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Tina Takemoto

LOVE/SICK: A CONVERSATION WITH ANGELA ELLSWORTH

Editor's Note: In this previously unpublished conversation from 2007, Tina Takemoto and Angela Ellsworth discuss their collaboration during a period when Ellsworth was diagnosed with and underwent treatment for Hodgkin's lymphoma. For those compelling collaborations, the artists confronted the effects of diagnosis

Tina Takemoto is an artist and associate professor of visual studies at California College of the Arts. Her work examines issues of race, queer identity, memory, and grief. Her current project explores the LGBT experience of the Japanese American incarceration camps during World War II. She has received grants from Art Matters, the James Irvine Foundation, and the San Francisco Arts Commission. Her articles appear in Art Journal, Performance Research, Afterimage, Women and Performance, and Thinking through the Skin (Routledge, 2001). She is a board member of the Queer Cultural Center in San Francisco and a cofounder of Queer Conversations on Culture and the Arts. On occasion, she makes guerilla appearances as Björk-Geisha. Her Web site is at www.takemoto.com.

Angela Ellsworth is a multidisciplinary artist and Associate Professor in the School of Art at Arizona State University in the Herberger Institute for Design and the Arts. Her solo and collaborative artworks and performances have taken in wide-ranging subjects that include illness, physical fitness, endurance, social ritual, and religious tradition. She has presented work nationally and internationally, including at the Getty Center, the Museum of Contemporary Art Sydney, the National Review of Live Art, Los Angeles Contemporary Exhibitions, the Museum of Contemporary Art Denver, the Scottsdale Museum of Contemporary Art, and the Phoenix Art Museum. She is represented by Lisa Sette Gallery in Scottsdale, AZ, and Fehily Contemporary in Melbourne, Australia. Her Web site is at www.aellsworth.com.

and prognosis on the experience of embodiment, the gendered and racialized practices of medical care, and the limits of empathy in communicating across illness/health. In this conversation, Takemoto and Ellsworth reconvene after a crisis in their collaborations to work through the complications that arose for each in their attempts to stage and manage performances that would make a difference in the treatment of cancer. This interview was conducted in New York City on 16 September 2007.

TINA TAKEMOTO: Let's begin by talking about the history of *Her/She Senses Imag(in)ed Malady*.

ANGELA ELLSWORTH: *Her/She Senses* began at Rutgers University, where you and I were in the MFA graduate painting program together. We coorganized a monthly performance evening that featured time-based performances by graduate students. That is where we started performing together under the group name *Her/She Senses* (originally with Jennifer Parker). We collaborated on performances about issues we were already addressing in our painting practice—stereotypes of race and gender and the representation of the body. In 1993, after we graduated, I received a New Forms Regional Art Initiative Grant from the Painted Bride Art Center in Philadelphia to pursue my solo work in painting and performance. Shortly afterward, I knew something was going on with my body. I went to the doctors, and they thought that I probably had cancer and would have to start treatments. I moved to Arizona to be closer to my family. After I was diagnosed with Hodgkin's lymphoma, I was worried I wouldn't be able to do the work for the fellowship. That's when you suggested that we reapply for the grant and turn it into a project about cancer and the experience of illness. Fortunately, the Painted Bride accepted our reapplication, and we had some funding to start this long-distance collaborative project, which we called *Her/She Senses Imag(in)ed Malady*.

TT: Even though we had written the proposal for *Imag(in)ed Malady* to include performance and image making, there were some aspects of our collaboration that we did not conceptualize in advance. For example, the *Visual Rhymes* photographs, which juxtaposed images of your "sick" body next to images of my "healthy" body, began when you started taking photographs of yourself and sending them to me in the mail. In your art practice, you often worked from photographs of your body as source material for your paintings. After you were diagnosed with cancer, you continued this process of self-documentation and sent me stacks of Polaroids and photographs that you took at the hospital during medical procedures and at home as you noticed various changes with your body. Can you talk about your experience of self-documentation at that time? How did it compare to your earlier uses of self-documentation as source material for paintings?

AE: In the beginning, I didn't know anything about cancer or chemotherapy. I thought, "I'm going to be throwing up. I'm going to get really skinny, and I'm going to be bald." The photographs were a way of visualizing the fact that illness was happening. It was as if I needed to prove even to myself that I was sick. I could see the chemotherapy fluid entering my arm and I could feel it going into my body, but I needed more proof that it was actually happening to me. There was something

important about seeing myself in these images—seeing my body changing and thinking about what others might be seeing when they looked at me. The images were also about trying to look inside. There was a real sense of disconnect between what I could see going on with my body and how I was actually feeling. When I took photographs of scars, blown veins, and my feet where dye had been injected, I was trying to see or discover something inside these documents.

TT: Did having a camera give you a sense of agency or a sense of yourself as an artist in the medical environment?

AE: Yes, the camera created a bridge between the hospital, as a new world that I didn't know anything about but was spending so much time in, and who I was as an artist. It created a connection between the doctors and technicians and me. I could ask them to take pictures or I could show them photographs and start a conversation. It was a way of interacting with people through my own interest in art. Over the months, I became very close to some of these people, especially the radiation technicians. I still see these women in Phoenix, and I feel very connected to them.

TT: When you started sending me these photographs, we knew they would be part of the larger project but we didn't know how. I had very little experience with photography and hadn't used it as part of my art practice. I started restaging your photographs using my body and everyday objects as a way of repeating or recreating your medical images. But I didn't think I would ever show you these pictures. In fact, I didn't mention these photographs or show them to you until a couple of months later when I came out to visit you in Arizona. I didn't really know what these images were about or why I was compelled to make them. Plus, I was afraid that you might see them as an inappropriate or inadequate response in relation to the gravity of your cancer experience.

AE: When I saw the images I was really moved. We looked at our photographs side by side and we knew we were on to something. It's interesting. You were taking images thinking that you wouldn't show them to me. I was taking images of my body and what it was going through. But I wasn't necessarily thinking of these images as art, and I wasn't thinking about what they might become. At the time, these images were just documentation. The act of sending these photographs to you felt really important. I wanted someone else to have responsibility for them. I wanted them to be out of my hands.

TT: You said that being in the collaboration made you feel like you could continue to be an artist because you knew that something was going to be done with your images.

AE: Yes, initially I felt so sick and exhausted all the time. The chemotherapy took away all of my energy. I felt flat. I felt like I had no creativity left in me. I never thought that would happen to me, but it did. So I relied on you to carry the work. I knew I could pass something along, and you would add the spark to it and make it into something else.

TT: We often used the language of everyday objects to help us visualize what was happening inside your body. I would ask, "How big is the tumor? Is it as big as a ping pong ball, an orange, or a grapefruit?" We also spent a lot of

time trying to explain medical procedures to each other based on very little information. You once said, "Radiation is like barbecuing chicken or toasting a marshmallow." Once we started formulating the visual couplings more deliberately, I found myself looking for visual rhymes all the time. I was constantly looking for ways to create images that could resemble or mimic your scars or sores, but in a clearly playful and makeshift manner that emphasized the impossibility of producing an "adequate" visual equivalent. I was constantly scanning food items and everyday objects, thinking about how to connect them with your images and stories. For instance, when you told me radiation made your mouth taste like metal, I stuffed hundreds of nickels in my mouth. Or when your veins kept bursting due to repeated chemotherapy injections, I taped raspberry jelly packets to my hand and burst them open as a way of visualizing blown veins. In other words, our methods were very low-tech and do-it-yourself. We weren't trying to recreate X-rays or sophisticated medical procedures. On a basic level, we were figuring out ways to comprehend how cancer and the treatments were impacting your body. We were also finding ways to communicate with each other about this experience. Humor and absurdity were always important aspects of our interaction. We spent a lot of time laughing on the phone because we thought the work was really funny.

AE: It's true. The images were funny and fun to make, but they appear so funny to other people. We realized this when we started sending out *Visual Rhymes* as mail art. We put two images together as a visual rhyme on a postcard along with a quotation from a self-help cancer book, such as *Cancer and You*. We sent the postcards to our friends and family as well as to other artists, galleries, and doctors. Some people understood the context of the work, but others didn't. We didn't include any explanation about the project on the cards, so some people found our playful attitude toward illness distressing or disturbing. Still, it felt like a really important way to begin connecting with other people.

TT: At the same time, I started showing our work in the context of art lectures and conference presentations. That's when I realized that our use of humor in relation to illness was really complicated. Some viewers felt that humor was an inappropriate or grotesque approach to illness. Others weren't sure if we had intended the work to be funny, and they were afraid to laugh or comment on the humorous dimensions of our project.

AE: It's important to remember that you were the one showing the work. I wasn't present except in the images. Perhaps the humorous aspect didn't seem so funny because the sick person was absent and still sick. If I had been the one presenting the work, I think the humorous elements would have been seen differently. Actually, our work has always involved humor, yet we don't always acknowledge that element of our work. Some of our actions, like when you stab yourself with chopsticks or I suck the cream filling out of a Hostess Snowball, are hilarious to us, but we often perform these actions in a deadpan manner.

TT: When we started working on *Imag(in)ed Malady*, we really tried to figure out how we could approach the subject matter of illness in the way that made sense to us. Our work had always involved humor, materials from everyday

life, and actions that verge on the absurd and grotesque, so it made sense to continue working together in this manner.

AE: Also, our approach to the photographic work was very different from the way we developed our performances. When I think about the dynamic of our collaboration in performance, we each had really different roles.

TT: For *Intravene Carotene*, we knew that we wanted to produce a performance that could convey some of the everyday aspects of living with illness such as the physical and organizational energy involved in keeping up with various medical appointments and health regimens. You had eliminated caffeine from your diet and were consuming large quantities of carrot juice each day as an antioxidant and a significant source of vitamins. Meanwhile, I was drinking numerous cups of coffee every day while juggling academic course work and our long-distance collaboration. We began thinking of ways to use carotene as structuring metaphors for a live performance piece. You initially envisioned a lot of silver equipment (including a hydraulic cherry picker), thousands of pounds of carrots, miles of medical tubing, and ten different elaborate actions. I would say, “Okay, what can we do within our budget? What actions will work in the space? How can we streamline the activities so that they make sense formally and conceptually?” We worked on the general concepts together, but you often came up with the overall aesthetic and I figured out how to make it work.

AE: The brainstorming conversations usually got rather heated and intense, but at a certain point we would stop and ask each other, “What are we trying to accomplish in the piece? What action do you really want to do, and what are you really good at doing?” I still ask my students these questions. They can completely clarify the vision of the piece. How did our process of collaboration change in *Imag(in)ed Malady*?

TT: For the first performance of *Intravene Carotene*, our brainstorming process took its usual exciting and challenging course. But I worked on setting up the installation without you because you were in the midst of receiving chemotherapy treatments and you were too sick and weak to engage in any strenuous activity. We weren’t even sure if you would be well enough to perform.

AE: We had never worked this way before. We had always worked on everything together. I had never had anyone else set up the installation in advance. So for me, the experience was very different. It was also really incredible because all I had to do was focus on the actions that I needed to perform.

TT: No matter how chaotic it is to set up the installation, we usually know that once the performance begins, our live actions will come together and carry the piece. I think this sense of confidence and mutual trust comes out of our experience of performing together for so many years.

AE: Even though we don’t work from scripts, we always have a clear sense of the framework for the performance and the actions we will be performing. We have total trust in the actions because we ultimately believe in them. The performance really emerges out of those moments when our actions and movements cross and overlap in exciting and unexpected ways. As I started feeling physically stronger and healthier, I really wanted to move and be more active. That’s when we

changed the framework of the performance to be more reciprocal and interactive. In *Caffeine and Carotene*, I performed a series of actions, including making coffee for you, in order to mirror and complement your actions, which focused on making carrot juice for me.

TT: Many of our concerns about illness were communicated to each other through the work. We could look at the photographs together or talk about the performances as a way of discussing the experience of illness without having to directly address our feelings or fears about it.

AE: It's remarkable that we were doing the work while I was sick and going through treatments. We didn't wait until I got better. We were doing the work while I was in the midst of it all. It was very important for me to be able to stay connected to my world, which was about creativity. The work was a way of taking action against something we couldn't see or touch. It was an attempt to take control of something that had invaded our lives. I don't know what would have happened if I hadn't been able to maintain my identity as an artist. My experience of illness would have been very different. I don't think I would have been able to access or process the experience in the same way. You and I were always dealing with our daily lives in our art practice, whether it was how we were seen in relation to stereotypes or how we were experiencing our world. When I got sick, it seemed important that we not stop the process but that we continue to address the things that were happening in the moment. We took the treatments and the self-help cancer books and the carrot juicers that would arrive in the mail and figured out ways to incorporate them into the work.

TT: There has been a lot of interest in and confusion around the nature of our relationship. People have said to me, "I don't really understand your relationship with Angela. You are not lovers and you are not family, so why would you have such a close relationship?" I think that question touches on the broader dimensions of queer relationships. Other forms of intimacy develop in queer lives that do not fall neatly into the framework of family or lovers because they exist outside of normative expectations.

AE: Yes, it is easy to assume, "They are lovers or partners, so of course their lives and work are so entangled." We never had that kind of relationship. At the same time, it was an intimate relationship. It wasn't sexual, but there were definitely moments of intimacy as well as moments of jealousy and possessiveness and all of that.

TT: For me, our relationship got very intense around your initial cancer diagnosis. When you got sick, I remember that we discussed the possibility of me moving to Arizona to live with you. I really did consider it, but ultimately I decided to stay in upstate New York. Throughout the collaboration, I think my deepest sense of guilt had to do with my decision to stay in graduate school. Being in the collaboration with you meant that we could maintain a close relationship because we were in constant communication and making art together. But it also felt like the *less brave* thing to do. I was keenly aware that I wasn't helping you on a daily basis as you were going through treatments, and I wasn't part of your everyday life.

AE: I remember talking about the possibility of you moving out, but I never felt upset or betrayed because you didn't. You had a scholarship in a Ph.D. program in the University of Rochester. I was just so happy you could come to Phoenix as often as you did. I felt that you were always present as a constant source of friendship and creative energy that didn't ever dissipate, even after I became well. Other people sent their cards or made their visits and then they went away. They were over and done with it, but you were always there.

TT: I think that our involvement in the collaboration and my obsession with making the visual rhymes had something to do with a feeling of urgency around your illness. In this completely irrational way, I felt as if making enough "good" images would keep you alive. I thought if the images continued to be good and our performances continued to be successful, then of course our work would lead to your health.

AE: Ultimately, I believe that making the images and performing together really did lead to my health. You taking those images and doing something with them provided the creative outlet that made what I was going through seem significant. My experience was being heard and seen. It made it seem worthwhile because my experience became much more than just this awful personal ordeal that I was trying to endure. During that time, my relationship to my family was pretty strained and complicated. But in our collaboration, I was supported and I didn't feel forgotten. I felt like your hands were at my lower back just lifting me up a little bit to move forward without having to step on the ground.

TT: In February of 1995, the doctors determined that your cancer was in remission and you took a trip to Italy. We were both so elated and happy. But I also remember feeling scared for you. Perhaps I was being overprotective, but I was really afraid that you might get sick again while you were away.

AE: During the previous year, whenever I traveled I got sick due to my weakened immune system. Once I got shingles and another time I got a severe case of pneumonia, which led to a blood transfusion. So your fears were grounded in something real.

TT: Also, in the mid-1990s, we didn't have much access to e-mail or cell phones. When you were in Italy, we were completely disconnected for the first time since you were diagnosed with cancer. After you left the country, I couldn't stop myself from imagining and generating the visual rhymes. The images in my head were becoming increasingly graphic and extreme. Ultimately, I ended up taping five matches to my right arm and burning them as an attempt to rhyme blown veins. I had to go to the emergency room and almost ended up in the psych ward. My first thought was, "Oh no, I totally screwed up. I let you down by exceeding the parameters our project. I really failed you." Thinking back, perhaps it makes sense that I had an emotional breakdown while we were out of touch. All my fear and anxiety over your illness and the possibility of losing you was always present and driving the work but never could be openly acknowledged. Your health and your physical distance gave me a space to experience the gravity of these emotions.

AE: In retrospect, I think that everything went haywire because there was too much focus on me. Even though the premise of our work was about the inter-relationship between a person who is sick and a person who is well, we only focused on my experience of being sick. We were not addressing how it was affecting you.

TT: I think we both passionately believed that the primary focus of *Imag(in)ed Malady* was maintaining your identity as an artist and working toward your health.

AE: Right. But there wasn't really any focus on how the experience of illness was affecting the person who was well. When I showed this work to my mentors in Italy, they were really concerned. They said that they feared something awful was going to happen to you. I didn't know what they were talking about. I felt like they just did not understand what was going on in our project.

TT: Then you came back to the U.S. and found out that I had burned my arm.

AE: I had no clue.

TT: I had no clue either. It was such a horrible moment. It took us both by surprise.

AE: For the person who is sick, and I saw this in Hannah Wilke's work as well, it becomes all about the sick person's world. Part of it is about survival and part of it is feeling, "I have to make it about me. I have to assert the fact that I am too tired to talk on the phone or I can only do one errand today." Everything is focused on how you are feeling and how the treatments are going and how much energy you have for getting through the day. At one point, a close friend got fed up with me and asked, "When are you going to be done with being sick? When are you going to be done with being so self-absorbed?" I thought, "Wow, isn't that what I am supposed to be doing? Everyone tells me that I have to watch out for myself and assert my needs right now for the first time in my life." So it is about survival, but things also get a little disconnected. I think as a sick person, you can become unaware of the people around you.

TT: This perspective seems very necessary. You couldn't account for the needs of your parents, friends, and lovers in addition to your concerns about yourself and your own mortality. If you had to think about other people's fear or anxiety around your illness, it would have been overwhelming. I see this kind of self-attention as a mode of survival.

AE: It is. But it is also strange because suddenly you have this audience like you have never had before. People who love you, people who know you, and even people who hardly know you, everyone comes out and they are all there for you. It was startling because even though I was quite young, I knew a lot of people from the various places I had lived and gone to school. When I was sick, I received so many gifts and cards and so much attention. Plus, my cancer was in an advanced stage, so there was a lot of urgency and attention from doctors around engaging in treatments right away. Everything was very dramatic and it felt like being a super-diva. You are onstage all of the time, and you are the focus. People are showering you with attention and telling you all the things they want to say because they are

worried that you might not be around. If you are lucky and have a large support network then it can be a beautiful experience because you don't receive that kind of support many times in your life. It's really an amazing experience. But it can be strange in terms of how it gets played out as you become well. When you burned your arm, I felt like, "This is my sickness. How come you are turning it into your sickness? I was the star. Why are you taking the stage?" It was such a horrific time, and I have so much guilt about it because I felt like I couldn't focus on you. It was so screwed up on my part because you were going through something very serious, and I couldn't be there for you.

TT: I felt terrible because you were ready to celebrate your health and the remission of your cancer, and I ruined it. We could have been celebrating together, but instead I had a breakdown. It was such bad timing. Right after you returned from Italy and I told you about burning my arm, we were scheduled to present *Caffeine and Carotene* as a major installation and performance in New York. This was one of the most challenging episodes in our collaboration because we didn't have the time or space to talk about what had happened. I was a complete wreck emotionally, and I didn't want to have anything to do with the project for a while. Yet we had this performance to do, and I was completely incapable of communicating or playing my usual role as organizer and troubleshooter in the collaboration. Instead, I said, "I will handle my part of the performance, and you are responsible for your part of the performance." That must have been really hard on you.

AE: It was such an intense time. You had your assistants and friends supporting you because they were so worried about you. You were barely able to speak to me, and I felt really alone. The fact that we had to perform together was awful. I felt like I never wanted to collaborate with you again. We weren't even communicating, but we had to collaborate and perform together.

TT: After speaking with Sheree Rose and also reading Bob Flanagan's *Pain Journal*, it is clear that in their installation *Visiting Hours* there were also tensions in their relationship that could not be acknowledged in the performance. Flanagan and Rose were *playing* Flanagan and Rose. They had to perform a certain version of their s/m relationship even after that aspect of their intimate relationship had completely changed. For *Caffeine and Carotene*, we had to perform a certain version of our collaboration at the same time that our relationship was falling apart. We were both emotionally overwrought and unable to communicate with each other.

AE: I remember when you were showing me the bandages from your arm burn, I felt completely nauseated. I felt like you were trying to replay my experience of saving bandages over again. Your arm was so gross, and the wounds were self-inflicted. I thought, "Why would you do that to yourself? This is crazy. The cancer is over and we are done with it. Why are you creating another scenario?" I've gone through different phases of thinking about that time. I've been angry and I've felt guilty. There has been a lot of self-reflection in terms of my behavior and how hideous my response was. Until very recently, we have been unable to talk about a lot of this. We have remained friends but it has been difficult at

times because we hadn't addressed some of the big issues. But really, in terms of what we thought we were doing in the project, I think what happened in *Imag(in) ed Malady* was amazing.

TT: It has taken us a long time to figure out how to even begin to think or talk about everything that happened. It took me years to consider some ways that burning myself wasn't just an act of failure. Now I can also see it as an expression of grief, fear, and love. When someone you love has life-threatening illness, you are simultaneously confronted with the very distinct possibility of loss and the inability to imagine living without this loved one. In my own writing and reflection, I have come to consider the how illness can awaken us to the intersubjective dimensions of grief and how it attests to the difficulty and necessity of responding to the possibility of death. Mourning an illness also bears witness to the ungraspability of life-threatening illness and the desire to express this incomprehensibility to others. From a personal perspective, this experience of grief has also helped me acknowledge the intensity of our attachment and love for each other.

AE: I'd say that my experience of grief didn't really happen until a year after I went into remission. At that point, all the energy died down and the grief and depression began to set in. I had survived cancer and made work about it and all of a sudden it was gone. There weren't as many people around, and I was stuck in Arizona. I was wondering, "What now?" There are all these expectations that once you are well, you just get over it and return to your former life. People in New York were asking me when I was going to move back there, but I just didn't feel well enough. Financially it would have been impossible, but also I was physically and emotionally exhausted. I knew I had to change my life goals and perspective. Over the next three years, I experienced my most deep and sorrowful moments of reflection. I experienced grief in terms of everything that had happened to my body and my sense of self and also in terms of what had happened in our collaboration. It was a double whammy. Even though we were actively making work during my illness, I wasn't able to process how the experience had changed my life until much later.

TT: Since then, your own work has changed too. You have continued your drawing and performance practice and also focused on solo and collaborative work involving healthy bodies in motion.

AE: Yes, I knew that I didn't want to be the sick body anymore. In our collaboration, I was always the sick person and I didn't want to be that person again. On so many levels, I wanted to feel my body well and connected to other bodies and to activate space around bodies moving, sweating, and being strong. My own solo work became about the body in health rather than the body in illness. My work with bodies moving in fitness clubs and roller-skating rinks and walking across landscapes paralleled my approach to drawing and mark making in relation to a healthy body. Working with multiple bodies in motion now produces the sense of support and the potential for action and change. These bodies challenge existing structures and feel infused with exciting and unexpected outcomes.