

From the Old Brewery S2-EP4 .mp3

Announcer: [00:00:03] This podcast is brought to you by the University of Aberdeen.

Ian Grosz [00:00:18] Hello and welcome to the third episode in season two of *From the Old Brewery* podcast, brought to you from the School of Language, Literature, Music and Visual Culture at the University of Aberdeen, aimed to highlight the work of students and staff here at the school.

My name's Ian Grosz, a PhD research student in creative writing, and I'm talking today with visual artist Brian Keeley. Brian's in the third year of his PhD with research focussing on portrayals of heart transplantation and of people who are heart transplant recipients in contemporary art and visual culture. His research is practise based, drawing on his own experience as a visual artist and as a heart transplant recipient. His thesis argues that heart transplantation is a cultural legacy, which is often based on superstition and fascination. Despite it being a standard procedure to treat end-stage heart failure for more than half a century, film and novels still overwhelmingly, excuse me, overwhelmingly depict the subject in fantastical or implausible ways through science fiction, horror or bio sentimentality.

Contemporary visual arts and related academic research typically colonises the subject and is primarily concerned with philosophical notions of altered corporeality. This denies the traumatic reality of lived experience, Brian argues, in favour of non-experiential curiosity propagated by those who do not have lived experience. Brian's research proposes that such stereotypes and superstitious attitudes to heart transplantation are outdated and should be challenged.

So hello, Brian!

Brian Keeley [00:01:54] Hello, Ian. Thank you for inviting me.

Ian [00:01:57] That's all right. Good to have you on.

You've had quite a journey. And I was looking at your website where there's a very moving account of your...your heart attack, and the transplantation and the beginnings of recovery. But I know before that you lived in Germany working as a video editor and an English language teacher, and you also taught art and design at secondary school in Aberdeen. So, it just seems to me that the...the heart attack and the eventual transplant was...it was a pivotal experience for you, would you say, in focussing on your...on your art practise?

Brian [00:02:34] Yes. Because I had originally been to art school many years ago, and although I'd never really been a practising artist as such, I had always worked in broadly creative areas. So, when I began to recover from my illness and subsequent heart transplant, I guess I began to reflect on the significance of those events, and then I wanted to start to do creative things. And it seemed kind of natural for me to reflect on the experiences that I was having and living through at the time, and still am. I mean, I suppose like most people, I never really thought too much about my heart or how it works or anything like that, and so when it happened to me - with a heart attack - it was completely unexpected, and you know, suddenly finding myself, eventually, having spent - spending - 110 days in intensive care on pretty much full life support - that in itself was a pivotal life turning point.

So yeah, it was a completely unknown and terrifying world, to be honest. And so eventually I was put on the urgent transplant list when...when palliative care was introduced. And so, two weeks after that, I had a transplant and that began the long road to recovery, which is really never ending, I suppose.

With all transplant recipients, it's a completely life changing event and...and so, yes, when I started to recover, one of the things I had was, I also had a stroke. And so my eyesight and my coordination was poor for a long time, and I couldn't walk or anything. Also, because, you know, I'd been lying on my back for three and a half months and lost like 30% of my body weight or something like that. So, I wanted to learn to draw and paint.... and, you know, because it was just... I wanted to try and get back to some sense of physical ability again. And so...

Ian [00:05:12] Sorry, I was just going to say, so that's where it started for you; that in that process of recovery from that horrendous, you know, experience... picking up some paper and some pencils and just starting to draw again?

Brian [00:05:25] Absolutely, yeah, and it was something which, you know, I never really... I had always taken for granted those...those things like, you know, like walking, drawing, you know, seeing properly. and, you know, it was quite a struggle to then try and regain some of those faculties. And so...so those were the things that took all of my energy at the time. And although beforehand I had been involved in all the sort of tedious distractions of life, like working and earning a living and so on. Those seemed less important, and I wanted to concentrate on doing more creative things, as I said. Although at the time, I didn't really know what direction that was going to take, but I did know it was going to focus on my experience, which, as you just said was a pivotal life event.

Ian [00:06:24] So that returning to just, you know, the simple, seemingly simple – I'm sure it wasn't at the time for you – active drawing, and starting to turn towards again...do you think that was a very important part of your recovery process and is it still a part of your recovery process?

Brian [00:06:42] It's not so much anymore, but at the time, the idea of just drawing and wanting to reflect my experiences through creativity, there was a slow process. Originally it was just a purely mechanical thing, but, you know, later it began to be more thematically, you know, I started to approach it in terms of the type of work that I was doing and thinking about how that would be reflected - how that would reflect my experience.

Ian [00:07:17] So that seemed, that process then, eventually led to a quite a large exhibition at Robert Gordon's in 2018 called The Chance to Swim Exhibition. Can you tell us a little bit about...about that?

Brian [00:07:31] Yeah, the exhibition A Chance to Swim was my first solo exhibition and it coincided with my fifth transplant anniversary, if such a thing is possible. So, the exhibition A Chance to Swim, coincided with the fifth anniversary of my transplant. And I think the opening day was actually coincidentally the day of my...the second of November, my transplant day.

Ian [00:08:03] It must have felt like quite a moment, you know, in many, in many different ways.

Brian [00:08:09] I think in reflection, it does seem that all of those coincidences and things happened, but at a time when I was preparing for the work and doing the exhibition and so on, it, it didn't really it didn't seem that significant. It was just the way it works out. It seemed a natural. But on reflection, it was nice. A nice coincidence.

Ian [00:08:34] Yeah. Looking at that exhibition, I was struck, particularly in that with your take on the Da Vinci's Vitruvian Man and which...which comprised of an MRI scan of your body, and a lot of the artwork in that exhibition seems to, you know, seems to revolve around that theme. And I wondered if you could tell us something about the inspiration for that approach and also about, you know, your process for the work that you produced for that exhibition.

Brian [00:09:02] Yeah, the piece - the artwork - called Renaissance was something which was inspired, I think, in the early stages I was already conscious of the idea of marking time and the routine of taking my medications every 12 hours and counting all the numbers of the different pills and so on. And that rhythm of life, if you like, plays a huge part in everyone's life who has had a transplant and I began to mark my post-transplant life

around 2015, by collecting the medication packets that I needed to take of all the medications I need to survive. And I worked out that in one year, I was consuming more than 7600 items of medication. And in the space of a year, which during that same time I figured out that my heart was beating around 47 million times. So it seemed that every bit of medication was providing so many heartbeats over a period of a year. And so that, then you break that right down to, as I said, the 12 hour medications. And the medications I would take would be, you know, normally between ten – sorry - upwards of 20 items of medication every day split into two twelve-hour shifts, if you like.

Yeah, so it adds up. And so I was collecting all these medications and I was trying to work out a way of combining these ideas, that would end up as a large scale... eventually, it would end up as this large scale self-portrait collage which I made in 2016, and that was called – I called it 'Renaissance'. Around that time, I was fortunate enough to be introduced to Dr. Sylvia Casini from the university's film and visual culture.

Ian [00:11:14] Right.

Brian [00:11:15] And...and at the time, she was researching the use of MRI imagery in contemporary visual art, and she was very supportive and facilitated me to be able to have a series of full body MRI scans done at the university's biomedical imaging unit. So that was a real...

Ian [00:11:36] Yeah, yeah, you kind of...well, I had stupidly kind of assumed they were images taken during your...during your...sort of recovery, or before, before and after sort of thing?

Brian [00:11:46] No...

Ian [00:11:47] Not at all.

Brian [00:11:48] Yeah. The images...the clinical images, that I get, are purely cardiothoracic. They don't have my arms and legs and head and all that stuff. So I got all these guys done, and obviously that has to be done in bits because, you know, although it's a full body scanner, you can only scan like, slices if you like. So I ended up with thousands of these images, both 2D and 3D, because you've got the 2D images like the feet, legs all the way through up to the heads, to the arms and fingers and so on. But each of those images comes with a stack of...of 3D images, so maybe for the chest, for example, which is the deepest part, you've got maybe 20 slices of depth, if you know what I mean?

So you've got hundreds of these images. So I used - so I stitched all those images together using Photoshop to create this whole body image which

echoes that Da Vinci's iconic Vitruvian Man with that double set of arms and legs outstretched within the circle. And I, so...and then I got that image printed life size on this kind of canvas material, and incorporated the thousands of medication packets around that figure. And...and they gave off this incredible textured gold and silver shining foil, and so I wanted to create that circle, symbolising that, you know, that preciousness, that circle of life.

Ian [00:13:29] Yeah. And the medication required to keep it...

Brian [00:13:32] Yeah. To keep them going. Yeah. Yeah. So that was basically all that medication you see on that image is the medication that I threw down my neck in the previous year for producing that piece. And the whole thing was life size, so that with that it was built within the square panels and it's about nearly two and a half metres by two and a half metres.

Ian [00:13:55] It's a very powerful image. So where is that now?

Brian [00:13:58] It's in bits in my garage.

Ian [00:14:00] [Chuckling]

Brian [00:14:01] But it was first exhibited in the...in a small curated exhibition actually in the MacRobert Building at the University In 2016, just...just after I made it. It was later the centrepiece of the exhibition that I just spoke about it. Robert Gordon... Yeah... so it's...it's not currently in any collection

Ian [00:14:28] No but the process...the process is fascinating...that...just that process of taking all those sliced...those sliced images and creating a picture of life and the fragility...and what's required to keep it going, I think it's really. Yeah.

Brian [00:14:43] And for me, the...the documentation and the explanation of how the work is created is almost as important as the finished piece.

Ian [00:14:53] Yeah. It's all the context, isn't it?

Brian [00:14:55] Yeah. Because that's what, you know...it's...a finished artwork is purely an aesthetic object, but it's the story behind it. It's the...that narrative of how it came about is really interesting for me and...and I actually documented the whole process on a page on my website. So you can see me getting into the scanner, you can see me using the Photoshop and all that stuff. And so it's...I like to kind of explain those things and talk about my practise in those terms because, you know, I don't like to... I like to demystify the process of making art. It's not...

Ian [00:15:40] It's not a magic trick. Yeah.

Brian [00:15:42] It's not trickery... Yeah, there is a lot of thinking, a lot of conceptual work involved, but you know, when it comes down to it, you have to just, you have to make stuff. And you have to translate your ideas into, you have to have the, the resources and the skills to, put those into something which... does justice to the idea. And so that's really what I was trying to do.

Ian [00:16:14] So obviously, you've...you've gone through this massive, traumatic experience, which you processed partly with your art leading to that exhibition, and was it around about that time with...with the use of the MRI scans, and you say looking beneath the surface and thinking about the heart in reality versus its representation in culture...is that when the academic interest started to come in at that point? And when did your...you know, you've gone from a practising artist into an artist and academic, and when did that academic transition or addition, come into play?

Brian [00:16:45] So the academic interest in my looking at representations of heart transplantation came probably after my, you know, few years of my art practise. And I started to realise there was a lot of misinformation and cultural stereotypes around heart transplantation, but there was a lot of academic research about the experiences of heart transplant recipients. I didn't actually feel that my experiences were reflected in a lot of those, you know, all that academic literature or cultural portrayals.

And in the field of research-based visual art, it seemed the focus was quite often on the concept of having a transplanted organ rather than the experience or the...the real world challenges faced by transplant recipients. Transplant recipients have always been ill for, you know, often extended period of time before the transplant. You know, they can face things like financial hardship, loss of employment, losing homes and strained relationships and even physical disabilities and so on. And a lot of those issues seem, are often unreported or, you know, not very widely reported. And they tend not to be areas which are of interest to those that seek to sensationalise the experience or the subject of transplantation. You know, so I mean, to give you an example, there's a lot of texts, for example, about ideas of transplant recipients suffering loss of bodily integrity as a result of transplantation and organ donation.

Ian [00:18:50] And when you...when you say integrity, what do you mean by that?

Brian [00:18:56] Well, the concept of...of incorporating a so-called foreign organ and having your original organ removed

Ian [00:19:06] Ah, I see: so you're not seen as the original person now, sort of thing?

Brian [00:19:10] Yeah. Yeah. But...so there's a lot of...there's a lot of research around those themes, but in my case, you know, the heart that I had for 50 years simply went in the bin on the 2nd of November 2013. And I've got no emotional or physiological or psychological attachment to that. And anecdotally, I've never had any other heart transplant recipients discussing, you know, those...those issues in anything other than practical terms. So there's that...that kind of disconnection between my own experiences and the cultural and artistic representations, and often the kind of research around those, those ideas. And that really sparked my interest and ultimately led to the PhD - starting this PhD.

Ian [00:20:18] And are there any specific examples of that misrepresentation in culture that you're drawing from or citing in your...in your thesis, and are there any specific novels or films or...photography or any visual art that you're...you're drawing from as an example of that misrepresentation?

Brian [00:20:40] Yeah. I mean, I can give you plenty of examples from the world of film, which is obviously a hugely influential cultural medium, as well as examples of contemporary and recent visual art and research around that. Film portrayals are interesting because they either portray transplantation – heart transplantation in particular - in horror and science fiction genres. And...and these films are not obscure exploitation movies, but they are very much part of the contemporary mainstream. I mean, I can give you some examples of plot outlines from some movies and so on.

So I've got some here: 'The Marked Heart', which is a Netflix production from 2022, so it's brand new - Plotline: Simon's wife was killed to extract her heart, and transplant it to Camilla, the wife of a man... the wife of a rich man. In search of revenge, he dives into the dangerous world of organ trafficking. OK? Another Netflix production from 2019 'Chambers' has the plot description: After receiving a heart transplant, a teenager begins unravelling the horrifying circumstances and conspiracy that led to the donor's mysterious death.

Ian [00:22:16] I see, so as if there's some sort of trace of the...

Brian [00:22:19] Yeah, yeah. And that show was widely criticised for exploiting organ donation. Tenaya Wallace, who's the director of Donate Life Hollywood, which is an organ donation charity, I think in Los Angeles - she accused Hollywood writers and producers of perpetuating damaging myths about organ donation.

And another example I can give you - I can give you loads - So the British film 'Last Christmas' which was only 2019, and only was only released in the last, I think, year or two...

Ian [00:22:58] We all know the following line, don't we? Last Christmas...

Brian [00:23:03] Yeah. It was basically a movie based on the George Michael song, or Wham. But it was written by...and starred the renowned British actor Emma Thompson. And it's a romantic comedy about a young woman who has a heart transplant, who's had a heart transplant a year previously, and she takes her life takes a new turn when she meets and falls in love with a mysterious, attractive young man. And it transpires, of course, that the young man is apparently the ghost of her organ donor had died the previous year in a road accident. So, I mean, there's just loads of examples. I can give you a few more: 'Awake', 2007: A wealthy young man undergoing a heart transplant surgery discovers that the surgical team are intent to murder him.

Ian [00:24:01] So have you...have you experienced any of these sorts of misconceptions and sort of slightly negative attitudes towards yourself since you've had a heart transplant, just chatting to people? Or is it something you just become more aware of through it all: reflecting on your experience and looking into the way things are represented in popular culture like this?

Brian [00:24:24] Well, I've had people ask questions which are clearly influenced by those kind of cultural representations, and narratives around heart transplantation. And they kind of demonstrate a level of misunderstanding or even just ignorance of reality.

I have given talks to – in the past – to students and general audiences, and people ask questions like: Do you know anything about your donor? or - Has your personality changed? And you know, those questions are actually very strange because the people who ask them, they don't really appear to be mindful that their morbid curiosity may not actually be particularly welcome. Because even engaging in answering such questions, those kinds of questions, you know, I feel that I'm being pushed into a corner of perpetuating other people's preconceptions. You know, and...and I've also had conversations with people who say they wouldn't allow their organs to be donated because they're terrified of the idea of their heart being removed after their death. And I usually reply to them by telling them - How do you reckon I felt having my heart removed while I was still alive, you know? And you know, that's... it kind of points out that, you know... If people stop to think, they perhaps would realise that they are living in a different reality from a lot of people who are involved in transplantation and donation. It is... it's completely different. You know, they don't really understand...

Ian [00:26:17] It's a really important...

Brian [00:26:18] Life.

Ian [00:26:18] ...thing. I mean, it's something that's completely missed, I think. It's a bit like perhaps what, you know, attitude towards neurodiversity used to be or something like that, you know, it's...I guess, do you find these representations that you've mentioned – all those film plots that you went through – that did...do you find them as a, you know, someone who survived that trauma and as a heart transplant recipient, do you find them offensive?

Brian [00:26:44] I think I do find a lot of the misrepresenting and misrepresentation and portrayals of heart transplantation to be uncomfortable and possibly offensive because the way that transplantation is widely associated with negative associations with like horror and violence, and supernatural.

And I don't see why a serious medical condition which is experienced by so many people and is an accepted part of modern medicine – I don't see why that should be fair game for such exploitation. I mean, it wouldn't be tolerated if it was applied to other marginalised or vulnerable groups or people with medical conditions or disabilities.

Ian [00:27:42] Yeah, deaf or blind people...it wouldn't...that wouldn't be subject to the same sorts of things, would it?

Brian [00:27:48] Yeah. I mean we wouldn't countenance, for example, publicly funded art exhibitions, which explored the experience of disability where no disabled artists were included. Nor would we accept representations of disability in film, for example, where that kind of corporeal difference that had those outdated connotations with evil and superstition and so on, which we may have seen previously in the past. And, you know, substitute disability for heart transplantation, and then you get... you start to realise how...how damaging those and superstitious and completely bonkers representations are. It is infuriating sometimes.

Ian [00:28:48] I can imagine. I mean it's a...it seems so obvious, and yet it has, I think, been completely missed, and I wondered, is that one of the driving forces behind your own research and your thesis, is to correct...to correct that...those, you know, those misconceptions?

Brian [00:29:07] Yeah, for me, it's really important to...to use the research that I'm doing in terms of my artwork, and the research I'm doing with my PhD, to make those points and to push back against negative attitudes and misrepresentations of heart transplantation.

I mean, what I've sort of really noticed is that there's this relentless approach in what I would describe as 'us representing them'. Those people. And there's a lack of opportunity for experiential voices to be heard and to offer counter-narratives, which recognise the reality of heart transplantation and those that live with it. You know, a counter-narrative to the accepted fantastical plotlines and so on that I alluded to earlier.

Ian [00:30:10] And are you finding a way to...I mean, beyond the thesis, obviously there'll be an academic treatise on the subject...are you finding a way to communicate that then, through...through your art? What are you working on at the moment? And...and how are you finding a way to connect with people around these sorts of issues?

Brian [00:30:30] It's ongoing, it's an ongoing thing. I mean, the practice-based part of my PhD really looks into that.

So, for example, I'm working on a a film which documents my experience of living through the COVID pandemic, and I started filming aspects of my life - and my wife - we have been be basically shielding together. And so that's, it's not... it's a very kind of intimate film in the sense that it's not... it doesn't look at those big issues, but it looks at just dealing with day to day, almost the mundane and the real life of living as a transplant recipient, like for many other people during COVID, has become much more acute than it had been previously.

People like transplant recipients have always had to be careful about infection risk and maintaining social, physical distance from people and avoiding risky situations. And so, for example, I, since I'm a transplant, I think of being in public transport, maybe, you know, a handful of times. Since COVID, I've never been in public transport. Since COVID started, I've never been to any indoor social gathering - pub, restaurant, theatre, that kind of thing. Nothing. And so so those are the...

Ian [00:32:22] It's a massive impact on someone's life, isn't it? I mean...

Brian [00:32:25] Yeah. And so that's really where the focus of my work in terms of the PhD has been, in that practise based sense.

But I've been working during that time, I've been making some other moving image work in collaboration with my wife, who's also an artist, and those works focus on broader themes of, you know, life and just the fragility of life and so on. And that's...that's an important area of...of work. And working from home, being detached from the outside world, if you like, provides an opportunity to work in that way, to...to focus on those issues of dealing with strange and uncertain situations.

And there's a lot of parallels between the early days of recovering from illness and transplantation to coping with the...the early days, especially of...of the COVID pandemic.

Ian [00:33:51] Yeah, I can't even imagine how, you know, what an anxious time that must have been. It must've been, you know, terrifying at the beginning, I would imagine?

Brian [00:34:01] Yeah. Well, it was terrifying, and I mean, you can only put up with so much terror before it becomes normalised, but it doesn't make it any less risky. Paradoxically, for a lot of people who are most at risk, the safest time we had was during the original lockdowns because everyone was being as cautious as we have to be all the time.

Ian [00:34:32] Which...which reduced the risk for you, of course.

Brian [00:34:34] So as...as all of the restrictions - so-called restrictions - I prefer to call them precautions, as they were done away with, the risks increased for most at risk because during lockdown it was felt fairly safe to go into a supermarket because everyone was wearing face coverings, and there were relatively few people in shops back then. Now the shops are packed and nobody's wearing face masks or making any attempt to respect the potential risk of their fellow people.

Ian [00:35:20] No, you're right. It's just gone...straight back. So when...when will your PhD finish, or when do you hope to finish the PhD?

Brian [00:35:28] I hope to finish it next summer. Yeah, that's the...that's the...

Ian [00:35:33] Me too.

Brian [00:35:34] Yeah, the...I...Originally, my plan would have been to be finished this autumn or this summer, but just with the whole COVID thing and so many - just so much anxiety and so much upheaval, it just became, it became delayed. And, you know, my focus... I lost focus I think for a while, and it was difficult to keep that level of intensity up when so many distractions were there. It seems strange to talk about distractions when being stuck at home, you would think if you're stuck at home, that would be the ideal opportunity to focus on something like that, but...

Ian [00:36:16] It doesn't always work like that...

Brian [00:36:16] It doesn't really work like that. It was, you know, even though there's a lot of distractions which are which get in the way of just being able to focus as well and other, you know, other medical issues and things that have been coming and going over the period as well, which pushed...pushed the focus back a bit

Ian [00:36:49] So beyond the end of the PhD and your shift towards film IN your visual art and the work you do with your wife, is that...is that going to continue? Do you think that's where your focus is going to be as you move beyond that?

Brian [00:37:03] I hope so. Yeah, that's the intention, but I don't have any specific plans. I mean, the nine years since...since I had my illness and transplant, in particular the last three years, but nearly three years now for me, it's just too important to focus on the present and surviving the present and getting...getting through the next the next stage of whatever it is I'm doing.

So, I mean, I want to keep doing creative work. The challenges as an artist is always balancing what you want to do with what opportunities there are in terms of commissions or other support. And the biggest challenge, of course, for any independent artist is simply getting an interest in the work you do, especially if you don't have any institutional framework in which to work. And most of the... a lot of the big art projects, commissions, research projects that involve visual art - a lot of the people who get those gigs are people who are artists who are also academics, and they have that academic anchor within which to work, either be it the financial security of having a proper job or just having an infrastructure where funding and so on is more formalised and maybe slightly easier to access than for others...

Ian [00:38:44] Is that...does that come into your thinking for doing a PhD or is it just...it's just an ancillary point. Do you feel like you might benefit from that academic recognition?

Brian [00:38:59] I haven't really thought of it in those terms, but I would like to think that having, you know, having the... it's probably not so much the opportunity that it affords, but rather the... for me, it gives me a focus and gives me some kind of validity to, to what I was kind of doing...

Ian [00:39:27] Yeah, doing anyway...

Brian [00:39:28] ...in my own research, you know. I was doing a lot of research on my own as an artist to try and rationalise and understand how my work fitted into a wider cultural narrative, you know, working within the PhD - university structure has given me some much more focus, and once I started, you know, with the PhD, then it became clear to me that it's a much more structured approach. And so, the opportunity to create...

Ian [00:40:13] So, a way of thinking, I suppose.

Brian [00:40:15] Yeah, exactly. Yeah. And so, to be able to create work, visual artwork and film. And I also had to think about that in a much more structured way and think about how my film work fits into film and documentary genres and so on. And so that gave an opportunity to do a lot of self-reflection, in terms of, you know, thinking more about the way I was approaching my work, because it seemed that there was more.... I had that responsibility to, potentially, to other people rather than just myself.

Ian [00:40:58] That's right. Well, thanks for coming and sharing what's been obviously...it's almost too difficult an experience to describe almost. And, you know, the work you're doing is obviously...it's important work. And it's great that you can come on and talk about it with us.

And best of luck for finishing the PhD and continuing with your art and continuing living a happy, healthy life beyond...beyond that, Brian!

Brian [00:41:29] Yeah. Well, thanks very much, Ian. Really enjoyed it.

Announcer [00:41:52] This podcast is brought to you by the University of Aberdeen.