ARTICLE

‘A Stone Within’: Visual Poetry & Wellbeing in the work of Alec Finlay and Thomas A. Clark

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Thomas A. Clark is a poet and visual artist, born in Greenock in 1944. His work is characterized by its concentration on form, its attention to the materiality of language, and its focus on the natural world. His visually innovative poetry has been associated with a variety of movements and genres including the Concrete Poetry movement of the 1960s and, more recently, the resurgence in writing about the environment referred to as the New Nature Writing. In addition to publishing more traditional page poetry, Clark produces work in a wide variety of media – from folded paper forms to large-scale installations, sound works and prints. Additionally, Clark and his wife Laurie were among the first artists to open ‘artist run spaces’ in Britain, having run the Cairn Gallery since 1986. One poet regularly displayed in the Cairn Gallery is Alec Finlay (1966 –), whose work, like Clark’s, uses innovative form as a means through which to encounter the natural world. In particular, Finlay works with variations on sets of objects over time: nest-boxes, cloth tape, and botanic labels all make an appearance in his work, alongside neon and new technology.

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Both poets produce work concerned with landscape and the natural world and, additionally, both have undertaken commissions to create pieces for hospitals and palliative care centers or work on a medical theme. The commissions that this article will discuss are: Thomas A. Clark’s 2009 commission to contribute to the design of New Stobhill Hospital in Glasgow; Alec Finlay’s multimedia project, today today today today, commissioned in 2014 by The Beatson West of Scotland Cancer Centre and Beatson Institute for Cancer Research, with support from the Wellcome Trust,

Art commissions for health buildings are not uncommon: the positive effect of installing artworks in hospital settings is well documented by clinical research.¹ For example, charitable organization Paintings for Hospitals summarizes the benefits of art in medical settings as being able to:

- Reduce levels of anxiety, stress and depression; reduce patients’ length of stay within the hospital; reduce the use of some medications; improve communication between patients and healthcare professionals.²

Arts Council England’s 2007 Prospectus For Arts And Health declares that ‘the arts are, and should be clearly recognized as, integral to health and health services’ and cites a literature review where ‘nearly 400 papers’ reinforce ‘the beneficial impact of the arts on a wide range of health outcomes’.³ In this way, art is comparable to complementary therapies such as acupuncture that have proved efficacious when used alongside Western medicine after clinical trial and have been incorporated into NHS practice. This article is not, therefore, concerned with debating the merit of visual arts and their impact to the health and wellbeing of the general public – this has been repeatedly demonstrated by clinical research. Rather, it is concerned with the interplay between the specific type of innovative work that Clark and Finlay create and public health spaces. Clark and Finlay’s visually innovative works are distinct from the majority of art hung in hospitals. Traditionally, these spaces display purely visual art—prints, paintings and occasionally sculptures. Not all, but most of the research into the arts and wellbeing concentrates on visual and performance art: paintings hung on walls, live music in clinical settings, etc. In fact, the art discussed is often hugely deconstructed, reduced to the qualities found to be therapeutic. For example, one study charted the effects of different shades of colour on pregnant women and concluded that ‘the chromatic strength of a colour is the key dimension affecting how exciting or calming [a work of art] is perceived’.⁴ The work of art in a clinical setting tends to be valued, therefore, for
possessing a set of particular features such as colour shades, or shapes that can be said to act on a group of people in some way. Traditional visual art in clinical spaces does not seem to be studied in relation to the complex relationships individuals can hold with works of art. Except where poetry is discussed in a therapeutic context, it is usually absent from these discussions. It is more striking, therefore, to find Clark and Finlay’s work displayed in these hospital settings, because both define themselves as poets and, although both also create works that mix text and image, the use of written language is central to their work. It is precisely Clark and Finlay’s status as outside the normal range of artists traditionally commissioned to produce artwork for hospitals that makes these commissions interesting. Finlay and Clark address health, wellbeing and bodily awareness in a number of their works. What this article wishes to explore is how innovative and visual poetry commissions might offer a particular type of interaction to those who encounter them in medical environments or those who use the works as a prompt through which to consider illness and healing.

While research indicates that art in public spaces effects a change in wellbeing, ‘wellbeing’ remains a curious word to use in relation to poetry or art. It suggests that literature is purposive and has a measurable effect that works on every reader in a particular way. Wellbeing is also a word that is difficult to quantify: does it, for example, reach as far as ‘healing’? When asked about the relationship between healing and visual poetry, Clark was firm that one should ‘shy away from the word. It would be a bit much to claim that a poem could cure a heart attack, or even the common cold’. Perhaps the key word in Clark’s statement of doubt is ‘cure’: literature is not open-heart surgery, and cannot effect direct medical change. Indeed, what Clark is shying away from is not the idea that poetry can affect wellbeing, but rather the idea that, if it can, affecting wellbeing must become the purpose of poetry. Much of the literature on visual art in hospitals reduces the artworks discussed to their composite aspects, and then highlights those that impact wellbeing as being the only useful ones. Unlike treatment plans, however, works of art are not (usually) composed of useful and non-useful parts. Rightly sceptical of this idea of
Clark expands on this theme, coming round to the idea of a holistic approach to the artwork:

Healing is related to “whole” and a sense of wholeness is often what one reaches for in a poem. If form is one aspect, there is also wholeness in perception. It comes to you as one, you can hold it in the mind.6

Here, Clark claims that poems cannot be properly understood by breaking them into their constituent parts: rather, they can be understood only by considering them as whole. It is interesting that he compares this process to that of healing, a process where, in mainstream Western medicine, individual aspects of the patient are targeted during treatment, and ‘healing’ only occurs when the trace of illness begins to leave the body. By conflating wholeness of the self and the structural wholeness achievable through form and perception in poetry, the self can be constructed as an object that is perceivable as whole within itself. By removing the idea of deconstructing the artwork or poem down to its healing aspects and discarding its extraneous features, Clark allows both poem and reader to exist more complexly. Just as a doctor cannot remove all of the well parts of a patient to focus on those which do not work, so Clark puts forward the idea that any artwork that affects wellbeing must be perceived and analysed holistically.

Perhaps the most major proponent of the idea of wellness/illness existing as points on a continual gradient of wholeness is Frank Svenaeus, a philosopher and researcher in the medical humanities. The aim of Svenaeus’ book The Hermeneutics of Medicine and the Phenomenology of Health: Steps Towards a Philosophy of Medical Practice is to establish a theoretical account of the experience of illness that is centered on the experience of the patient rather than being centered on the medical reality of the ill body. This theory has, Svenaeus claims, practical application: it will enhance doctor-patient relations, empowering patients to discuss their symptoms and encouraging doctors to take a holistic approach to health. Alongside traditional biomedical accounts of illness, Svenaeus attempts
to find a way of discussing illness that places equal emphasis on the phenomenological experience of being unwell. The main reason behind this is his belief that the phenomenological experience of illness tells the medical profession as much about how the patient ought to be treated as a traditional reading of symptoms would.

Svenaeus’ theory of illness draws on philosophical and phenomenological theory, and he is particularly invested in engaging with Heidegger’s theories of Being. Using the concept of the unheimlich, Svenaeus’ work attempts to create a holistic conception of health, and one that stresses the relationship between the self and the environment as a crucial indicator of health. Svenaeus states:

The relationship between the organism and its environment is crucial if we want to find an adequate concept of health. The holistic-welfare theory of health is built around the ability of the individual – the person – to realize his vital goals by acting in the world. We can now, in the context of the phenomenology of Heidegger, understand this interaction between individual and environment as placement of the individual within a meaning structure [. . .] To be delivered to the world of intersubjective meaning [. . .] is to find oneself in the world (sich befinden) and this finding oneself appears in the form of an attuned understanding.7

A central tenet of Svenaeus’ theory is the question of whether or not an individual is ‘attuned’ to the world and able to realize her ‘vital goals’ as a measure of whether or not they are well. He defines wellness as a state of ‘being-at-home-in-the-world’, where the ever-present threat of the unheimlich is kept at bay: ‘Health is understood as a being at home that keeps the not-being-at-home-in-the-world from becoming apparent’.8 Quite straightforwardly, then, Svenaeus’ idea of health as a state where one’s experience of self and the body presents no problem, and so stops the unheimlich from making itself apparent. The unheimlich manifests stopping an individual from participating fully in the world, and therefore from realizing themselves as part
of the ‘meaning structure’ of the world. Svenaeus goes on to define illness as the dominance, in the body, of this ‘unhomelike-being-in-the-world’:

The not being at home, which is a basic & necessary part of existence, related to our finitude and dependence on others and otherness, is, in illness, brought to attention and transformed into pervasive homelessness.9

The dissolution of the independent, well, self allows us to perceive individual powerlessness – we see this in the colloquial language of illness, when one is ‘laid low’ or ‘completely wiped out’ by a period of illness. ‘Pervasive homelessness’ can be understood as both an estrangement from the normal processes of the body, where we might say that we ‘do not feel ourselves’, and the enforced recognition of the limits of the body. Illness closes off the possibilities of the body, and brings the ill self into conflict with the will, forcing the privileging of the needs of the ill body over the habitual actions which are usually fulfilled by the well body: ‘life offers severe resistance’.10 This is, for Svenaeus, the opposite of health where we are open to new things, [. . .] and, forgetful of ourselves, scarcely notice the demands and strains which are put upon us’.11 The ‘homelessness’ of illness can also be made apparent when a patient has to leave her literal home, for the GP surgery, the hospital, or the palliative care centre.

To illustrate the notion of creeping unhomelikness, and the gradual process by which life ‘offers severe resistance’, Svenaeus uses a case study: Jane has diabetes that presents in stages, meaning that she suffers from thirst and then blurred vision and fatigue prior to her diagnosis. Svenaeus describes the process as ‘Jane’s being in the world is gradually becoming unhomelike; where earlier there was a homelike attunement, there is now a growing despair of uncanniness’.12 Distinguishing between normal fatigue, that is part of our ‘rhythm’ of being and Jane’s fatigue, which is the symptom of all illness, is an important aspect of Svenaeus’ theory: Jane’s fatigue is pervasive, debilitating and means that for her, the ‘balance’ of being-in-the-world has been thrown out, and replaced by something ‘alien’ to her way of being.
This holistic conception of illness and wellness, predicated on our ability to freely participate in the world, and to engage with it on a meaningful level, gives a good grounding in a notion of illness and wellness that is removed from medical diagnostic language, and is furthermore removed from the idea of ‘healing’ in its most common conception. What Svenaeus presents us with is a template for understanding illness, onto which might be overlaid various ways of reconciling the ill body with the environment that do not involve the medically-inflected ‘healing’ that Clark shies away from. This might be particularly useful for narrating experiences of chronic or terminal illness, where the body will not undergo conventional healing.

It should be noted as this juncture that Svenaeus’ theories are not without difficulty and obfuscation. He freely admits appropriating Heidegger’s notion of being-in-the-world to apply to the idea of health and illness, despite the fact that ‘Heidegger never wrote anything substantial about the subject’.13 There is also a question of the degree to which he assumes that phenomenological theory and Heideggerean discourse hold the answers to neglect of patient’s emotional needs during the medical process – does he believe, for example, that this can be changed by educating doctors in the unheimlich? There is certainly a tension between the practical aims of his book and the theories that he puts forward. Svenaeus is often on shaky ground with his reading of Heidegger: for example, his discussion of the body as an unhomelike space seems full of unarticulated borrowings from Freud’s notion of the ‘uncanny’; and, indeed, when Svenaeus addresses the body becoming alien, Kristeva’s theory of ‘abject’ would seem more applicable than Heidegger’s work.

Despite these difficulties, Svenaeus’ work does provides a useful critical framework through which to begin to look at innovative poetry in medical settings, particularly because his work on ‘unhomelike being in the world’ is echoed in aspects of Finlay & Clark's approaches to medical commissions as well as their understanding of the possibly recuperative function of their work. Additionally, Svenaeus’ idea of the balance between the homelike and the unhomelike and his emphasis on health as ‘wholeness’ holds important parallels to the way Clark conceives of innovative poetry and the work Finlay has done to produce poetry of health.
We can see the relationship between the hospital environment and the unhomelike nature of illness in the circumstances of Clark’s commission for New Stobhill Hospital. Clark’s installations comprise a series of short poems that appear on windows and walls throughout the interior. Hospitals, divorced aesthetically and functionally from daily life and distanced from the natural world, are often places of stress. In Gary Evans’ publication *Environmental Stress* he identifies hospitals as key sites of ‘architectural dysfunction’ where the environment conveys a ‘negative message’ to the user, or where the environment ‘looks good, but functions poorly’, causing distress to patients.\(^4\) This stressful environment is alien to most patients and quite different from the spaces through which they would habitually move. The architects responsible for New Stobhill Hospital in Glasgow were keenly aware of this, stating: ‘the experience of a visit to hospital is likely to be stressful, and therefore intense. [. . .] In a space of thirty minutes a patient may move from a position of being totally in control [. . .] to taking their clothes off in front of a stranger in an unfamiliar room’.\(^5\) Clark worked closely with the architects responsible for remodelling the hospital, Reich & Hall, writing several short poems for display in the hospital which were then used as to inspire a number of visual artists’ commissions, as well as being on display. These artists included Olwen Shone, Andreas Karl Schulze, Kenneth Dingwall and Donald Urquhart, whose work included an alphabet depicted through native Scottish trees. The hospital was subsequently shortlisted for, and won, a large number of awards, given in recognition of its unusual status as a building designed not simply to treat patients, but also designed to create a ‘healing environment’.\(^6\)

Acknowledging the hospital as a space which reinforces the ‘unhomelike’ aspect of illness by presenting a foreign environment, and where the locus of control has been transferred from patient to doctor, enabled New Stobhill’s architects and artists to re-imagine the hospital space. Clark’s installations seek to combat this loss of control and displacement in several ways. The first of these is to place poems which gesture toward the natural world. At first glance, Clark’s poems do not relate to the hospital environment or its function at all. Instead, these poems act as reflective prompts, designed to offer an alternative focus that might alleviate the anxiety of the
medical experience. In the architectural documents for New Stobhill, Clark discusses the ways in which the poem may be effective, even at the phonemic level:

A syllabic pattern with an even, leisurely rhythm will have a calming effect. The imagery of a poem can direct the mind elsewhere, towards light and air, to a rustle of leaves or the sound of flowing water. It is our assumption that art is installed in a hospital not for purely aesthetic reasons but to contribute to a whole (or healing) ambience.  

Here we once more come up against the idea that poems, whilst they cannot ‘cure’, can ‘contribute’ to a ‘wholeness’, which begins as an aesthetic wholeness, within the architecture of the hospital, but which becomes a wholeness that extends out to incorporate healing.

How does this ‘wholeness’ manifest itself in architecture or in poetic aesthetics, so that a healing atmosphere can occur? If we turn to some examples of his installations, we can see how Clark’s work attempts this. His installation ‘silver-washed fritillary’ is a functional, interactive poem that can be altered according to the needs of hospital staff. It comprises the phrase ‘silver-washed fritillary’ in grey applied to a cream blind. The silver-washed fritillary is a butterfly, often orange and brown in colour on the topside of its wings, with long strips of silver down the underside of its wings. When the blind is lowered to provide shade and privacy, it assumes the same translucent shade as the fritillary’s wing, as if the butterfly’s wing is providing shade for the patient. When in an upright position, the text appears as a label, encouraging the patient to seek out the butterfly in the framed space of the garden. Regardless of whether or not the patient knows what a silver-washed fritillary is, it is nevertheless the case that its presence mitigates the all-encompassing medical vocabulary of the hospital. In a space that may be distressing or confusing, entomological language at least provides a contrast that moves the patient beyond language directed at their body.

The butterfly itself flutters behind its name, a half-acknowledged representation of transitory beauty. Butterflies are a reasonably rare sight; they are often difficult to
spot and moving quickly across the eye line. They represent an interruption in sight or a sudden intrusion demanding our attention. Augustine conceives of wonder as being the appropriate response to a natural event where one witnesses ‘something difficult that seldom occurs, exceeding the faculty of nature and so far surpassing our hopes as to compel our astonishment’. Nicole Oresme, a century later in around 1350, reformulated the idea of wonder as pertaining to known species which are seen rarely: ‘A vigorous imagining of a retained species, then, together with a small external appearance or . . . an imbalance of some internal disposition . . . produces marvellous appearances in healthy as well as in sick people’. It would certainly be a stretch to suggest that the ‘silver-washed fritillary’ stimulates ‘vigorous imagining’, but it nevertheless faces the patient with a species (and a set of linguistic signs) rarely seen in a hospital setting; to see a fritillary in a Glasgow hospital would be a moment ‘far surpassing our hopes’. ‘silver-washed fritillary’ is an interactive artwork that contains the possibility of wonder, as well as presenting the patient and doctor with a subtle alteration to the hospital landscape that facilitates a different type of encounter with the hospital environment. The possibility of ‘wonder’, of a moment that disrupts the dominant experience of being in an ill body is central to the way in which Clark’s poetic aesthetic can engender an atmosphere of wellbeing – it serves as a vital reminder of the world (and emotional world) beyond the claustrophobic experience of the patient.

The next installation in the series focuses not on the small, immediate burst of wonder, but on the longer, more sustaining idea of refuge or retreat. New Stobhill has a non-denominational chapel for patients, visitors and staff. Particular attention has been paid to the chapel’s aesthetic, ensuring that it resembles part of the hospital as little as possible. It is a bright space with quantities of glass and natural materials. Mounted on one of the walls, Clark has installed a short poem that reads:

A place apart
Having the brightness and stillness
of a woodland glade
The text is bright yellow, the single splash of colour amongst the otherwise neutral tones of the chapel. The idea of a ‘place apart’ describes the function of the chapel – but it moves beyond that, into the idea of a space that seems exempt from Svenaeus’ binary of homelike/unhomelike spaces. Semantically, Clark’s text does not claim to reintroduce the familiar, or restore the self to the literal or metaphorical home. But it does clearly use the text to delineate the chapel space as separate from the rest of the hospital. The text creates a third space, an imagined space, where a chapel (a place of prayer and communion) is also a woodland glade, a place of non-religious spirituality and natural beauty. The qualities of brightness and stillness that are common to the two spaces are not in themselves sacred, or healing – although perhaps they are often associated with spaces that have ritual purpose. What both locations can be said to offer, however, is both real and imagined contrast. The ‘stillness’ of the chapel offers an alternative to the frenetic movement of the hospital and ‘brightness’ offers natural rather than artificial, light. Further, the reader is able to imagine a woodland glade that is further removed from the hospital itself that shares these restful properties, and is entirely divorced from a narrative of illness.

This work, as well as ‘silver-washed fritillary’ provides what we might call ‘imaginative possibility’ offering a glimpse of a pastoral setting (‘pastoral’ being used here in both the literary and spiritual senses) and that moves the patient beyond their pressured medical environment. By offering the image of a woodland glade, or butterfly, these poems, perhaps in a similar way to meditation or mindfulness, allow the reader to focus on something other than the events at hand, taking succour from what Clark believes his work can do, which is ‘to enlarge the imaginative space of a building or a room’. But what significance does the clearing or glade hold, and how might it carry recuperative meaning?

One category of answer lies in texts such as A. James Wohlpart’s *Walking in the Land of Many Gods: Remembering Sacred Reason in Contemporary Environmental Literature*. While not as sophisticated or subtle in its understanding of terms such as ‘nature’ and lacking the rigour of more contemporary eco-critical texts, Wohlpart’s book makes the case that humans, disconnected from the land, can reconnect to it
by accessing ritual practices from diverse ethnic groups and historical period, and that there are certain types of literature that facilitate this. Wohlpart asks:

Can we reanimate our own words, both spoken and written, so that they participate in this creative energy and become, rather than the means of our disconnection from the world, a way of reengaging the flow of energy that invisibly surrounds us? Finally, can we remember an ancient way of thinking and being in the world that heals our bodies and our spirits and that assists us in returning to our rightful place in our communities, human and nonhuman, allowing us to heal the rift between ourselves and nature?23

Wohlpart’s interest is in prose, but his core belief is transferable to any type of writing. Svenaeus is invested in the idea that immersed in a ‘homely’ environment, the body has the best chance of achieving wholeness. Wohlpart goes as far as to suggest that texts have connective power between the reader and the natural world, linking the two together. Indeed, he posits an ethics of connectivity, where the positive is represented by texts that connect with nature and negative texts are those that fail to connect, or worse, actively disconnect with nature. Textual mediation between man and nature is doubtless important (and never more so than in spaces where people may be too unwell to access nature first-hand) but Wohlpart’s view seems somewhat narrow and his work draws seemingly arbitrary lines regarding the types of text that are ‘approved’. Wohlpart essentially understands reconnection with the natural world as being the restoration of a Heideggerean idea of fourfold dwelling where ‘Mortals dwell in that they save the earth. . . . Saving does not only snatch something from a danger. To save really means to set something free into its own presencing’.24 He equates the act of dwelling with reciprocal healing – a human working to ‘save’ the natural world does so on the understanding that the natural world will affect in them a type of healing that restores them into the natural ‘network’ of connected beings. Wohlpart’s argument points toward a utopian world where mind/body dualism and the subject/object difference have been diluted until they barely exist, by dwelling with nature.
Wohlpart identifies this subject/object dilution in moments where nature assumes a certain power over the beholder. Much like the butterfly, an encounter with a natural scene or object can imbue the beholder with a sense of awe and wonder that alters their present state and brings joy. Taking this further, as Wohlpart does, the encounter can re-instate a way of dwelling in harmony with nature. Janisse Ray, whose book *Ecology of a Cracker Childhood* is discussed by Wohlpart in some detail, discusses the feeling of connection that stems from this sense of wonder in highly physical terms, as a:

> strange current of energy running skyward, like a thousand tiny bells tied to your capillaries, ringing with your heartbeat. [. . .] The trunk is your spine, the nerve centres reaching into other worlds, below ground and above. You stand and press your body into the ancestral and enduring, arms wide, and your fingers do not touch. You wonder how big the unseen gap.25

Through this act of physically touching the natural world, Ray experiences an apparent collapse in the distinction between subject and object, self and other – the trunk of a tree becomes a human spine, capable of transmitting feeling between tree and human. This act is one that leads to the creation of a newly ‘whole’ – a self not divided from nature, but partially created from it. The act of touching the tree becomes the performance of a restorative ritual, one that allows the external, geological landscape and the interior, biological landscape to become one. This moment of reconnection with an environment abuts Svenaeus’ theory of feeling part of a ‘meaning structure’, even if Svenaeus’ idea of ‘environment’ tends more to the domestic and familiar. In his book *The Sunflower Forest: Ecological Restoration and the New Communion with Nature* William Jordan describes ritual re-connection with nature as an authentic method of ‘being in the world’ that facilitates ecological restoration:

> the distinction between subject and object is a modern one. In the archaic mind, as in the virtual space created by ritual, the two realms are inseparable.
The world is what we make of it through performative interaction with it, redeeming it from chaos into cosmos by rituals that renew our ability to order the world, make sense out of it, and experience beauty in it.26

While both Jordan’s and Wohlpart’s conceptions of ‘nature’ are rather static and essentialised, they are both invested in an interaction with nature that ultimately aims to restore, in some way, ecosystems. Dwelling is, for Wohlpart, active participation in a very specific model of what Svenaeus calls the ‘meaning structure’ of the world. Connecting with nature – or even, according to Wohlpart, reading textual accounts of connection with nature – maintains or restores a feeling of awe and wonder, and from that, a feeling of connection. This is a meaningful increase in wellbeing – and indeed, Wohlpart’s text heavily implies that reconnection is actively healing.

Clark’s poetry for New Stobhill, conversely, is not concerned with the benefits to the ecosystem that reconnection with the natural world might garner through this ‘dwelling’. It is instead concerned with the immediate needs of the patient, for comfort, succour and contemplative space. Therefore, the poem simply attempts to connect the reader with the natural world in a way that removes them from their surroundings and places them in an imaginative space of restfulness, where they are able to, at least momentarily, undertake the process of ‘dwelling’ in a natural space that does not require their body to be healthy. Rather than going out and touching the world, Clark’s poetry relies on Wohlpart’s idea of connective texts that transport the reader out of their surroundings and into the calm ‘bright glade’. However, it can be hoped that these texts might, in turn, inspire increased awareness on the behalf of the patients of the broader ecosystem of which they are a part.

However, much poetry – and indeed much writing in general – attempts to transport the reader elsewhere and transform their point of view. Why might visual poetry, particularly, be suitable for incorporating into spaces related to health? The answer lies in the idea of ‘wholeness’ as Clark expresses it in relation to poetic form. As has been shown, ‘wholeness’ is central to the idea of the poem, for Clark. The idea of the poem understood holistically, as opposed to being gradually absorbed through
traditional left-to-right linear reading, is at the heart of Clark's poetic practice. He even goes as far as to hope that his poems not only are perceived as objects, but that they actually become objects:

The poem should function as a flower, rather than just describe one. It should have various aspects to it – visual, semantic, tactile and so on [. . .] to actually sit there, in the way that a flower would sit there. One would give it that much more attention.27

Engaging with a poem using all five senses, treating it as if it were, indeed, a flower, yields quite a different form of attention to that usually given to poetry. Physical interaction with a work that ‘sits there’, that can be picked up, handled, placed in different locations, stimulates a focus on the poem as an object amongst other objects – a constituent part of the environment rather than a block of text designed to communicate semantic meaning. If we follow Wohlpart and Jordan’s idea of reconnection with nature facilitating wholeness, then encountering Clark’s poem-objects on natural themes may stimulate a moment of connection, both to the object and more broadly, out to the natural world. This difference in methods of perception between more traditional forms of poetry and Clark and Finlay’s work is crucial to the way these works relate to healing spaces. Clark is convinced that his poem-objects can be perceived ‘as one’, that they a reader can ‘hold’ the poem ‘in the mind’.

The idea of something you can ‘hold in the mind’ is extremely interesting in relation to visual poetry. One legacy of Clark’s engagement with the concrete poetry movement of the 1960s is his interest in exploring the physical aspects of the poem rather than maintaining a more traditional semantic focus. On this he says:

conge concrete poetry was the first thing I’d come across that actually focused on the surface elements of words, their sound, their shape and so on. It gave you the very strong feeling you were dealing with physical things, shaping them in the same way that, say, a carpenter was working with wood.28
The idea of poetry as a physical craft, and as something that is being shaped into a particular form through concentration and skill, is typical to concrete poetry where, as John Sharkey comments in *Mindplay*, the poet is 'aware of the graphic space as a structural agent'. Clark's woodwork metaphor emphasizes the idea of space and dimension as crucial to his work. Additionally, it underlines the uniqueness of the poem-object in contrast with the easily reproducible body of text. This is entirely true in the context of the Stobhill works: the poems are installations, and even if they are reprinted elsewhere, their physical properties (size, colour and position) will not be accurately reproduced. In this way, Clark's works move beyond the bounds of traditional poetry to become objects to contemplate and examine not only on a semantic level, but also at a structural level, where the text becomes a non-communicative series of shapes.

By considering poetry at both the level of the semantic and the structural, paying attention to context and material properties, the reader is able to apprehend the work 'all at once', as it were. This is the idea of what we might call 'simultaneous perception' in innovative and concrete poetry. ‘Simultaneous perception’ occurs when the entirety of a work’s content or meaning is perceived simultaneously to understanding the work’s form, because the two are inextricable. As John Sharkey explains, in *Mindplay*:

> Traditional verse forms internalize a poem through its language so that meaning becomes clear when read and assimilated. In concrete or visual [poetry], the essence of a poem is inferred through a simple language pattern without necessarily having to ‘read’ it.  

Poems that facilitate immediate perception, where semantic meaning is inhered within, not developed out from the form, are clearly the basis of Clark’s ideas about perception and poetry.

While Clark’s installations for New Stobhill are more syntactically traditional than concrete poems, strongly preserving their semantic impulse, they share some similarities with concrete poetry, and certainly can be read according to the principles
of ‘simultaneous perception’. For example, the way that they incorporate space – blank walls, window blinds – mean the poems occupy a far larger area than that taken up by their textual component. Additionally, their semantic content remains to a great extent elusive: the imaginative spaces that Clark creates are not named, exist in no time frame, and while not entirely divorced from cultural referents, can be read and enjoyed without knowledge of these. Instead, the poems are a series of objects, incorporated into the material reality of the hospital and yet sufficiently remarkable to interrupt the flow of the patient’s journey around the hospital environment and redirect their attention out to a presentation of the natural world as welcoming, calm and bright. By doing so, the poems point to another narrative – that of a connection with the ‘meaning structure’ of nature, that offers another way of considering the self holistically, and productively re-coupling the ill body with the environment, reducing the unhomelike feeling of the hospital.

Clark’s work for New Stobhill attempts to enhance wellbeing in a variety of ways: through imaginative relief; through the material presence of the work of art as a focal point and distraction; as a way of reintroducing the possibility of meaningful engagement with the natural world into an unhomelike environment. His works do not, however, engage directly with the actuality of illness. This is not unusual for art installations in medical spaces; they are, after all, supposed to affect changes in wellbeing by offering relaxing, distracting or enlivening alternatives to the medical atmosphere. What this does, however, is eliminate artistic representation of the ill body in the hospital. While grim depictions of illness are not desirable, there is a need for patients to feel that their experience of illness is represented. Additionally, it is possible that concentrating on, for example, Svenaeus’ phenomenological account of illness rather than images of the medical reality of a patient’s body, might lead patients toward new ways of understanding, accepting, and assimilating their ill bodies.

The discourse surrounding the ill body, especially in hospital, can reinforce a dualism that divorces self from body; there is doubtless a role for art in hospitals to encourage the re-integration of these two aspects of the self. The ill body
becomes arrhythmic, unregulated, moves beyond the patient’s usual understanding of their physical presence in the world. It is not the fact that their body is, for example, vomiting or feverish that is so alienating, but rather the fact that these actions move the patient beyond their notion of themselves as regulated, orderly, able to control themselves. Kristeva’s discussion of the ‘abject’ highlights this:

> It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, and rules. The in-between, the ambiguous, the composite.³¹

Finding a way to move beyond the conception of the ill body as abject when it is operating outside its usual rules is vital to regaining a sense of self that allows patients to live well with illness and to perceive a future for themselves. Rather than avoid the topic of illness, or shy away from understanding the difficulty that exists between the self and the ill body, Alec Finlay is a poet whose work actively explores these relationships. His multimedia project, ‘today today today’ operates in apparent opposition to Clark’s strategy for enhancing wellbeing. Rather than interrupting the clinical atmosphere, ‘today today today’ actually dwells on the experience of illness, attempting to offer succour not by minimising, but by acknowledging, Svenaeus’ reading of the ill body.

‘today today today’ is a multi-platform work that has existed in several iterations at different points: as a video, as a pamphlet, as a series of poetry cards, gifted to patients, as the memory of interviews between poet and patients. The textual aspect of the project, which reappears at every stage, is a series of poems, all very short, focused around the idea of illness in the context of ‘today’. Finlay’s poems focus on the temporal in terms of the momentary – sensations, thoughts and feelings that emerge briefly and pass away. There are obvious reasons for doing this – the works were commissioned for a palliative care centre where time, for many of the patients, is extremely limited. But the way time is expressed in the poems is far more complex than that:
Half imperative, half reflection, this poem touches on survival and the breakdown of traditional conceptions of time during illness. Presented, as all of the poems are, in handwriting, in a black frame on a larger white page, the poem is presented as if it has been caught, a fragment framed in a sea of whiteness. Finlay's choice to present these works in handwriting connects the process of writing poetry to its status as a physical act (the 'craft' that Clark discusses), and brings forward the idea of poetry as a human inscription on the world, a way of making a mark. This in turn is linked to the poems' aim of keeping mortality central but unspoken. Handwriting, of course, can exist only as long as the person writing does.

The poem's pivotal line, where the repetition of 'to' softens to a 'fo' sound, is instructive – the 'fold' evoking both recipes and blankets or laundry – fragments of domestic life removed from a hospital setting, or the comforting items provided in a care centre. The vastness of time reduced to small gestures nevertheless gestures toward 'homeliness', a way of being that allows for the domestic to co-exist with the existential in a delicate balance.

Finlay's work is often focused, like Svenaeus' theories, on the phenomenology of illness. He directly addresses the idea of illness as 'unhomelike being in the world' in one poem:

what doesn't change
is that illness

is strangeness
inside us
The impact and ‘strangeness’ of the illness invading the body seems to distance us – all of us – from ourselves. Finlay’s use of ‘us’ extends the scope of the poem beyond the confessional, creating instead a space of shared experience. This, along with the repeated structure of the poem, allows the idea of sharing and repetition as positive aspects of illness: gathered together, a set of people and experiences that dilute individual feeling of isolation. This is a return to homeliness through imagined community and shared experience. It also offers a possible way through considering the ill body repulsive, alien and abject: understanding it in the context of other ill bodies, also experiencing this ‘strangeness’.

Like Clark, Finlay’s poetry is also deeply concerned with form as central to the experience of poetic perception:

The area I work in is shared consciousness. So that can exist in a poetic form – a formal quality that we might be able to recognize together. In a circle poem, for instance, a space that we could both occupy, in looking at. We would have a relationship to it, and that might be a bit more confidently shared than a solipsistic, confessional poem, say.  

Finlay’s inclusive approach to form is interested in joint recognition of modes as well as joint occupation of spaces. Using form to recognize and represent joint needs, desires and ways of understanding the world are central to the success of ‘today today today’, and to the idea of poetry concerning illness. Certainly Finlay’s poems attempt to ‘shape’ the self, taking small, incidental observations and producing delicate poetic artefacts that comment on shared spaces of experience:

the size of a pea,  
plum  
or the stone  
of a peach

This poem skirts around any mention of what it is that is the size of any of these – a tumour or other growth – instead tracing commonality of size through domestic
fruits and vegetables as natural, nourishing substitutes for destructive illness. Here, the poem is constructed with the nouns to the end of each line, so that they hold our focus. Only ‘stone’ hovers, uncomfortably hard and inert introducing a sense of vague menace, that these vegetables may not, in fact, entirely obscure the tumour’s reality. To lose the self to illness is difficult. To reconstruct the self, to regain a sense of ‘homelike-being-in-the-world’ the discussion of everyday items, items that have a form we can immediately recognize, is to understand the idea of inclusive form. The text demonstrates that wellbeing is possible, through association with natural lifecycles, domestic environments, even in the face of frightening medical events. Indeed, as Svenaeus’ theory propounds, this poem is an example of keeping the unheimlich at bay through associating with other aspects of Dasein – reconnecting the larger environment.

We move from works that seeks to reconnect with the greater environment through small poetic intervention, to a work that is embedded in the landscape and provides a focal point to individuals who are part of the biomedical narrative: organ donors and organ recipients. ‘Taigh: A Wilding Garden’, the organ donor memorial in the Royal Botanic Gardens in Edinburgh, is a site of remembrance and grieving, but also of hope and gratefulness, and offers a permanent testament to both the wonders of medical science, and human generosity. Alec Finlay’s design for the memorial is centred on the idea of the gift, offering and sacrifice. However the idea of ‘offering’ is explored in relation to land, and to pre-Christian religious practice. The memorial takes the form of a ‘taigh’: the word is Gaelic for ‘house’, a word also commonly used to refer to ancient ritual structures of a certain shape in the Scottish landscape. These structures tend to be a squat, made of three stone walls with a turf roof. They are too small for human habitation, and instead are thought to have been sites of religious significance, where holy objects could be placed, or offerings given. Finlay’s taigh is modelled on extant Neolithic examples.

Although the rites conducted around these sacred spaces remain largely obscure, there is one identified site where ancient rituals pertaining to the taigh have been continuously practiced for as long as can be remembered. This is the taigh at Glen
Lyon, inspiration for Finlay’s work: ‘Tigh nam Calliach, *The House of the Old Woman*, a ritual miniature stone hut with a turf roof, in a remote glen, north-west of Loch Lyon’. At this taigh, a family of stones are taken out into the sun every summer, and put back to bed every winter. They are said to represent the Celtic goddess of life, the Calliach and her husband and children. The site has gained recognition as ‘the only surviving shrine to the goddess Cailleach and the oldest uninterrupted pagan ritual in Britain’.

Finlay’s taigh follows most of the conventions of the Glen Lyon structure. It contains a collection of stones of its own, gathered from the river Lyon. Rather than a family, each of these stones resembles a human organ, most probably in reference to the healing stones of St Fillan at Killin mill, close to Glen Lyon. These stones, that also resemble human organs, are said to have belonged to Irish saint St Fillan (8th century A.D.). Similarly to the Glen Lyon site, rituals for looking after the stones have been continuously undertaken at Killin mill since that time. Finlay felt that the stone could be ‘a natural counterpart to the human organ’ and the organ-stones have a commemorative purpose, each representing a different organ and so by extension, all of the organs of that type to have been donated in Scotland. Finlay’s stones were placed on a wooden tray with straw (a ‘bedding’ ritual similar to that in Killin) and were then shrouded in a grass shroud by artist Caroline Dear. Finally, the stones were concealed, installed under turf roof of the tigh. Unlike the stones at Glen Lyon, the organ donation stones are fixed, and entirely concealed. The hollow of the taigh, where one would expect the stones, remains hollow.

Finlay’s ‘Taigh: A Wilding Garden’ is hardly a traditional poem, being a concrete structure with minimal text. The text that there is has been carved into stone or buried under grass. This work may seem inaccessible on the level of poetic meaning, and furthermore, rather divorced from the works this article has addressed previously. However, as we saw with Clark’s New Stobhill works, there are types of poetry that encourage ways of reading which open up these works to our understanding of them beyond reading them either as straightforwardly visual works, sculptural works or poems, but that can rather hold these things in tension. It is precisely this tension
that allows these works to undertake a change in atmosphere and ambience, affecting those who encounter them in specific ways. Finlay inherits the tradition of the object-poem from his father, Ian Hamilton Finlay, whose approach to the use of non-traditional materials in poetry was an attempt to match the new aesthetic of concrete poetry to its most suitable material, allowing it to function cohesively as a work of art. Of Finlay, Mary Ellen Solt says:

Finlay has enlarged our concept of the poem as functional object in the environment. To function in the world the poem must be evident in the world. Ian Hamilton Finlay says ‘my point about poems in glass, actual concrete, stone or whatever is’, he states ‘ simply – that new means of constructing a poem aesthetically ought to lead to consideration of new materials. ‘If these poems are for contemplating let them be made with that intention, and let them be sited where they can be contemplated’.  

Contemplation forms the central basis of the organ donor memorial. It fits exactly the idea of a poem that is ‘evident in the world’. Indeed, Finlay’s material of choice, stone and turf, represents two substances that can survive in the world almost indefinitely. Inspired by a site created in deep history, the organ donor memorial offers a model of longevity that supersedes life-spans and therefore may reassure those who have lost loved-ones who donated their organs, that something permanent, which can become a central point of memorialising, still exists. That Finlay chose to use stone and grass is absolutely central not only to the presentation of the work but also the way that the work can be ‘read’. Of Ian Hamilton Finlay’s work, Solt comments that his use of materials is not ‘interpretative’ but rather, ‘semantic’ – that is to say, he hones in on the semantic connotations and associations of a material in order to reinforce, or indeed, to create, the semantic thrust of his poetry, without a reliance on text, ensuring form has an ‘organic relationship to content’.  

In Alec Finlay’s work, the turf, stone and space within the Taigh function in terms of their semantic properties, shaping and creating meaning in the work. For example, the turf of the taigh, with its roots by the organ-stones and its stalks in the air, has a
particular semantic meaning that Finlay articulates as reminding the observer that: ‘Healing can reach into darkness, just as the flowers on the roof of the Tigh depend on roots that reach down into the dark earth and the open stone chamber.’ Solt makes a bold claim for this type of poetry when she states: ‘the aim of the new [concrete and formally innovative] poetry is to give poetry an organic function in society again’. Finlay’s work, by being ‘evident in the world’ and by closely relating its materials (natural materials local to Scotland) with the context in which it is evident (the Royal Botanic Gardens) adheres to Solt’s claim. Furthermore, Finlay’s work incorporates plant matter and natural material alongside emblems of human organs and a list of donors. In this way, the work actively attempts to draw together the human and the natural, to demonstrate the interconnectedness of all life, and to re-connect human lives to natural cycles – the Taigh is perhaps, then, a ‘connective’ text, in Wohlpart’s conception of (re)connectivity. In fact, Finlay almost explicitly states in a BBC interview his intent that the work should seek to connect people with one another and the broader environment: ‘There is a relationship between life and death through the gifting of organs. [. . .] it is a reminder that we are all connected to one another’.

This explicit connection with the environment and wellness means that Finlay’s Taigh is resonant with Svenaeus’ idea of ‘homelike-being-in-the-world’: here is, quite literally, a home for those who gave parts of themselves to others. Remembrance and gratefulness are part of recuperation, and Finlay’s minimal intervention in the landscape allows visitors to make their own interpretation of the space:

Rather than instructing people what to think, or feel, the garden, and the few accentuating features I will add, is a setting. A quiet glade tells no-one what to think and, set apart, it is a place in which people can perform their own remembrance, as they feel appropriate, whether in deed, or thought.

Here we see the connection between Finlay’s work and Clark’s: the glade. While Clark’s glade is an imagined space, and equivalent for a hospital chapel, Finlay’s glade is the (albeit man-made) context for a work that seeks to bring rest and relief.
Both settings share a desire for stillness and seek to resist creating spaces heavily loaded with meaning. Finlay states that the garden’s primary function is as a refuge, and that is ought therefore not to be ‘overwritten with objects, or words’: leaving the space free for the thoughts of those who come to it. Finlay also focuses on perception in his work: the Taigh does not reveal itself all at once, in the manner of a concrete poem – there is no moment of ‘simultaneous perception’, per se. Instead the work is one that lends itself to being explored over time: the monument and garden appeal to all the senses and can be touched, the grass smelled, the birds in the surrounding trees listened to. It is not uncommon to see children attempting to climb inside the small space of the taigh.

The primary connection between both Clark and Finlay’s works is the sense of allowing space and freedom – indeed, curating areas to enable these conditions, and then allowing people to engage with a loose idea in any way that suits them. This seems to be the opposite of poetry that attends to the self; this is an art that privileges those who interact with it. Finlay’s approach is beautifully summarized by one of the poems he wrote in the process of creating the project:

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by building
the house
we learn how
to dwell
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This is a memorial that is, at its centre, about the act of dwelling and reflection. Finlay has attempted to recreate a ritual site where the ritual of remembrance can be performed. By keeping the text minimal and allowing those who encounter the work to simply enter into a curated ‘setting’ with their own thoughts, Finlay is reaching for what Wohlpart understands to be ‘another language’, one that, rather than directing our experiences, instead ‘places us on Earth in such a way that we remember how to dwell’. Wohlpart over-speaks this idea of ‘remembering how to dwell’.
Rather than placing it in the context of reflection or meditation, Wholpart employs a degree of bombast:

We become re/placed, remembering that the right attitude of humans within creation is one of reverence, of self-love, of a respect that participates in the recognition of the sacredness of all creation.¹⁵⁶

He has escalated a feeling of connection to a comment on the opportunity to save the entire planet. If we disentangle Wohlpart’s scope from his sentiment, however, what emerges is the idea that certain conditions encourage or allow the ‘re/placement’ of humans within what Svenæus would call ‘meaning structure’ – an environment to which the human feels they can contribute as well as receive meaning. Crucially the way that Clark and Finlay structure these environments differs from the way that Svenæus structures them. Both Clark and Finlay’s works create atmospheres of reflection and reverence. The works examined have largely focused on creating space, a particular atmosphere that offers the opportunity not to be told what to think, but to think for oneself, or indeed to empty out the mind and focus instead on the object presented. Svenæus’ theory of illness/wellness is limited partly because it defines wellness/the homelike state as active participation in one’s regular environment. What these works offer is the possibility of gaining meaning, of feeling ‘homely’, of coming to terms with the ill body, not through usefulness, but through being immersed in gentle, restful environments that facilitate connection and thought.

Both Clark and Finlay have created works centred on a woodland glade where reflection can take place free of dominant narratives. And this reflection is prompted and curated, but not guided or dictated, by poetry and art. While traditional forms of visual art affect wellbeing in hospitals through particular features (their colour, shape, the images they represent), innovative and visual poetry offers a different type intervention into the health environment. Clark and Finlay’s works do not straightforwardly augment the physical surroundings of the hospital. Instead, the types of perception encouraged by works like the New Stobhill poems and Taigh: A Wilding
Garden’ offer patients a form of intervention that diverts their full attention way from their surroundings or the narrative of their illness, and instead places them in a real or imagined environment where they are able to reconnect with the natural world and their ill bodies on their own terms. Their work provides minimal interventions allowing patients access to narratives of the natural world and its cycles: ancient worship, seasons, short-lived structures like the taigh and brief lives like that of the silver-washed fritillary. The patients’ illness (or the gift of an organ donation) is re-contextualized into the cyclical nature of the natural world. At the same time, the materiality of the works, their concrete form and ‘evidence in the world’ allows the patients to interact with the works not just as communicative, semantic works but also on the level of the object, appreciating the aesthetic and tactile qualities they offer without pushing toward absolute comprehension.

These innovative and location-specific works produce wellbeing by renewing or adjusting people’s perception of their surroundings; they reconnect the individual to their larger environment; they permit feelings of connection which are not dependent on medical ‘success’ or other forms of productivity, and they provide new, re-imagined spaces in which to contemplate human existence.

**Competing Interests**

AT is supervised by Andrew Roberts, one editor of this journal issue, at the University of Dundee.

**Notes**

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5 Clark, Thomas A. to Tarbuck, Alice, *Unpublished Email Correspondence* (Pittenweem: Unpublished, 2015).
6 Clark, Thomas A., Unpublished Email Correspondence.
8 Svenaeus, F., *The Hermeneutics of Medicine*, p. 93.
9 Svenaeus, F., The Hermeneutics of Medicine, p. 93.
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12 F. Svenaeus, The Hermeneutics of Medicine, p. 97.
13 F. Svenaeus, ‘The Hermeneutics of Medicine, p. 90.
16 Reich and Hall Architects, *New Stobhill Hospital*, endpapers.
17 Reich and Hall Architects, *New Stobhill Hospital*, p. 7.
21 Clark, Thomas A., Unpublished Email Correspondence.
23 Wohlpart, A. James, p. 4.
29 John Sharkey, p. 9.
29 Solt, Mary Ellen p. 45.
30 Finlay, Alec, ‘Memorial: remembrancing’.
33 Finlay, Alec, ‘Memorial: remembracing’.
34 Finlay, Alec, ‘Memorial: remembracing’.
35 Wohlpart, A. James, p. 151.
36 Wohlpart, A. James, p. 151.