnified camera) view would be that from a tiny camera and fibre-optic light source attached to an arthroscope (a telescopic probe inside a metal sheath of about 4mm in diameter). This would be inserted into my knee through an incision of between 4 to 8mm in length, called an *arthroscopic portal* and would provide the means for the operating surgeon to see the interior of my knee through high definition digital video images displayed on a monitor. A range of arthroscopic instruments or probes of about 2mm diameter would then be inserted through another portal/incision made in the knee in the course of carrying out the surgery to remove, trim or shave loose bodies or damaged parts of the cartilage, with the aim of removing the tiniest amount and preserving as much of it as possible (London Knee Clinic 2014).

I would not be awake during the surgery as it would be performed using a general (rather than local) anaesthetic. I therefore had little insight into the procedure prior to or during the event. Aside from the procedure itself, I was particularly intrigued by the uses of these imaging tools as operative devices and the seamlessness of their integration into common surgical practice via the interaction between surgeon, patient and the live video image. Having access to these images subsequently, however, would not only allow me the possibility of a clearer view, but a better understanding of the procedure, albeit after the event. I also felt that by asking to have copies of these images I could claim a little bit back of myself through my possession of them, whilst they could further allow me to claim ownership through their possible re-contextualisation and reuse as art within a framework of photography and contemporary imaging practices.

In her recent book, *Non-Human Photography* Joanna Zylińska (2017) claims that “in the age of CCTV, drones, medical body scans and satellite images photography is increasingly decoupled from human agency and human vision” (2). Even in cases where a human is still present behind the camera or plays a part in the production of images, she argues, they still “entail a non-human mechanical element.” As such she asserts, “they involve the

execution of technical and cultural algorithms that shape our image-making devices as well as our viewing practices.” Yet photography, she continues is increasingly activated to document the precariousness of our human existence, at the same time as it is “tasked with helping us imagine a better tomorrow” (Ibid). If the role of contemporary photographic imaging devices is to “enhance limited and partial human vision” by allowing us to access spaces and view detail not normally visible to the human eye, technically enhanced vision, as Zylinska reminds us, even with human agency behind it, also “reinforces the visual mastery and material dominance of the observer” (Ibid, 13). How could I articulate a sense of this through photographic material that was on the one hand highly subjective and personal to me and to my own body, whilst on the other hand more widely representative of our current cultural relationship to photographic images?

Prior to surgery I had handed a bemused orthopaedic registrar who was due to operate on my left knee a memory stick to transfer the images of the procedure onto, explaining that I was an artist and that I had asked the consultant if I could have copies of the video footage and photographs that would be taken during surgery. Resting in the recovery room following surgery, I remembered to ask the staff on duty for the memory stick so that I could take it away with my other belongings when I was discharged. I was worried that it might have been lost within the environment of a busy operating theatre that had a target number of procedures to get through that day. I knew that the location of my memory stick would not be high on the list of priorities and was relieved when it appeared with my belongings. Although I was tired, I could not wait to see these images.

After settling myself comfortably on the sofa once home, I plugged the memory stick into my laptop computer and double-clicked on the single folder labelled with name and hospital number. It contained twenty-one files: a combination of still jpg images and mpg video files, with the dates and times they had been saved marked alongside accordingly. The first of these revealed a start time of 10.00 am, with the last one timed at 10.08, presumably the time close to the completion of surgery. It was strange to think that this procedure had seemingly only taken eight minutes! What was stranger was to see the images themselves. Tentatively opening the sets of still images I was surprised to see how un-body-like they seemed. Apart from the first two images that had traces of a blurry fleshy pink to them, the others were almost devoid of colour, a uniformly creamy white, except where the metal probe appeared as an intrusion into the image. The lack of colour was hardly surprising, since the procedure concerned the space between my knee joints, an area of predominantly bone and cartilage. Any traces of blood or synovial fluid (the yellow-coloured fluid that lubricates the joint), would have been washed away

temporarily by the dilute saline being pumped through the joint during the operation, which was also there to enable the surgeon a clearer view. Apart from the magnified size of the images, what struck me was the circular ‘porthole’ shape of each image against its black background. This was not only symptomatic of the camera view, but also of the surgeon’s eye view into my body, a reinforcement of Zylinska’s idea of “visual mastery” and “material dominance” over my inactive body part, made more visible through the technologically enhanced video image laid out before him. By claiming these images back as my own however, I could regain control and turn this position around.

Watching the video clips was more revealing, presenting a clearer picture of the procedure on the one hand, whilst on the other hand portraying an almost alien view of a body I felt strangely detached from. Although in fragments, it was possible to reassemble the clips to present a single continuous sequence. Could this really be a part of my body? Only the labelling on the file told me so. I had lost all sense of scale and had no idea of the actual size of the area of the body represented on screen, presumably minute, but now magnified by several degrees. The absence of any sound also made viewing this an eerie experience, particularly when shown on a television or computer screen, where the image would transform in my imagination and I could look at it as if it were a view onto planet, moon or landscape from another world. This was not so far-fetched since recent advances in space exploration imaging use similar photographic technology to provide detailed vistas of the planets and their surrounding environments and on a wider scale; tools such as *Google Earth* provide the means for anyone to zoom into magnified views of the world we live in.

In 1990, the late Helen Chadwick had made connections between the human body and the landscape by combining microscopic images of cellular tissue from her own body with photographic images and ‘sea-paintings’ carried out on the coastline of the Pembrokeshire landscape. The works drew attention to complex relationships between the individual and nature, with the images acting as a “metaphor for change and evolution”, “the uncertainty of boundaries” and the “fear of the self being violated by another.”⁶ Given the potency of the latter statement, these works whilst they foresaw developments in medical imaging, also seemingly anticipated through their connection to the landscape, the regulation of the body through uses of controlled systems of surveillance such as CCTV and satellite imagery.

⁶ Sources: www.artfund.org; www.modernartoxford.org.uk

Watching the video footage of my knee surgery as a moving image sequence was mesmerising, but it was for me too direct a representation of the original procedure to show as an artwork ‘as is’. I wanted to use this material in some way, but I needed to do something subtle to it that would make it uniquely mine and hold it on the edge of ambiguity, enabling an element of mystery to be conveyed in the image without radically changing the original image. After poring over this material for a number of days, I realized that I probably needed to hardly change the image itself at all, but to change its *mode of viewing* and the way it could be experienced. I had been slowing down the footage so that I could see certain views and details of the video image for longer and it occurred to me that this could be a way forward. Moreover, it was possible to take this even further by transforming the moving image sequence into a sequence of still images. This was a turning point for the work.

The footage was initially reassembled as a stop-frame animation⁷ from an edited selection of the images that could be shown on small screen of approximately 8 x 14 cms. The small size of the screen was important in enabling a viewer to have a certain intimacy with the work, as it meant having to physically get close to it. In addition, the circular image view, although still an enlarged one, was approximately the size of my knee-cap or the end of a camera zoom lens, reinforcing the relationship between the body part and its status as a photographic image. Reconstructing the original video footage as an animation allowed a slight break in the flow of the sequence and a slower pause on each image making up the sequence, but it was not long enough to allow someone to scrutinize the image for long enough or for someone to have any control in time spent looking at a single image, since the images changed automatically from one to the next. Their slowing down, however, and the stilted nature of the movement between images were reminiscent of pages turning in a book. It also brought to mind one of the origins of animation, the ‘flick book’.⁸ This was the next turning point in the development of the work.

⁷ Stop frame (or stop motion) is an animation technique in which a static object is physically manipulated and photographed as a series of single frames so that when the sequence is replayed quickly the object appears to move on its own in continuous motion. (<http://stopmotionmagazine.net/history-stop-motion-nutshell/>)

⁸ A ‘flick book’ (or ‘flip book’) is defined as “a collection of combined pictures intended to be flipped over to give the illusion of movement and create an animated sequence from a simple book, without a machine” (www.flipbook.info). Generally linked to the histories of animation and popular at the end of the 19th and beginning of the 20th Centuries in the advent of cinema, they continue to be produced by a number of artists and animators today and are also a recognized form within the artist’s book genre.

Fig. 4 *In the Absence of Running* Part 2 (cropped), Inkjet on Agwami Paper 110 x 155cms; whole image: 110 x 490cms, © Véronique Chance

Reflections on the form of the book *In the Absence of Running*

A typical flick book is often small enough for it to be held comfortably in one hand and its pages ‘flicked’ over with the thumb and forefinger from the other hand, from front to back or vice versa, enabling the illusion of motion from the movement of the still images on each page. This format appealed since it would allow the transfer of the still image sequence into a physical form, whilst retaining the small-scale of the work that had originally been conceived to be viewed on small screen. Furthermore, the hand-held, physical nature of the flick book would allow a more intimate and tactile experience from the viewer, who could not only touch the pages but would have more control over the speed of motion, as well as retaining a one-to-one experience. The easiest way to make the flick book would be to import all the still images from the original animation sequence into a single ‘contact-sheet’ document that could be printed out in one go and then cut out by hand subsequently to make the book. I liked the interplay this presented between the immediacy of digitally transforming video footage into a sequence of still images and the subsequent possibility of taking them through a process that was going to require in its construction a laborious process and connection with the hand-made. This seemed at odds with the digital origin and source of the images, but an important consideration given recent developments in the production and dissemination of photographic images that enable streams of images to appear and to be distributed at an instant and that seem far removed from the nature of the hand-made and the hand-held. As Zylinska (2016) observes, “networked distribution of digital data has changed the very ontology of the photographic medium. Photographs function less as individual objects to be looked at and more as data flows to be dipped or cut into occasionally” (8).

The process of importing the images appeared straightforward, but was easier said than done: I had no template and although importing the images themselves was simple, an additional margin would have to be added to the left-hand side of each image to allow all the pages when cut to size, to be stapled, stuck or sewn together as a binding or spine to the resulting booklet. There was to be a total of 494 pages forming the book representing the surgery performed on my left knee, including the front and back cover. I would have to repeat the procedure

with the footage from the surgery to my right knee to complete the work. There would be only one copy of each. This seemed important in a world where digital reproduction allows for an infinite number of copies. The layout for the book produced a large document containing all the still images from the original animation. Each image had been kept at the size previously conceived for a small screen, with an additional 2cm margin to the left of each one. They were aligned side by side to fit the maximum width of the inkjet printer. Together the whole document containing all the images would finally measure 110cms by 490cms. It was not possible to view this in its entirety on a computer screen without a significant loss of scale, which reduced each image to the size of a small glass bead. At this scale, the image seemed inconsequential and lacked detail, but it was probably nearer the actual size of the original area of the knee that had been operated upon. The printed image, by contrast, would totally transform the image and artwork, in a way that I had not previously conceived.

The intention to print all the images for the flick book using a template had always been to save time and to have a more accurate guide when cutting them out by hand. Up until that point the aim had still been to make the flick book. However, I had not anticipated what the printed layout itself would do as a means of transforming the artwork from its original status as a video animation. I had chosen to print onto a Japanese inkjet paper, which was a strong, matt, fibrous paper of a suitable thinness⁹ for a flick book containing the anticipated number of pages. A coated paper made especially for inkjet printing, it would also retain color and contrast, whilst enabling the ink to penetrate just below the surface, so that when dry it could be handled without leaving a mark or deteriorating. I had not realized, however, what the total impact would be of seeing all these images set out side by side, row upon row. When it came to cutting the work down to make the book, I could not bring myself to do it. Although I could print out another copy to be cut and made into the book, it no longer seemed necessary. The flick book might have allowed for a more intimate handling of the work, but this seemed to offer something more: a means of seeing the whole image sequence in its entirety on a single sheet in a single view. As such, the images themselves became more ambiguous: the oversized overall image became one of multiple views, portholes into the body, but also a time-sequence of planets or moons, an abstract painting or a stained-glass window; images far removed from and that appeared to challenge the ‘mastery’ of the surgeon’s singular view

⁹ Flick books work best if they are small but thick to allow a good grip on the book with pages on lightweight paper to allow enough flexibility so they can be ‘flicked’ through easily. Many basic drawn flick books are made using ready-made note-books, sketchbooks or ‘post-it-notes’, which provide a ready-made binding.

into the body from a single camera lens or screen. Less obviously a surgeon's view, I felt close to having reclaimed these images back as my own.

The status of the work as a possible flick book remained nonetheless in the work's form as a layout incorporating a sequence of pages, but it was as a potential for a flick book that may or may not in the end materialize. Given the current status of the book that now also includes so called electronic or 'e' books, it was an interesting proposition as it frustrated the typical form of a physical book as one "characterized by bound sheets fixed in a regular sequence of individual pages" (Drucker 1997, 93). At the same time, it also fulfilled the book's characteristics, since the typical sequence of individual pages still existed within the work's status as a layout for a book that could be bound in the future.

The boundedness of the book (or its binding) is what is referred to as the 'codex'. The flick book as a form is symptomatic of the use of the codex since it is "designed to maximise the sequential fixity of the bound images by making them work in imitation of the rapid fire still frames of filmic animation" (Ibid). As such the individual image on each page needs to operate sequentially within the 'whole' of the book for the book as a whole (and the animated sequence) to work as a flick book. However, as Johanna Drucker (1997) observes, the usual slow attention given to individual pages in a book becomes obliterated in a flick book by the speed of the moving pages that bypass the "normally contemplative interaction of viewing on a page by page basis" (94). Opening out the flick-book into a large-scale image layout or template allowed all the pages of the book to be seen at once and for the viewing of the whole of the book to regain a contemplative status. Different from the attention given to individual pages, the act of contemplation was more akin to that of viewing a large-scale painting.

Seeing all the pages at once, however, also frustrated the viewing of individual images. All the images could indeed be seen, but not all of them could be individually contemplated "on a page by page basis"; it was difficult to consider any image individually without it being affected by the image on the page either side of it, or above and below it, and due to the scale of the overall layout, not all of the images could be seen at close-range. Similarly, the form of the book as a layout emphasized its status as a sequence of images, allowing on the one hand the articulation of time and space to be experienced in a different way, whilst on the other hand presenting the sequence all at once, as an image (or information) overload. It was absurd that the notion of image overload

that we so often associate with the electronic image now seemed to manifest itself in physical form. It occurred to me that the codex (or binding) for this artwork could perhaps transfer to the work's (co)existence in electronic form as an e-book to be viewed on a tablet or other hand-held device, with the large physical work on paper acting as a kind 'key' or chart for the 'e' version of the work that would show the images only as individual 'pages'. Instead of these changing automatically as they had done initially as a 'looped' animation played on a small wall-based video screen, on a hand-held device, the 'pages' could be 'turned' manually and brought closer to the viewer's body with the touch of a finger swiping across the screen, thereby allowing the work in the process to regain a level of intimacy and tactility. The physical trace of a human imprint left on the screen by the swiping action of each viewer's finger as it went from one page to the next was not only a constant reminder of the work's connection to the human body, but significantly, it could enable a tender moment of intimacy between the viewer and the image, the action being not dissimilar to that of stroking someone in a tender act of care. As such, the act of viewing would be transformed from the surgeon's original optical eye-view into the body to a haptic, tactile, kinaesthetic viewing experience with the images on each 'page' below the surface of the screen being activated through the sense of touch.¹⁰ Although the image remained digitally produced and embedded on screen, the possibility of touch and the mark left by the multiple imprints of a finger reasserted a level of humanness that might otherwise have been absent.

Fig. 5 *In the Absence of Running*, detail of 2 single page screens for e-book, © Véronique Chance.

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¹⁰ For more on the difference between optic and haptic vision, see Francastel 1983.

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