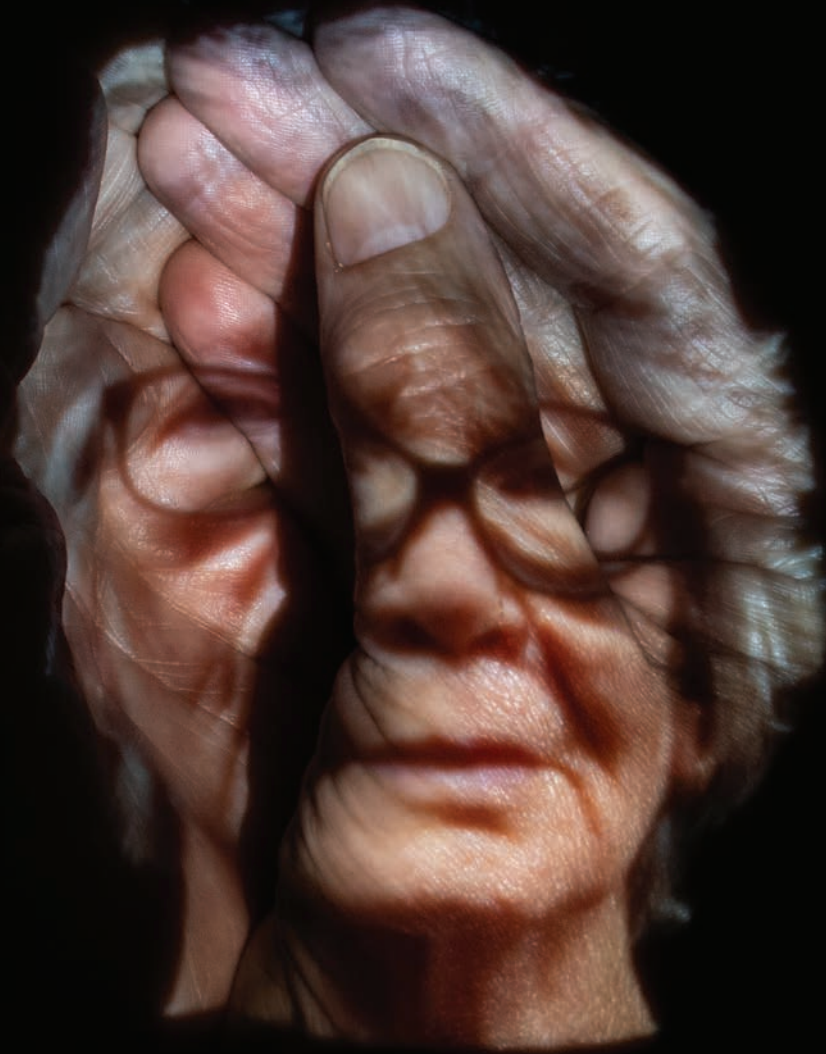


Face to Face: The New Normal



An exhibition by Vic McEwan at Wagga Wagga Art Gallery

Face to Face: The New Normal

Vic McEwan

Wagga Wagga Art Gallery

8 February – 8 May 2022

First published by the Cad Factory in Sandigo NSW, Australia, 2022

www.cadfactory.com.au

ISBN: 978-0-6481579-3-9

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Cover Image: *The Face That Your Face Feels*, Vic McEwan, 2021

Design: Sarah McEwan

Photographs: Jackie Cooper, Jack of Hearts Photography

Printed: Chambers Whyte using recycled paper

First edition of 100



Face to Face: The New Normal, Wagga Wagga Art Gallery, 2022

Face to Face: The New Normal

Vic McEwan

Face to Face: The New Normal is a major exhibition by Vic McEwan developed during three years of creative research exploring medical science and contemporary arts practice. While being in residence at the Sydney Facial Nerve Service, Vic has worked on the front lines of clinical treatment with patients experiencing facial nerve paralysis, examining what impact a contemporary artist might have within the clinical environment.

This visceral exploration has been developed through observation, collaboration and direct sharing of experiences to create both intimate and large-scale interactive installations using sound, sculpture, photography, projection, performance, 3-D scanning and 3-D printing.

The exhibition highlights the potential for medical science and the arts to come together to nurture the human dimensions of illness and trauma, while exploring issues of identity and the self through the human face.

Face to Face: The New Normal is an outcome of Vic's PhD, which he is undertaking at the University of Sydney. He is the first artist to be accepted into the Faculty of Medicine and Health, working under the supervision of Dr Susan Coulson (Health Sciences), Dr Claire Hooker (Medical Humanities) and Dr Paul Dwyer (Performance Studies).



Face to Face: The New Normal, Wagga Wagga Art Gallery, 2022

Socially Engaged Arts Practice in the Clinic: From the Medical Humanities to Arts and Health

Claire Hooker

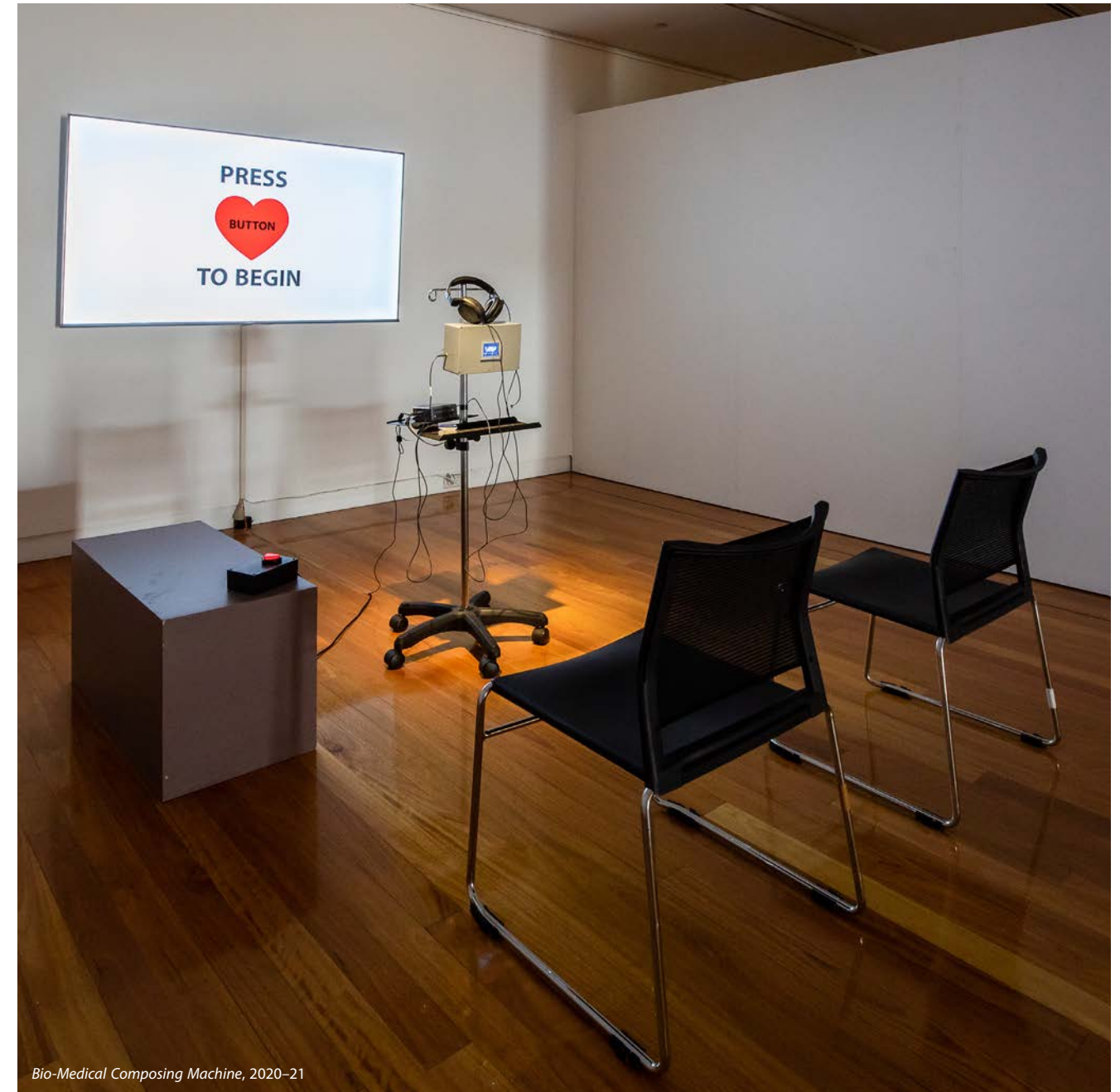
Sydney Health Ethics, Sydney School of Public Health,
Faculty of Medicine and Health, University of Sydney

Face to Face sits at the intersection of two fields of research and practice: the 'Medical Humanities' and 'Arts and Health'.

The Medical Humanities developed in the United States as a means of providing medical students and doctors with an education in the humanistic aspects of their profession – with insight into what it felt like to be so unwell, and into how patients grappled with suffering and mortality. In the beginning, the Medical Humanities were taught by senior physicians, who brought to medical students the literature, music and art they loved to help them develop more empathy for patients and to encourage 'reflective practice' (La Combe and Elpern, 2009). As the field expanded, it also changed. Instead of being focused on helping doctors to humanise their practice, the Medical Humanities began to be an important field of *enquiry*. The Medical

Humanities offered multiple ways of enquiring into the myriad, and diverse, *qualities* of illness experiences: for example, into the experience of 'liminality' (Little et al., 1998), or of what it is like to grow up as a teen with cancer (Mooney-Somers et al., 2011), or of surviving heart surgery (Lapum et al., 2014).

The creative arts, and what became referred to as 'Arts and Health' or 'Arts for Health', were central to these enquiries. Where the Medical Humanities had been a means for doctors to learn more about their patients, the creative arts gave patients their own voice. Or, rather, voices; for all patient experiences are unique. Creative expression enabled people to question, disrupt or resist medical authority where they needed to; or merely to assert their autonomy in the highly governed spaces of hospitals and care institutions (Bolaki, 2016). Creative exploration allowed people



Bio-Medical Composing Machine, 2020–21

to bring the social conditions that caused, or worsened, their illness into view: to dance back in the face of obesity stigma or disability exclusion (Kuppers, 2007), or to convey an experience of psychosis through the language of the body rather than through the dominance of words. The creative arts jolted the Medical Humanities from being simply a resource for doctors to become more virtuous, and demanded instead that health and wellbeing should be negotiated on *everyone's* terms.

In fact, the Medical Humanities and Arts and Health have grown more critical – in the best senses of that term. First, there has now been a flood of research showing that the creative arts are *critical* for our health. Creativity has been theorised as essential to our humanity. Aboriginal and First Nations researchers around the world have shown definitively that connection to culture – through language, dance, visual art, ceremony, music – is essential to health and healing (Murrup-Stewart et al., 2021). That health depends on culture, is true for all people. Extensive research by the World Health Organization (WHO), in the United Kingdom and in Australia, has now documented the key benefits of art engagement and art participation for social, physical, mental and spiritual wellbeing (Fancourt & Finn, 2019).

Second, Arts and Health has been *critical* of the traditional hierarchies and power relations of medicine. Respecting the expertise of those formerly positioned as subordinate to doctors – nurses, allied health (e.g. physio and occupational therapists, social workers and psychologists), not to mention patients and carers – has fuelled a broader and more inclusive international Health Humanities (Crawford et al., 2020).

Third, researchers in the Health Humanities and Arts and Health are thinking *more critically* – that is, beyond and outside former

norms and assumptions. New ideas and concepts are opening up for exploration – for example, the idea that aesthetics might themselves be a form of ethics (Macneill, 2014). Or that we can hold the tension between having useful ways to measure and compare pain, and honouring how unique and intangible an experience pain is for each patient, as does artist Eugenie Lee (<https://eugenielee.com.au/>). Or that doctors and other clinicians have bodies, are vulnerable, and suffer and need care, and that attending to this is actually a crucial part of being able to offer empathy and compassion to patients.

These themes are the stuff of *Face to Face*, which is the most recent of a series of projects that Vic McEwan has completed in hospitals, asylums and other clinical spaces. These projects are only a small portion of McEwan's extensive and unique socially engaged arts practice, which is guided by, and offers to its audiences, authentic exchange, ethical principles, people and place. The power and enchantment of McEwan's output is that it connects its audiences to what is fundamentally important, through the ineffable qualities of others' experience. We grasp why things happening to some *other* person over there are, in fact, connected to ourselves.

Nor is this accidental. During the research process of which the artworks are both part and product, McEwan found that the philosophy of Emmanuel Levinas has great relevance for understanding the impacts of socially engaged arts practice. Levinas theorised that the basis of human morality – and of freedom – lies in coming 'face to face' (Levinas's words) with the Other. In this basic face-to-face encounter, the Self recognises simultaneously the Other's closeness *and* their distance, and experiences the primary demand to respond ethically – that is, to be *responsible* – to the Other:



The Face That Your Face Feels, 2021

'The being that expresses itself imposes itself but does so precisely by appealing to me with its destitution and nudity – its hunger – without my being able to be dead to that appeal. Thus in expression the being that imposes itself does not limit, but promotes my freedom, by arousing goodness.'

The collection of works in *Face to Face* is an exemplification of how this 'freedom', resulting from the arousal of goodness, might feel. Among other things, the works in *Face to Face* respond to clinicians, connecting with their own bodies and vulnerabilities, as well as with our own, as audience. As is not infrequently the case for creative arts in health spaces, the artist's mediums are as much *affect* (emotion) and *relationship*, as they are 3-D silicone print, wire or sound. McEwan's research explores how the ethical integrity of the relationship between the artist and his collaborator-'subjects' underpins the emergence of the artworks themselves. In turn, the aesthetic integrity of the art creation process is what nourishes and sustains the relationship.

The works in *Face to Face* disrupt the usual hierarchies and power relations of biomedicine; they give 'voice' to facial nerves, and to usually compliant biomedical machines such as the loud, intrusive MRI, which becomes a musical instrument, as well as to both patients and the non-verbal qualities of clinician experience. And the viewer is similarly not limited to the passive consumption of artworks via gazing-from-a-distance, but is invited into connection at every moment. Sometimes this is through obvious participation, as in the case of the *Bio-Medical Composing Machine*, where an audience member can sit with their own new perspectives about the resonances of embodiment. But it is no less the case in the quiet hush of being momentarily a part of the almost unbearable intimacy between clinician and patient in the work entitled *The Face That Your Face Feels*.

Just as the visual elements of the works (the stark black-and-white contrasts, the surgical spotlights, the stripped-back, bare sterility of clinical spaces) resonate with the rich and beautiful visual history of medical artworks, so too do the works resonate with rich philosophical exploration of the interplay between immanence and transcendence. Our face is our fortune. It is the portal between our confined embodiment, with its many social and emotional consequences, and our transcendence of it through the spiritual and relational aspects of existence. If *Face to Face* asks its audience why they should care about people who suffer from damage or dysfunction to the facial nerve, it answers by touching us: even our tears are artfully noticed, honoured, accepted and transcended.

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Face to Face: The New Normal in Wagga Wagga Art Gallery, 2022

The Intersection between Facial Nerve Rehabilitation and Contemporary Artistic Practice

Susan Coulson

Facial Nerve Physiotherapist,

Faculty of Medicine and Health, University of Sydney,

Founding Member of the Sydney Facial Nerve Service, Chris O'Brien Lifehouse

The human face is an instantly recognisable source of information about another person. It conveys a complex array of signals and emotions, triggering judgements within less than half a second of our seeing another person: good/bad, attract/repel, friend/foe, kill/be killed. This primitive signaling mechanism enables us to detect if a threat or danger is present and to react accordingly. Following this, cognitive rationalisation takes over and we make decisions about whether we like/dislike, accept/reject, are interested/disinterested in one another.

All of this is going on while the viewers of our own faces make judgements about us. We are, therefore, constantly reading and responding to one another.

Now, imagine for just a moment that your face is affected by a disorder that changes the way it looks, moves and expresses emotion. Perhaps one side of your lips doesn't move, causing your smile to look crooked in photos and when you greet someone. Or, one of your eyes doesn't fully close, so that whenever you blink, other people see the whites of your eyes rather than your closed eyelids. Or, when you smile, one of your eyelids goes into a spasm and closes completely, or your cheek pulls up to one side when you frown or squint. These issues can be a daily reality for people who live with a facial nerve paralysis, such as after Bell's palsy or following an episode of shingles that affected their facial nerve, or who have experienced accidental trauma or a particular head or neck cancer, or who were born with a facial deformity. Now, think about how these changes would make someone feel



Textures of Absence, 2017

when they show their face to the world each day. Everyone's experience is different; however, many patients have told me that they feel embarrassed and self-conscious, and that their face 'doesn't look normal'. Furthermore, close family members of these patients often find their altered facial expressions challenging to understand (Coulson et al., 2004).

As an academic and facial nerve physiotherapist practising for over three decades, I have treated and led research with patients experiencing facial nerve disorders. It has been a privilege to teach people to smile, fully close their eyes and express emotion, and to support their recovery from a range of facial nerve disorders. I work alongside an amazing team of ENT, head and neck, plastic, ophthalmic and neurosurgeons, as well as speech

therapists and other allied health practitioners. We formed the [Sydney Facial Nerve Service](#) in 2013 and are now proud to welcome an artist, Vic McEwan, into our clinics.

I first met Vic in 2018 in Sydney at an Arts and Health symposium at the University of Sydney, where he presented about his artistic practice as Artist in Residence at Alder Hey Children's Hospital, in the UK, between 2015 and 2018. What struck me most was the care and consideration that was evident throughout Vic's practice. I was particularly intrigued when he spoke about [Textures of Absence](#), one of the artworks from his 'Harmonic Oscillator' project. This work was created in collaboration with Elisha Carter, a teenager who was an inpatient at Alder Hey. Elisha had photographed macro images of the environments around her

home, and these familiar images were projected onto her white bedsheets where she lay dealing with the deteriorating effects of cancer. This artistic collaboration between Vic and Elisha appeared to have been facilitated by their professional therapeutic working alliance. Bordin (1979) argued that a level of 'trust' must underpin successful therapeutic relationships, and I knew that a deep level of trust would have been present between Vic and Elisha to enable this artwork to have been created.

Shortly after the Arts and Health symposium, Vic visited me at the Sydney Facial Nerve Clinic and we began discussions about the possibility of an artistic collaboration with patients who had experienced facial nerve disorders. Vic enrolled in a PhD in Sydney University's [Faculty of Medicine and Health](#). Through his PhD research, Vic McEwan examines faces through the lens of the viewer, as well as from the perspective of people who are affected by facial nerve paralysis and their healthcare practitioners. To capture these personal insights, Vic carefully establishes a place of trust whereby the participants are able to share their stories and become engaged in a collaborative creative process. It is through this practice that Vic explores how people are viewed and judged by others and the ways in which we view ourselves.

The artworks on display at this 2022 exhibition, [Face to Face: The New Normal](#), at Wagga Wagga Art Gallery have been generated during the past three years of Vic McEwan's PhD candidature (2019–2022). It has been a real pleasure to supervise Vic during this time and to work alongside his other supervisors, Assistant Professor Claire Hooker and Dr Paul Dwyer, in this process. Discussions are already underway about post-doctoral projects involving contemporary art practice and facial nerve disorders.

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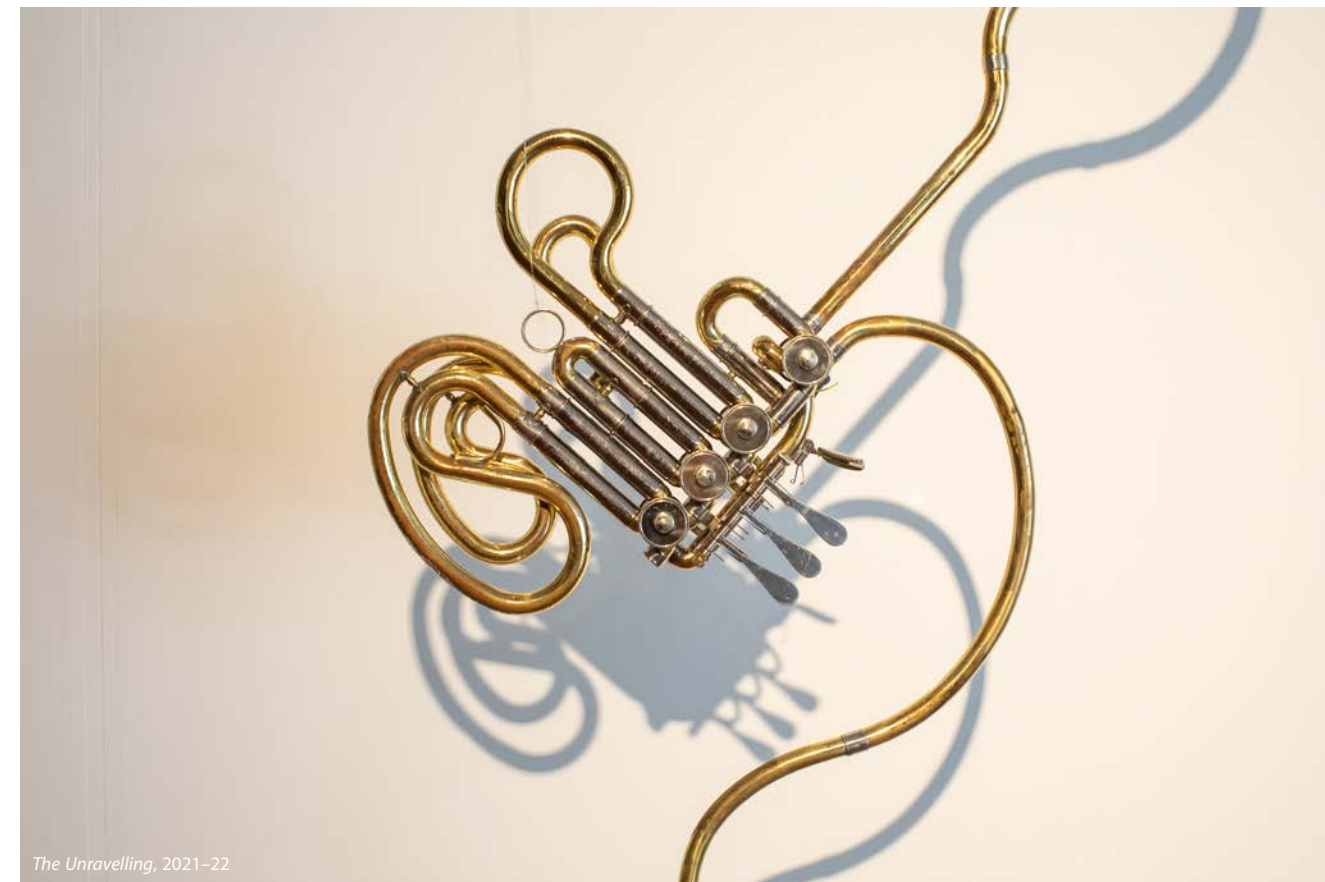
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Faculty of Medicine and Health, The University of Sydney: <https://www.sydney.edu.au/medicine-health/>

Face to Face: The New Normal: <https://waggaartgallery.com.au/whats-on/current-exhibitions/face-to-face-the-new-normal>



The Unravelling, 2021–22

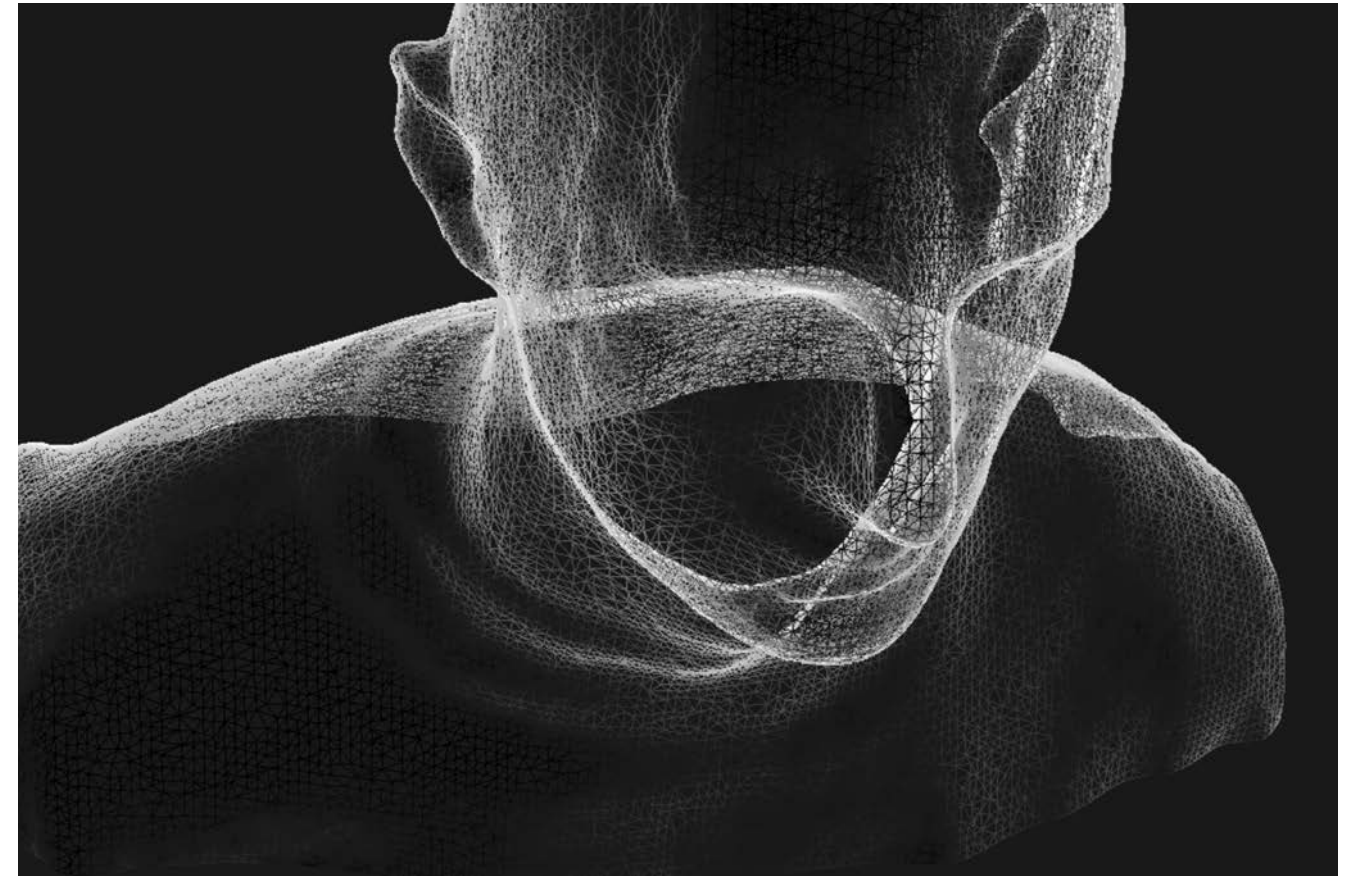


William, 2019

Video, audio; 5mins 32sec

This first-person narrative shares William's experience of facial nerve paralysis, exploring how he is treated by others and how he processes such responses. The video was filmed as William underwent a process of 3-D scanning. It employs flashing lights, a part of the 3-D scanning process, as an artistic element. William referred to these lights as being reminiscent of having an MRI scan, a process he has undertaken more than 40 times.

3-D Scanning: Wysiwyg



Wire Mesh: Portraits, Landscapes and Wildflowers, 2020–21

Three-channel video; 10mins 52sec

These images show the face as a wire mesh, a geometry, a series of connected vertices without any identifying 'texture'. This portrayal may run the risk of reducing the portrait sitter to a series of objective mathematical points along a series of planes, or what philosopher Thomas Nagel might call 'a View from Nowhere'. In fact, I am presenting these portraits as 'a View from Everywhere' (Maurice Merleau-Ponty) as the geometric abstractions subjectively reveal a series of portraits, landscapes and wildflowers.

The house itself is not the house seen from nowhere, but the house seen from everywhere. The completed object is translucent, being shot through from all sides by an infinite number of present scrutinies which intersect in its depths, leaving nothing hidden.

Merleau-Ponty, *Phenomenology of Perception*, 2005, p. 79



The Face That Your Face Feels, 2021

Photography series of ten; 869mm x 1214mm

These ten photographic artworks were created through a three-step process. First, I created a photographic portrait of patients Susan Andrews and William Maish. I then projected their portraits onto the hands of one of their treating clinicians, Dr Susan Coulson. Finally, I re-photographed these images.

Susan Andrews, who appears in five of these artworks, said of them:

These images are how I feel, getting pulled in all these different directions. That's how I feel sometimes, not quite all gelling up together, if you know what I mean. I feel like I've got my cheek, my forehead, my mouth, and then the right side of my face, and then somehow, they've got to all sort of connect (laughs).

If you can imagine, it's almost like being a puppet, the strings are being pulled tighter on one side and they're going upwards, they're being pulled up, but I want to pull them down. I'm being pulled in all these different directions internally. It reminds me of a string, or tightness around the face, sort of squished in, tight, taut, squeezed in and pushed.





Bio-Medical Composing Machine, 2020–21

Video, audio, medical sensors, electronics; dimensions variable

This interactive artwork invites you to connect yourself to medical sensors to measure your heart rate, temperature and blood oxygen levels. The resulting medical data is then used to create your body's own unique musical composition in real time.

The autonomic nervous system undertakes many of our body's subconscious tasks, such as breathing, and regulating our heart rate and temperature. It is a system that is in constant dialogue with other parts of the body, as well as with the environment around us.

This artwork transforms the 'taking of vital signs', which is a regular part of medical care, into a personal, embodied, musical experience.

Audio Programming: Vic McEwan

Electronics and Programming: Michael Petchkovsky and Vic McEwan

Camera and Video Editing: Martin Fox

Video Lighting Design: Clytie Smith

Medical Instructor: Susan Coulson

Logo Design: Sarah McEwan

The Crying Room, 2019–22

Video, water, MDF, chime bars, electronics, 3-D scans and prints; dimensions variable

While viewing this exhibition, the gallery visitor encounters the stories of the patient, the doctor and the artist. As you navigate these stories, you become implicated in and impacted by them.

The Crying Room is a place for reflection and an offer of a 'dwelling' for the gallery visitor. The philosopher Emmanuel Levinas describes the concept of 'the dwelling' as 'a recollection, a coming to oneself, a retreat home with oneself as in a land of refuge, which answers to a hospitality, an expectancy, a human welcome' (*Totality and Infinity*, 1979, p. 156).

This is one of two artworks in the exhibition that explore tears. In this room, a video-projected teardrop cries onto the canvas until it transforms into a three-dimensional droplet that lands on a chime bar, creating a soft, meditative tone.

While observing clinical environments, I often witnessed patients crying while they shared their story. The tears were often accompanied by an apology, as the patient wrestled with their discomfort in expressing such emotion. This artwork considers the impact of the emotional experience of the clinical setting, and our tendency to hide and apologise for that response.

The artwork allows the gallery visitor to dwell in quiet contemplation of their own experience.

Electronics and Coding: Vic McEwan and Trevor Collict

Production Assistant: Michael Petchkovsky

3-D Printing and Scanning: Vic McEwan



The Unravelling, 2021–22

French horn, audio; dimensions

Facial nerve paralysis can cause practical issues when eating or drinking, or even when trying to smile or to close the eye. There can also be concerns that are specific to the individual. The embouchure (mouth shape) that is required to play the French horn is an example, with the player required to sustain delicate muscle control for lengthy periods of time.

If the individual cannot use their facial nerve and associated muscles as expected, a lifetime of musical training and playing can unravel. This work, an unravelled French horn, was made in response to, and in consultation with, Liz Clarkson, who lost the use of her facial nerve following surgery.

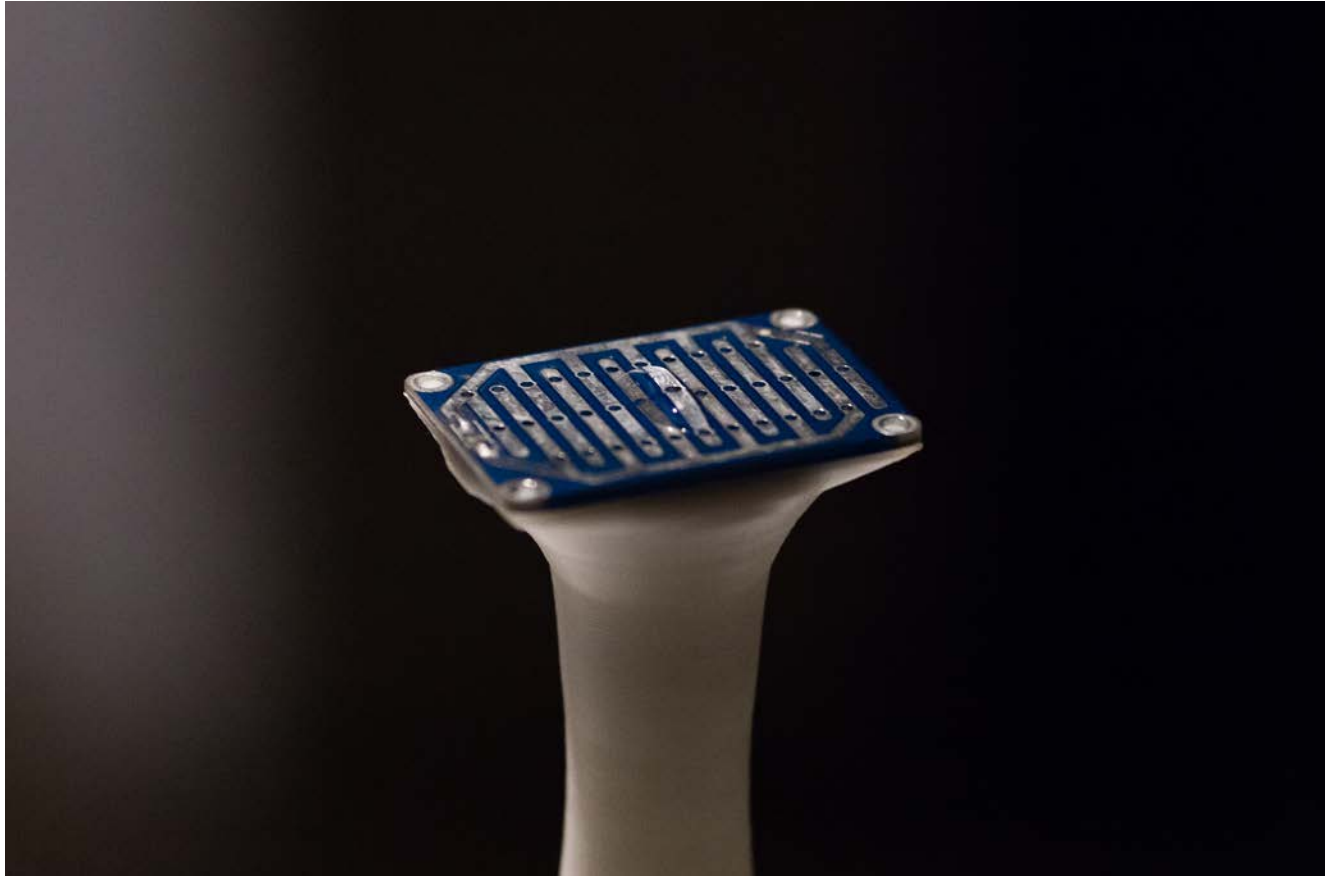
In 2020, Liz had a head and neck tumour removed, which required cutting the facial nerve. The resulting permanent paralysis prevents her playing the French horn. As she missed her musical life and playing in an orchestra, she took up the cello as a complete beginner.

Liz reflected on the artwork:

For me, hearing the cello being played through the horn in this artwork is like the new coming out of the old, an amalgamation of my experiences. It brings my horn playing and cello playing experiences together even though for me, they don't both exist at the same time. I miss playing the horn, I grieve the loss ... but I love playing the cello and I would not have that if I was still playing horn. My horn playing identity is still part of me but I'm also bit by bit becoming a cello player and seeing myself as such. I'm moving into a new identity which incorporates the new and the old. The facial palsy has been the catalyst for this new state I find myself in.

The French horn unravelling has been achieved under the guidance of Edwin Diefes from Diefes Brass Repairs.





Lachrymal Vase, 2021

3-D printing, electronics; 205mm x 105mm x 105mm

A lachrymal vase is a vessel that was used by those in mourning to collect the tears they shed while grieving. Lachrymal vases have been discovered in Ancient Greek tombs that are over 3,000 years old, often buried with oils and perfumes.

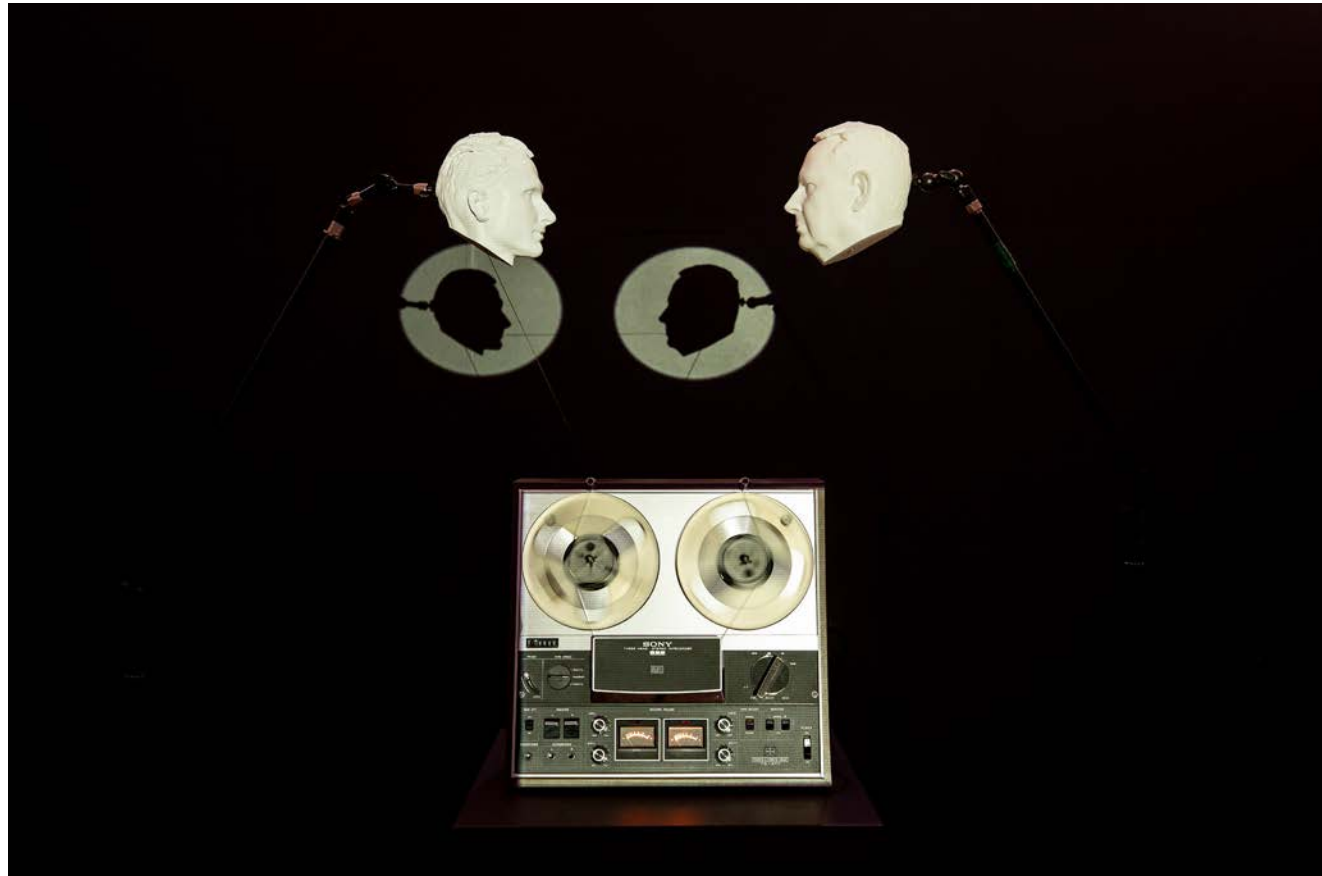
This is one of two artworks in the exhibition that explore tears. The artwork is activated when a tear shed by a visitor lands on the lachrymal vase and a thoughtful message is whispered.

Electronics and Programming: Michael Petchkovsky and Vic McEwan

Computer Aided Design: Michael Petchkovsky and Vic McEwan

3D-Printing: Vic McEwan





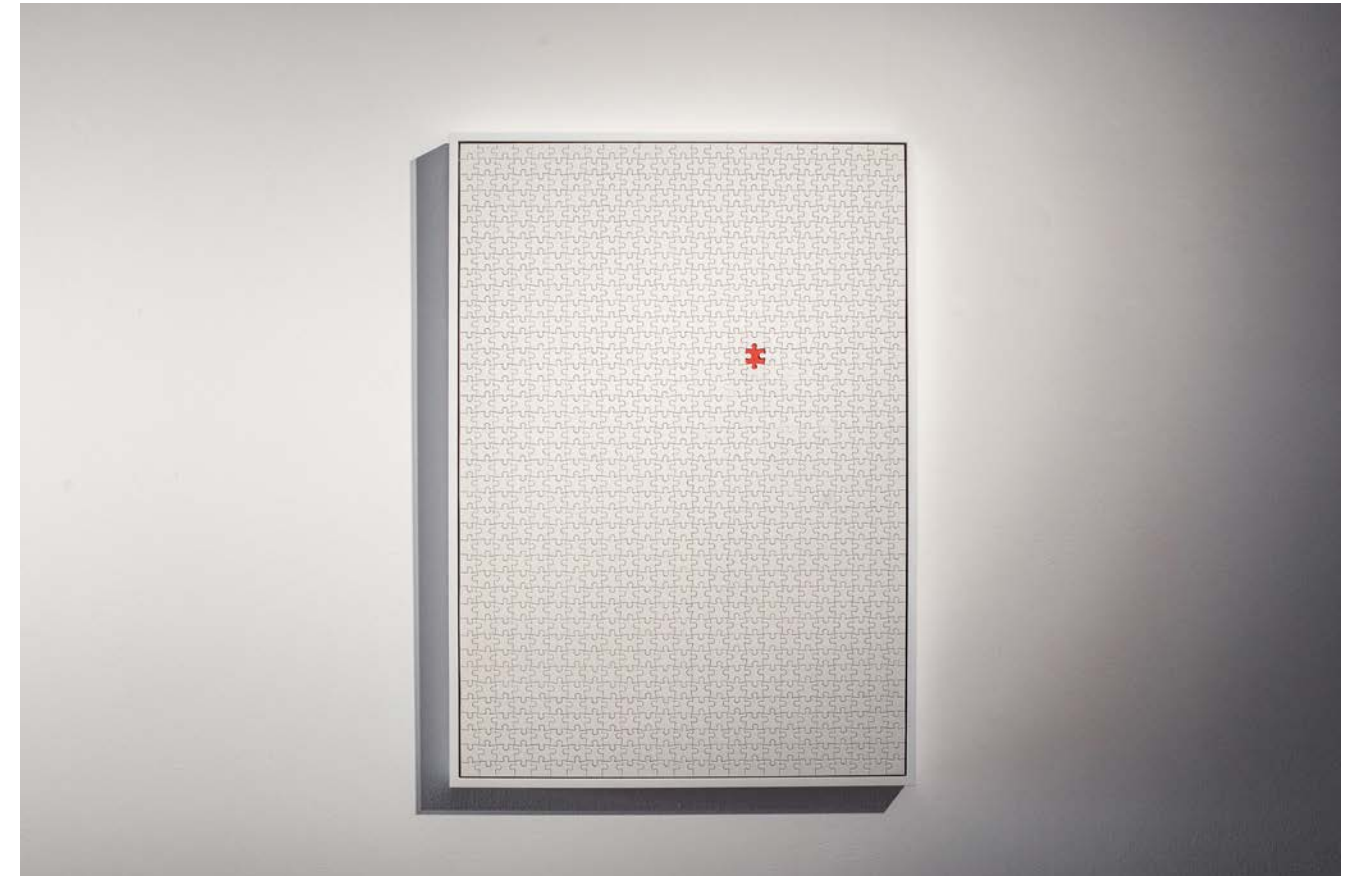
Dr Glen Croxson, 2019–22

Audio, 3-D scanning and printing, reel-to-reel tape machine, metal arms, microphone stands; dimensions variable

Dr Glen Croxson is a recently retired neurotologist; an ear, nose and throat doctor who specialises in surgery related to tumours of the ear, facial nerve and base of the skull. One of Australia's leading facial nerve surgeons, he was regularly called on to work on complex cases of facial paralysis and disfigurement. Dr Croxson's reputation was based on his meticulous attention to detail and his compassion for resolving the delicacies of facial fragility.

In this work, Dr Croxson explores what the idea of care means to a person with his experiences.

3-D Scanning: Wysiwyg

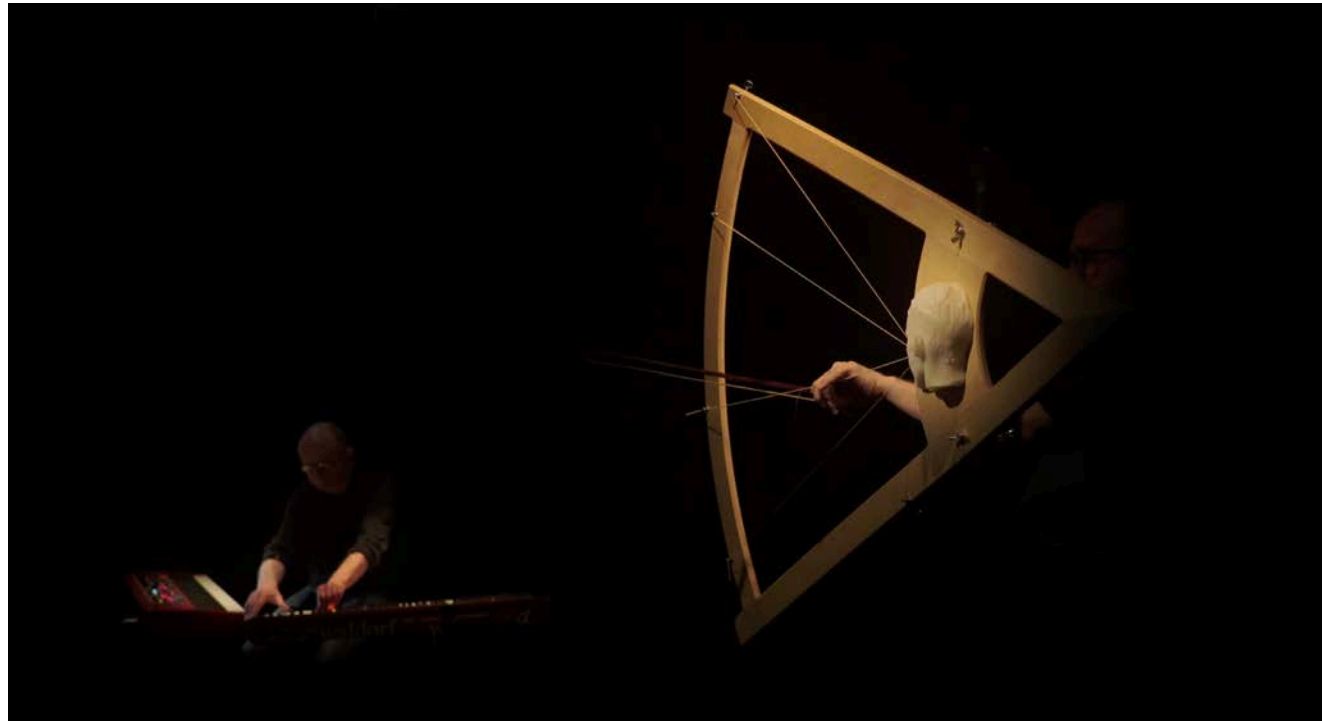


Self-Portrait, 2019

Puzzle; 534mm x 739mm

This self-portrait acknowledges that the co-constituting nature of engaging with people, place and circumstance is a foundational component of my socially engaged arts practice. Rather than pre-defining the processes and outcomes before the encounter takes place, I understand that socially engaged arts practice needs to allow processes and outcomes to emerge from the experience, honouring the potential for exchange, nuance, new ideas and learning.

This artwork also acknowledges that the role of the 'artist-researcher' is a relational process where the artist isn't positioned as a detached researcher whose job is to sit and observe the 'other'. Instead, the research process undertaken in *Face to Face: The New Normal* positions the artist-researcher as both impacting and being impacted by the experience of research exchange.



Duet, 2021

Video, audio; 6mins 27sec

This video and sound artwork explores the potential for artistic research to impact the clinical experience; make contributions to how we understand 'socially engaged arts practice'; and identify the potential for this clinical-based artistic research to create opportunities for engagement with other artists.

Duet is an improvised performance featuring Vic McEwan and the legendary musician Chris Abrahams (The Necks). The artists have come together to explore their artform while being in deep consideration of the human experiences that underlie the development of this work.

Lighting: Clytie Smith

Camera: Martin Fox

Live Audio Recording: Michelle Barry

Performers: Chris Abrahams and Vic McEwan

Audio Mix: Vic McEwan

Mastering: Darren Ziesing

Video Editing: Vic McEwan and Martin Fox

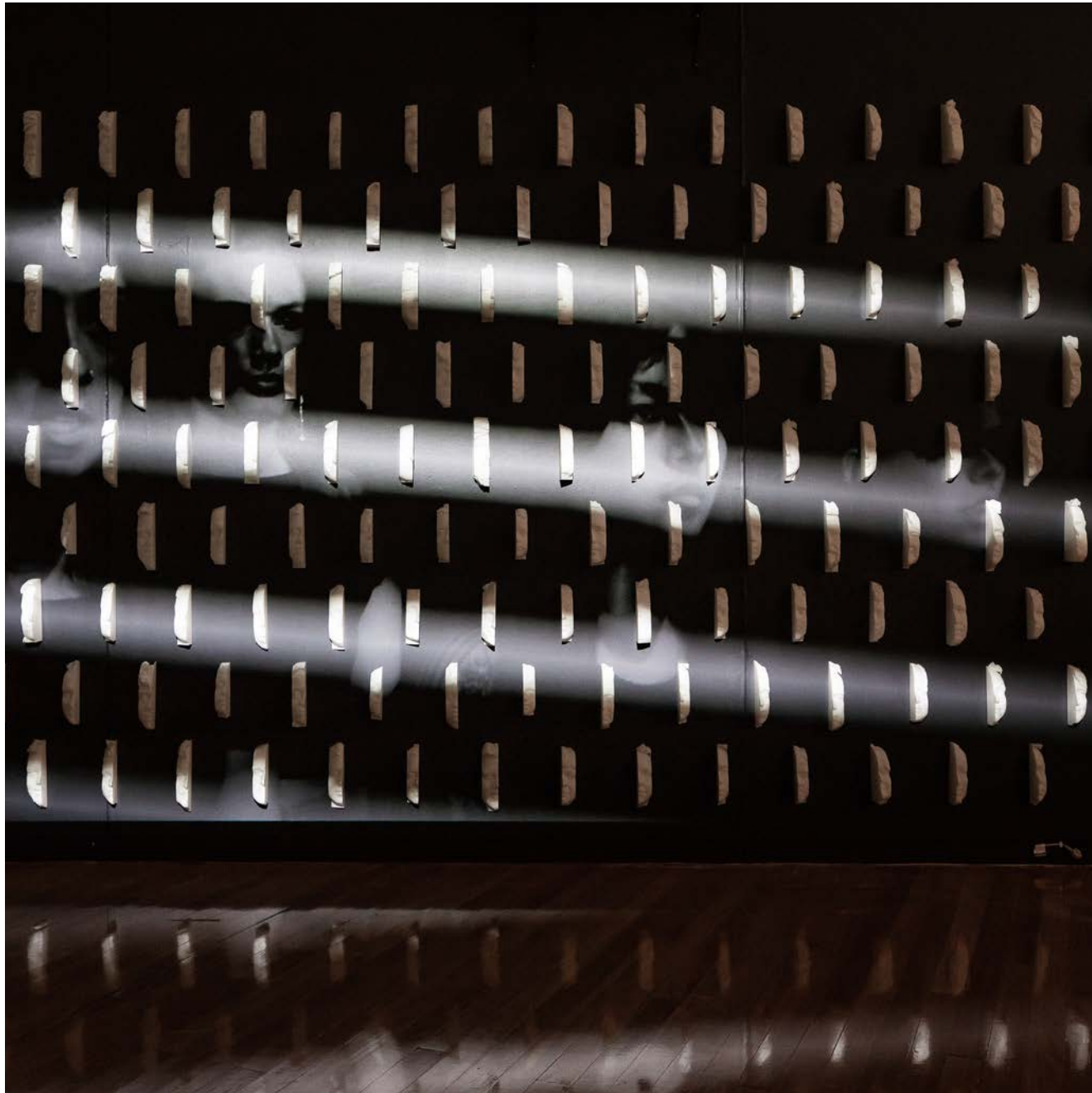


Artwork Removed, 2022

Lights, text; dimensions variable

This work acknowledges that within any arts practice that is 'socially engaged', there is a complex engagement with people as they undergo, in this case, traumatic life experiences. Given the delicate process of making work of this nature, I keep open the potential that a patient, a doctor, or a family member might change their mind about the public showing of an artwork of a deeply personal nature. Exhibition delivery timelines don't always coincide with medical timelines or timelines of personal grief.

This artwork acknowledges the constant state of negotiation that exists when working within the context of the lived experience of other people. Artistic practices that are socially engaged include a complex negotiation of care, ethics and artform.



Wall of Faces, 2020–22

3-D scanning and printing; dimensions variable

MRI Choir, 2021

Video, audio; 5mins 45sec

This wall of faces represents a diverse range of people: refugees, people with learning disability, trauma survivors, school children, elders, families, tourists, etc. During a residency at Tate Liverpool in March 2020 I invited visitors into the Tate Exchange gallery to participate in activating, creating or sitting for artworks, and offering their lived experience as research.

At regular intervals, the *Wall of Faces* is overlaid with the *MRI Choir*, a collaboration with singers from The House that Dan Built in duet with the soft, hidden, almost human-like tones that are buried within the cacophony of the MRI scanner. This artwork provides an opportunity for a unique collaboration that humanises the technology and medical machinery that is used in clinical settings.

Lighting: Clytie Smith

Camera: Martin Fox

Live Audio Recording: Michelle Barry

Performers: Singers from The House that Dan Built

Audio Mix: Vic McEwan

Mastering: Darren Ziesing

Video Editing: Vic McEwan

3-D Printing Assistant: Holly McEwan

Facial Nerve Harp, 2019–22

Wood, guitar pegs and strings, 3-D scanning and printing, contact microphone, audio interface, pre-amp, computer; dimensions variable

Facial Nerve Harp is an interactive artwork that invites gallery visitors to engage with a musical exploration of the facial nerve while creating sonic texture through playing the instrument.

The five strings that stretch across the harp are an anatomical approximation of how the five branches of the facial nerve span across the face. From top to bottom the branches are:

Temporal

Zygomatic

Buccal

Marginal Mandibular

Cervical

Damage to these nerves can alter the ability to move muscles in the forehead, eyebrows, eyes, nostrils and lips. This can impact blinking, eye closure, and the ability to smile or to create certain mouth shapes, which can cause issues with eating, drinking and speech.

In its representation of the facial nerve, this artwork is 'giving voice' to a part of the body that is not often considered yet is so meaningful to the functioning of how we present to and are judged by the world, and of how we express emotion, communicate and eat.

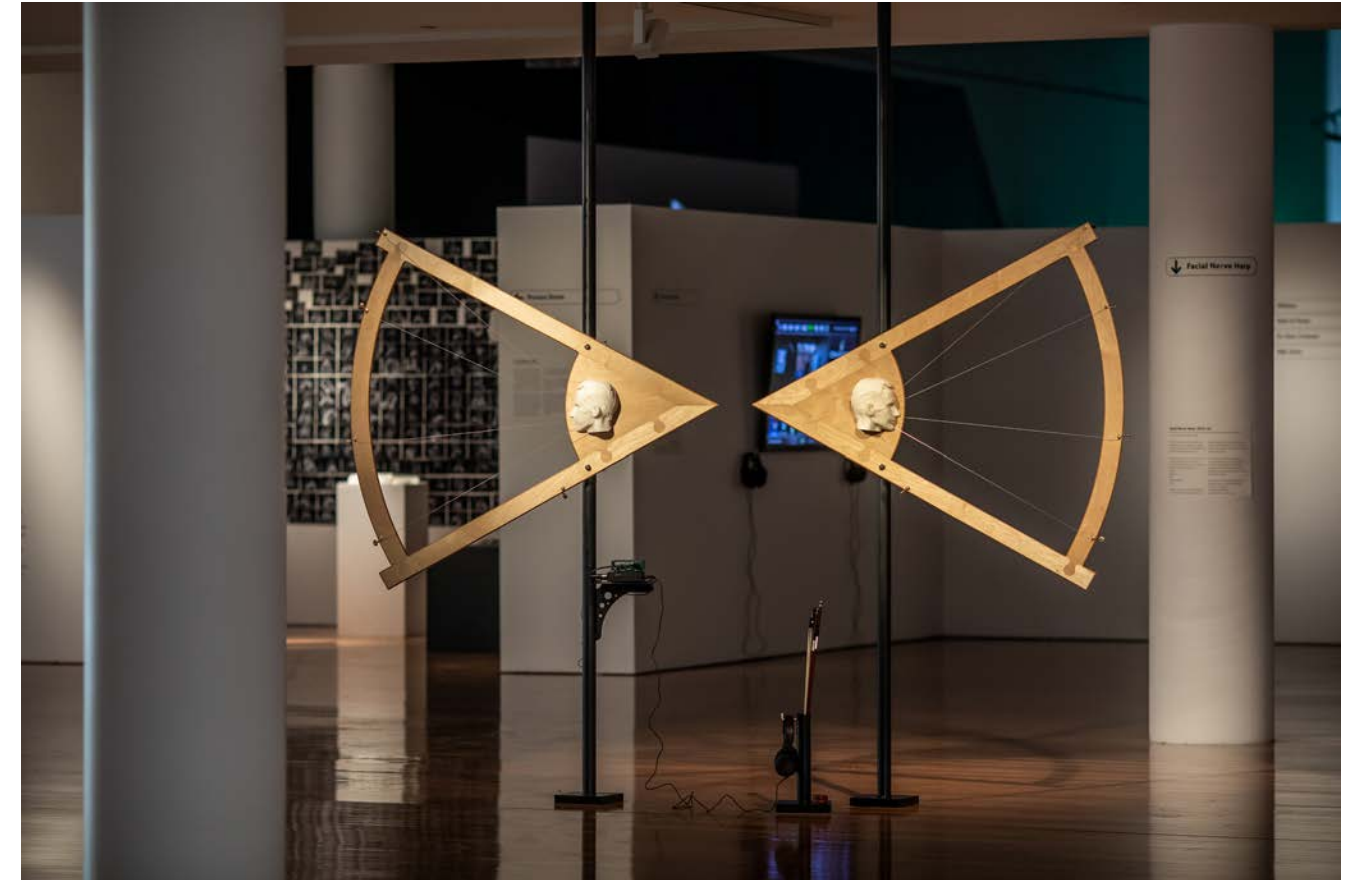
CNC Routing: Mark Gunning, Gunning Designs

Production Assistant: Michael Petchkovsky

3-D Scanning: Wysiwyg

3-D Printing: Vic McEwan

Anatomical Advisor: Susan Coulson



Process Room, 2019–22

Various studio objects; dimensions variable

The artist's studio is a fusion of debris, inspiration, frustration and experimentation; a haven where failure might be understood for its potential. It is a place of small and large visions, of thoughts and investigations that might not be visible directly in the final artworks yet are deeply relevant and entwined within them. It is a place that contains various speeds, expansions and contractions of time, contradictions and stuff – always lots of stuff!

Having a history of making work that is 'site-specific' and delivered in non-arts settings, I often collaborate with people and places with the aim of enabling the resulting works to be active and in development, even when sharing them with an audience. This can be at odds with the expectations of gallery-based exhibitions, where the public viewing is centred around the finished work. Typically, when a gallery-based exhibition is over, the work either goes back to a storeroom in the artist's studio or is purchased to hang on a wall in a private collection or to be displayed by an institution or held in a collection room.

This process room is shared to help articulate the idea that although many of the artworks in this exhibition seem fixed and final, I am still attempting to maintain them in an open state that might change over time.

This idea is present in the very scheduling of my PhD submissions, where traditionally the exhibition component and written thesis is the final outcome. However, the exhibition is being presented 11 months before I submit my written thesis to allow the outcomes generated by this exhibition to feed back into the clinical space and help me to understand what further impact can be had through this research.



Vic McEwan

Vic McEwan is a contemporary artist whose practice aims to contribute to and enrich broader conversations about the role that the arts can play within our communities.

As the Artistic Director and co-founder of the Cad Factory, an artist-led organisation creating an international program of new, immersive and experimental work guided by authentic exchange, ethical principles, people and place, Vic has led this regionally based arts organisation to work with over 500 artists, to engage an in-person audience of over 100,000 people, while delivering more than 60 artistic outcomes and over 150 workshops.

Vic's artistic practice involves working with sound, video, installation, performance and site-specific locations. He is interested in creating new dynamics by working with diverse partners in areas such as health, business, the environment and education to explore difficult themes within the lived experience of communities.

Vic was the 2015 Artist in Residence at the National Museum of Australia and the recipient of the inaugural Arts NSW Regional Fellowship in 2014.

Between 2015 and 2018, he created 'The Harmonic Oscillator', which explored the effects of noise within hospital spaces and received the Council for Humanities, Arts and Social Sciences (CHASS) 2019 Award for Distinctive Australian Work. He has shared the outcomes of 'The Harmonic Oscillator' at Tate Liverpool, the National Gallery of Lithuania and the Big Anxiety Festival, with the Director of the National Institute for Experimental Arts, Jill Bennet, declaring it as 'field defining work' and 'arguably one of the most adventurous and profound arts-health interventions to date, both intensely moving and inspirational'.

Vic sits on the Arts and Health Network NSW/ACT and is a board member of MusicNSW. He holds a first-class Honours of Creative Practice (Fine Arts) for which he received the university medal, and a Master of Arts Practice with High Distinction. He is currently the first contemporary artist to be enrolled in an arts-practice led PhD in the Faculty of Medicine and Health at the University of Sydney.

Currently, Vic is involved in two exhibitions that are on three-year national tours: 'Haunting', a photographic and video solo exhibition; and 'Tensions 2020: Tamworth Textiles Triennial' (as the curator).



Thank you

Sarah McEwan, Holly McEwan, Jenny and David Bayly, Susan Coulson, Claire Hooker, Paul Dwyer, Michael Petchkovsky, Wagga Wagga Art Gallery, Drew Halyday, Lee-Anne Hall, Jeremy Kruckel, Maryanne Gray, Jordy Bos, Martin Fox, Clytie Smith, Danielle O'Keefe, Lachlan Herd, Kimberley Beattie, the Cad Factory Board and Advisory Group, Robyn Flemming, Nick Boerma, Richard Manner, Edwin Diefus, Mark Gunning, Graphic Art Mount, Tate Liverpool, Clive Parkinson, Chris Abrahams, Darrin Baker, Caitlin Overton, Alder Hey Children's Hospital, Mayu Kanamori.

A special thank you to all the staff and patients at the Sydney Facial Nerve Service who have engaged with this process, given time, thoughts and consideration.

Face to Face: The New Normal has been supported by:



The Cad Factory and Wagga Wagga Art Gallery are supported by the NSW Government through Create NSW. This project has been supported by the NSW Government through Create NSW and through the Federal Government by the Regional Arts Fund.