

## **5 What is my developing aesthetic in practice?**

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### Introduction

The title of this chapter contains the first of the two inquiry questions, which I identified at the start of this thesis. In addressing it, I shall explore in greater detail what I mean by my own aesthetic and how I represent it in my developing practice. I will structure my response by using the concept of intrinsic and expressive aesthetics that I introduced in the previous chapter.

The chapter will therefore concern itself with inquiring into,

- the intrinsic aesthetic that I notice and reflect on, and
- its expressive presentation within a developing practice.

The material I have selected falls into the category of first person inquiry and is drawn, with one exception, from practice that was running alongside the Silver Street projects. In discussing it I shall use the three-stage method of analysis and sense-making described in the previous chapter.

Chapter 2, *The inquiring 'I'*, also illustrated how I use the expressive media of writing and photos to represent aspects of my life and experience as a context for this inquiry. The items included there and the commentary I added to them provide an indication of the way I experience the intrinsic aesthetic and how it leads to the creation of expressive statements and pictures. Here the balance between expressive material and commentary shifts in favour of commentary as I inquire into the sense in which the aesthetic energises and contributes to my practice.

In the first half I work on journal extracts containing brief first person inquiries, which focus on moments of intrinsic aesthetic experience. My commentary on these is influenced by Merleau-Ponty's invitation to 'return to the things themselves'.

In the second half of the chapter I consider how the act of representation extends and changes experience as it is transformed into an artefact. In this case the expressive statement is a more extended piece of writing made about a significant moment in my life. I conclude by considering how this works as an autoethnographic piece of research.

## **‘Return to things themselves ...’**

I have come to understand the noticing of the intrinsic aesthetic as a form of invitation to participate, at a stage before experience is processed through reflection. As Merleau-Ponty reminds us,

**‘To return to things themselves is to return to that world which precedes knowledge, ...  
(Merleau-Ponty, 1945, translated in 1962, p. ix-x.)**

Aesthetic connections with the things themselves are both pervasive and illusive. Representations of them, through stories, images and actions, flow equally in participative profusion. Through a developing sense of the aesthetic in practice I became interested in selecting from this profusion, those often illusive connections that work in poetic or playful ways. These moments attract me because they connect with and alter my patterns of sense-making; they find a creative link with previous thoughts and feelings. In capturing them in some form of artefact they are changed; through representation they become images and narratives, which are independent of me, whilst still having creative connection with me, and with others who may evocatively re-imagine them.

I now illustrate these processes from my journals. I have found excerpts which have immediacy about them; they seem particularly close to the thing which brought them to life. This sense of closeness may be because there was some poetic charge that made them significant to me at the time. Sometimes too the thing had a playful dramatic energy; it surprised me by what it offered. Here are some examples.

## **Landscape**

Journal items are frequently triggered for me by a participative experience of nature. Overleaf is one such excerpt.

**j**ournal ... Hawkswood, Friday 18/02/04

**Journal**

I'm at Hawkswood near Stroud and up early in this delightfully faded mansion, a former home for some wealthy Edwardian family, now morphed into an adult residential learning centre.

The grounds roll down to an extended view of Stroud and the countryside beyond. Soft but persistent rain still falls, having started some time during the night. Jays argue harshly in a giant sycamore framed in the open window. Mild air flows through the room, washing the night away.

I have removed the mirrors from the secondhand dressing table because they are blocking my view as I write, and also because they look as though the offending item was manufactured in Lithuania long before its 'liberation' from Soviet domination.

Mainly though what I hear on re-reading the piece was the self-dramatization of my act and its translation to an exotic and mysterious environment, which is far removed from the Gloucestershire rain, the jay and the sycamore. I am enacting for the reader a fragment of the play of this moment and accepting that it will be evocatively re-storied, as they draw on their own experience. For some readers the link with Lithuania may seem contrived and they will then make a judgement about this storytelling persona. For others it may evoke adventure; it may amuse. Its validity for me is that the sounds and weight of holding the

**Commentary**

At first I am trying to capture the ephemeral sensory impact of this moment, the flow of moist air from the landscape into the room. Then the last paragraph moves to action based on an aesthetic reaction to the furniture.

My participation in the moment is turned into narrative through the account of the removal of the mirrors; this says something about the value to me of the view. I do not want it obscured; I am seeking to construct the moment by clearing my visual access to it.

The action comes from a playful persona. The narrative link with Lithuania, where I made four consultancy visits in the '90s, starts to create a dramatic storyline. My physical experience of the second-hand furniture in Stroud connected aesthetically with similar sensations pulling open cheap drawers by a hotel window in Vilnius.

sections of furniture connected these two contexts in the moment of action, although they were twelve years and many miles apart.

## Urbanscape

Urban tackiness surfaces in many of my notes, as in this account of an interval in an interviewing day for a community project.

**j**ournal ... Terminal solitude, January 2003

### Journal

I walk up towards the canal; I'm on my own for the afternoon and evening to make a series of visits to Board members who will attend the day next Saturday. It is extremely cold and a traffic argument has developed in Gilmore Road, drivers hooting with continental rage at a West Indian looking older man who has parked his car obstructively while he loads up the boot.

Around the corner a hearse goes by with a coffin and a rather surreal procession of three limousines following, with no one other than the drivers in them. For a moment I wonder if the provisions of some sad will are being played out to the letter – 'let no one come to my funeral but provide three cars'. This image of terminal solitude hangs powerfully over me despite my visualising the actual crowd of waiting mourners somewhere in the borough. Who will be the mourners of this community programme as it processes out of sight; what will be left to show?

Past the Leighton Tower block that looks forebodingly Eastern European and on along the canal by Meanwhile Community Gardens where a couple of men are digging the frozen earth in a dilatory way and then to the Community Centre to see Mr Savindra, my first interviewee.'

Here though in this extract it is also the aesthetic of play that energises my perception. The play is in the observation of the funeral procession smoothing past silently. The Alea, or

### Commentary

Travelling through, and spending time in a new environment heightens my receptivity to the aesthetic in my practice. I have already referred to this as a factor in my connection with Silver Street.

I notice how Eastern Europe features a lot in my sense of strangeness and adventure. (I have worked in a number of former Soviet bloc countries.)

The multi-ethnic population of this borough is also lightly sketched in.

serendipity of the moment, is what triggers the writing, as I also try to hold together my anxieties about the transitory nature of the group I will be working with the following Saturday.

Choices are constantly made about what constitutes the figure and what the ground. These represented moments may be referred to as 'quotidian'. They are so much a part of experience that to focus on them requires some act of re-positioning or certainly a re-focusing, a close-up view, where time appears briefly to be halted, while the tape runs on in the background.

## Parkland

Such participative experiences may come from rural or urban landscapes, the starting points in the examples above.

In the following passage from my first few days of Silver Street I describe a sequence of events, which may have spanned twenty minutes. In noticing and bringing them together, I explore how my developing alertness to the intrinsic aesthetic of this new world was beginning to unfold.

### *j*ournal ... A summer's afternoon

#### Journal

We spend a lovely gentle summery afternoon in a park by a river. The process of getting there was geared to how long it takes to lift wheelchairs and occupants by hydraulic ramp onto a small bus provided for the occasion.

Towards the end of the walk we line the chairs up on a jetty by a cafe, overlooking the river. One of our group sits in his wheelchair, his well-padded

protective hat, lolling as he dozes. A young mother has also wheeled her baby down to the riverbank to

#### Commentary

The connection between conception, birth, ability and disability can be left to work in the reader's mind.

I notice how filmic the moment was, how ironic the connection of the visual images.

take the air. I wonder what is revived in her mind of those unavoidable pre-natal parents' anxieties about disability, as she bounces her well-formed infant on her knee. The random injustice of disability comes powerfully home to me as I gaze on the baby's perfect face.

....

We edge our way up the pavement back to the parked minibus. As one wheelchair is ramped up on to the vehicle, Ian spots a used condom that has snagged itself on a lever by the wheels of the chair. Steve quickly finds a tissue and disposes of what I believe TS Eliot had in mind when he referred in the *Waste Land* to 'other testimony of summer nights'. For a moment though I see the condom and the young man framed in the same view as the wheel chair rises. If this were a film, the discordant image could be left to resonate in people's eyes. I can find no easy words to unravel the conjunction of innocence and worldliness captured in this fleeting frame.

I resist at the end of this extract the spelling out this connection.

Rather I let the words provide imaginative space for the reader to move forward, backward and across the sequence.

I can still feel some of the ironic force with which these observations struck me.

If I reflect now on this brief moment, I find myself running it through my mind like a film. Dwelling with each part of it reveals to me some of the reasons why I knew it to be poetically significant.

Drawing its imagery together, I notice that,

- the protective helmets spoke of adult vulnerability and helplessness in contrast to the soft, helpless but burgeoning vulnerability of the newborn baby

- the used condom carried very embodied images of sexual intercourse, of physical hunger and its satisfaction
- there is also a cross-current between the last image of the condom and the opening image of the perfect baby.

My only literary device in writing is to suggest to the reader that the final moment might be seen as a shot in a moving film. The craning up of the reader's viewpoint, as if become a camera, moving in sync with the rising chair, is a device to focus on the juxtapositioning of the condom and the young man. It also happens that this is how I constructed it to myself as it came into my view. For one second the two images, the young man's face and then the condom, coincided in my angle of vision, as I looked up at the back of the minibus.

## **Representing aesthetic knowing**

My focus now switches from the intrinsic aesthetic that I experience and notice, to the expressive representation of these experiences. Clearly I cannot share any reflection on my experience without some form of representation. The shift of focus here though is from comparatively brief fragments from my 'baseline' journal to a more expressive and sustained attempt to write the story of a compelling moment in my life. The moments described above were, as with so many that I record, 'objet trouvés' which I have then tried to represent in the frozen smoke of my journal texts. Being alert to their appearance is one important part of my inquiry; representing them in writing is another.

The remainder of this chapter contains a piece of my autoethnographic writing, which was produced as an expressive inquiry into my feelings and thoughts at crucial moment in my life. A number of theorists have defended this type of writing as a valid form of social inquiry, (Ellis and Bochner, 2000, Tilmann-Healey, 1996, Gergen, 2003, Sparkes, 2000 and 2003).



Sparkes (2003) points to what he sees as the inevitability of the writer's self-narrative making a wider connection,

**'This is because culture circulates through all of us, the self is a social phenomenon, all identity is relational, and my subjective experience is part of the world I (we) inhabit.  
(Sparkes, 2003, p. 158)**

I have chosen to include this story because it provides an example of a way of conducting this research into the aesthetic by using an aesthetic methodology. Its narrative concerns a matter of considerable personal significance to me, a source of recurrent inquiry. It performs a sense-making function for me in ways which other narratives would have reduced.

I will make further links and connections with the theme of a developing aesthetic in my practice, when I have told the story.

***J*ournal ... Close to my heart – Tuesday 20 May 2003**

Tuesday 20 May, the Lindo Wing of St Mary's Hospital, Paddington, and I'm about to have the sixth piece of wire in the last eight years passed through my groin and manoeuvred delicately into my heart. I had the angiogram, an initial x-ray-cum-intervention, about two months ago in a high tech lorry trailer at St Albans Hospital. Now the angioplasty will be a repeat process, but will target the 80% closure of my LAD proximal artery which I saw show up on the monochrome monitor during the first investigation. (I have already had two sets of angio-grams and -plasties over a period from 1995 when I had a heart attack.)

The angioplasty process will consist of an inflation of a balloon on the end of an arterial catheter. It will expand a metal mesh 'stent' into the fatty atheroma which is partially obstructing this artery. The stent then stays put, holding the walls of the artery open and the catheter is removed.

I reflect on why I should be sitting here writing this; who is it for? The first two paragraphs above are probably for a readership of family or friends, the world at large that doesn't know what 'angioplasty' means. But I know that the most intimate purpose in writing is to hold back my fear and uncertainty, to understand more about myself at 1pm today. (The procedure is due to happen at 3pm.)

I've read the British Heart Foundation booklet on Angioplasty and the notes provided by the hospital. I notice how my eyes have been drawn to the statistics on success rates and the prognosis. Both, by the way, are encouraging. This is now a fairly commonplace treatment. But I project some of my anxiety onto the named consultant cardiothoracic surgeon whom my consultant cardiologist has arranged 'to provide standard surgical cover because of a small risk of having to undergo emergency coronary artery by-pass surgery'. In my mind I run through a rehearsal of how this might be – a rather frantic winding up of tempo and activity. I imagine how I might enter the catheter lab as a standard angioplasty and exit many hours later from a neighbouring operating theatre having had a full bypass operation. It would be a bit like going to a party and finding you'd stepped through a door into a bugle blowing, flag-waving state occasion. It hasn't happened on the last two occasions, so why now? (But if I don't get back to this piece of writing for several days, it has.)

So what do I think about my heart today? Shame it needs this routine maintenance every three to five years. There's probably a genetic explanation for the arteriosclerosis; my father had a heart attack, which he survived. Until this latest cycle of treatment, I had been pretty satisfied with my heart, as it beat up to 100,000 times a day, after its prima donna performance in a blue light flashing ambulance in 1995. I still feel deeply optimistic about it. I imagine a convergence between its changing health and the development of more and more amazing surgical interventions and treatments. If it continues to need some housekeeping, medicine will have invented even better ways of doing it. I'm also looking forward to the extra energy and performance that a heart with a fuller blood supply should give me.

There's a smell of lunch around the corridors, but I must fast – in case I need an operation. So far I've had a Venflon device inserted in a vein in my arm, to take a blood sample, but also to provide access for any other injections I may need during the procedure. I've also had an ECG, the results of which prompted the kindly but punctilious technician to say, 'Good'. 'In what sense?' I ask. 'Oh just good – it's OK, not in a diagnostic sense. I mean it's worked.' I had watched her earlier coming into and out of the waiting room, as she dealt with great care with an elderly nun and her two nun companions. 'Please sit here, Sister; I'll be with you very soon.' The attendant sisters browse through the waiting room copy of 'Hello' magazine, flicking the pages in a disinterested way.

My consultant, Dr Hackett, has just breezed into the room, calm, residual Irish accent and very reassuring. 'Here we are again.' He did my last two angioplasties. He's a man with a full workload, but he spends enough time to set the scene and answer my questions. He makes the process seem OK, almost like a team effort between us. Apparently the final decision about putting in the stent, rather than just inflating the balloon, will be made by him during the procedure; the artery may not be straight or wide enough to insert the tiny metal mesh tube.

'Yes you were right not to be driving to Bath on Friday. Do nothing like that for a week to ten days.' He spells out the 'angioplasty odds' in percentage terms, then, my having given my consent to his doing the procedure and signed the form, he goes off to do four others before me. I realise I don't have a monopoly on this business. My turn will come around 4 pm.

In my reportage I'm getting drawn into the mechanics of it all. Perhaps that's a good place to be. In the meantime I can see a steady flow of hospital staff and the occasional wheelchair-bound patient cross to and fro in a glazed bridge between this building, the Lindo Wing, and a large new block opposite. I hear the claxon of a train entering nearby Paddington Station and the impatient wail of an ambulance trying to get through traffic to the hospital. Part of me thinks I should be moving into a benign, prepared state, where I cull beautiful thoughts or deep insights in this strange no-man's land of a hospital room. But no, I'm just focussed on the *it*, getting *it* done, satisfactorily finished and getting out of here.

I'm breaking off to take a 300 milligram aspirin and four tablets which reduce the chance of platelets clogging onto the stent. A pneumatic drill has started up again somewhere on the hospital site, lunch break over. I pull down the double glazed window to shut out its distraction. I dip in and out of Thomas Berry's *The Great Work*, which has just arrived yesterday from Amazon. Suddenly I'm being called to sit in a wheelchair. I'm off.

Wednesday 21<sup>st</sup> May – a new day, a new room, no emergency by-pass surgery, self-evidently no death, no stroke! Instead two very well placed stents, in the proximal LAD and one in what I think is described as the middle LAD, lower down. (LAD, I think, means the third of three major

arteries\*. I have had angioplasties in the other two; this one goes down the front of the heart on the right as you, or anyone else, might look at it.)

I'll now turn back the clock to 4 pm yesterday.

I am aware of a peculiar 'hop' between two modes of experience. In one I begin to become part of a medical system, albeit a complete novice, a reporter borrowing a new and exclusive medical language. In the other I want to make you look at my heart, this centre of me. In this boundary between the inner private and the outer medical lies the ambiguity of being a patient. You enter this public world and don the Wincyette operating gown. You then have the most novel and intimate encounter with your heart. There it is on the screen, like a veined lively piece of meat, but strangely contained by, and totally dependent on this expert science and the dexterity of the surgeon's hands, which are now gently pressing and pushing on my groin.

I recall seeing a TV documentary about 'spiritual' operations where a shaman or witchdoctor worked on a seriously ill patient and claimed to be delving bare-handed into their abdomen to destroy and remove a tumour. The witchdoctor's hands flickered and tugged above the skin, doing who knows what good or ill for the trusting patient.

I am having my procedure now at 4 pm and this shamanic movement of hands comes to mind again. I am lying on a motorised X-ray table below an equally agile motorised arm which carries the X-ray camera. At times the two systems dance together at the surgeon's whim. My body is the inert layer between the upper firmament of the x-ray eye and the terra infirma of the bed. The bed moves backwards and forward, left and right as the camera knowingly ducks and dives to get a better view.

The cast for this mini-drama are mainly female and mainly antipodean, a fact brought to my attention by the New Zealand senior technician as she slops cold sterilising fluid on my shaven groins. Dr Hackett arrives. There is a convivial mood which almost deflates my sense of occasion. 'Hey,' I feel like saying, 'It's OK gagging about whether it takes a man, rather than a woman, to open a tight jar, but this is my heart you're dealing with, my big day.' Needless to say the procedure is well prepared and will be well executed.

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\* *Left anterior descending coronary artery*, I later discover.

Dr Hackett gets off to a brisk start. 'You'll feel a needle prick. First I'm anaesthetising the skin, then I'm deeper round the artery! 'OK, that's it; if it hurts now, you should yell, scream and shout – but I'd be very surprised if it does?'

It doesn't. I realize I'm holding my back and legs locked against what is going to happen, so I consciously try to relax.

'The catheter's already in,' says Dr Hackett. I know it is, because my heart now has a slight sensation, a cross between a flush and an instability deep inside my chest. I'm always amazed that this stage is reached so quickly. Enormous skill and training are required to direct the curved end of it down into each artery, without damaging them.

Now I have a sense of fluttering, working hands – shamanic hands – although these are connected to my heart by wire. The shamanic eyes are connected via the X-Ray system. They both come together in my coronary arteries, to make subtle life-giving manoeuvres.

More gentle pulling and manipulation and Dr Hackett reports that he can see the first and the second angioplasty sites he had worked on since 1995; they are both fine. So now for the new one. Some intense exchanges follow, between him and the radiographer. From one angle the blockage seems less than expected. So more angles are viewed. He discovers the blockage is not concentric; this explains the first sighting. It does need doing; I am not lying here as a confidence trick.

'It's important to place the stent in the best place: you only get one go at it, unlike using just the balloon without a stent'.

He's happy he's got it correctly in place. There's a compressor noise from near the bed. The metal mesh of the stent is being expanded by the balloon. I'd been warned this might hurt for 30 seconds to a minute.

It does. It feels exactly like the beginning of a heart attack. The stent in place, the balloon is relaxed, leaving the fine mesh of the stent expanded holding the atheroma back against the artery wall. The pain persists for a minute or two. 'It's OK; your ECG is fine.' For the first time I feel less in control; the ache is deep in my chest. I try to take a closer interest in the monitor and what Dr Hackett is doing, by way of distraction. The pain begins to melt away.

He's found another stenosis in the same artery and is considering if this should be stented too. 'Yes please, do it,' I say, surprising myself by my vehemence. I realise he will decide what's best, without my encouragement. Another nine millimeter stent goes in, is placed and inflated. The pain grows for a moment then wanes. I'm offered a painkiller injection through the arm, but know it is not necessary. '50% of patients have some pain afterwards, but we'll give you a painkiller if you need it.' The hole in my groin is plugged with a new collagen device which will slowly dissolve over three months. This will also reduce the time I need to lie flat on my back today.

I can tell that he's pleased with the accuracy of the job; he compares the before and after still frames on the monitor. 'Yes, if I were doing it again, I would do it no differently'. He goes, leaving the team to slide me on to a trolley. I'm still slightly high from the intensity of the experience. I thank those staff I can see from my prone position. I feel hot-faced and still aching in my chest, but I just know that it has been well done. As I'm wheeled to the lift, I suddenly beginning to feel tired, but greatly relieved. I watched the confusion of pipes and cables in the ceiling passing above me! I have this strange illusion that up is down and that I am really floating along looking down on the ceiling tiles, like some disorderly swimming pool floor.

The remainder of the day passes in a drifting grateful way; it's over and it's fine. Dr Hackett comes to explain about medication and the need to rest for a week or so; no driving for a week; no flying for a fortnight – short-haul, or a month – long-haul.

'You've been unlucky to have this recurrence.' 'I don't expect there to be more trouble.' He goes back to Hertfordshire.

I eat well, my first food since 6.45 am. I feel in charge again. Even having to change rooms at 11pm is only a minor irritation for me. Even the lack of blankets doesn't worry me unduly; I can't be bothered to call the nurse. I think of keeping warm in a bivouac on a recent retreat in Wales, as I double up the blankets and top up the bed with my coat and dressing gown.

The next morning

Neither the phone nor the telly work in this new room; I don't particularly care. I have a civilized breakfast sitting by the window, the Daily Telegraph spread out on the bed, rather

than the Independent I'd ordered. Maybe since the retreat in Wales I am more welcoming of quiet times alone. There is never now any question of being caught with nothing to do.

I write this and slowly disengage myself from being a patient, wash, shave, have the Venflon removed, dress, put my new drugs in my bag, take a call from Dr Hackett, always calm, friendly and reassuring.

I wait for my middle daughter and her husband to collect me. It's lunchtime. Opposite me, in the entrance hall is a memorial shield and crest and this message: 'This is to remind each generation of an ANONYMOUS DONOR who was not unmindful of his neighbour's need.' It concludes with the hope that the Lindo Wing 'will remain for all-time a monument of his outstanding generosity' – a hope at risk of being betrayed as this 1930's building is hemmed in by massive industrial blocks of newly built hospital.

Back home to my wife and family, the house feels like an easy glove, the bed later that evening moulds to me. I take a phone call and break out in a warm flush; (that's why I need a week of recuperation). After the last two days I am still preoccupied with the image of my heart on the screen and the highly skilled hands that have cared for it. But it won't be long before I begin to feel the frustration of not being out and about again. Then this close focus on my heart will broaden into a wider more normal vision and the organ at the centre of my physical being will just get on with its hidden unremitting work, with a better blood supply and the usual taken-for-grantedness.

There now follows some commentary on this piece and the connections it makes with the theme of this chapter and my thesis as a whole.

## **Embodiment**

I have never before written about my body with the same intimacy and intensity.

Merleau-Ponty says of perception that it is always embodied and 'grounded in our corporeal nature'. In Chapter 3 I referenced him when he says,

**'It is the body which points out and speaks ... our gaze, prompted by the experience of the whole sensible world, and our gaze, prompted by the experience of our own body, will discover in all other "objects" the miracle of expression.'** (Merleau-Ponty, 1962, p. 197)

Of the body Merleau-Ponty says,

**'Our own body is in the world as the heart is in the organism; it keeps the visible spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system.'** (Ibid., p. 235)

This analogy between the heart in the body and the body in the world takes on a peculiarly strong resonance for me.

In his last work 'Visible and Invisible' posthumously published in 1964, he reflects on the experience of touching one's own hand. In such a connection,

**'my body does not perceive, but it is as if it were built around the perception that dawns through it.'** (Merleau-Ponty, 1964 p. 24)

Similarly of speech he says,

**'The orator does not think before speaking, nor even while speaking; his speech is his thought.'** (Merleau-Ponty, 1962, p. 209)

In my story of the angioplasty I am entering into an engagement with my body where what is normally invisible, but live and life-giving, became visible as I watched it beating on the screen. At first I was like the orator who is suddenly made aware in mid-flow of the formation



of his words. But then a new sphere of my bodily awareness opened up and became present to me as a recurrent movement at the corporeal centre as it was touched and pressured. The dye suffused through the arteries like black ink and the heart murmured and ached in response. I was, in those moments, my heart.

### **In-the-moment reflection**

My decision to write throughout the procedure except while actual on the table was in part a hedge against fear. I notice now how I try to render the process in as analytic a way as possible. I specify the interventions and medication, the name of the surgeon, the literature available to me. But then at the moment of entry and delicate placing of the stent I find myself transported to a shamanic ceremony; even the table and the camera are dancing round me. The corridor ceiling viewed upside down from the trolley has become the untidy bottom of a swimming pool. It was not a matter of losing control so much as letting go and floating into the deluge of sensory experience. The clock was ticking and the sooner I was off the table the better; yet in a strange way this was uniquely my moment, my heart.

The drama embedded in the idea of only one chance of getting it right did not escape me. I notice too how I keep the context of family and home more lightly sketched in – no names, as if to isolate this extraordinary revelation safely away from home – in the Lindo Wing.

The overnight and the recuperation next morning found me holding the context of the hospital at a distance, – the refusal to fuss about blankets and the Daily Telegraph over breakfast – as I re-created my own normality. I am turning the ward into a scene from an Edwardian sanatorium. ‘No kedgerees today?’; no I did not ask this, but I might have done.

### **Third person inquiry**

I thought for some time about how to ‘use’ this piece of writing. I had concerns about how it would be read, but since at the time of writing I did not know who would read it, this may be attributed to some internal censor. In fact I sent it to the surgeon and my cardiac consultant and was pleased to hear back from them that they wanted to circulate it amongst their professional network, to which I readily agreed. I later heard that it had been read with interest as a reminder of what a patient may be feeling and thinking as they undergo this procedure. I reflected how different it might have been had I participated with them face-to-face and decided that this narrative is better told on the page. I was better able to express more reflectively what I had experienced through the first person process of interaction between myself and the text, which in some ways gave me a narrative separation from an

audience. The artistic forms of writing and reading are both nowadays normally silently practised; at least they were in this context. This allows space 'out-of-time' for the creative shaping of the text; similarly the reader can pace their reading and choose to pause for reflection, if they wish. 'Fixing' the experience in this way invites and supports the possibility for a reflexive response.

However the question of form in this story runs deeper than a choice between verbal or written presentation. The fact that the form of the writing is at times poetic in its imagery and that it addresses fear, discomfort and relief, marks this piece of writing out as a different genre from, for example, medical narratives. The aesthetic sensibility in choosing form, involves some imaginative projection by the writer into the experience of the reader and also into the social and cultural context in which the reading will take place.

Form and content have a dynamic relationship in meaning-making. It is not that there is an ideal form for a given content; rather the choice is always made in a particular context and therefore needs to be made thoughtfully out of the framing of that context.

As to its place here in this thesis, I decided to include the whole story as written as an example of my developing aesthetic in practice. I worked through the writing of the text as a way of coming to terms with the mystery, pain, fear, wonder of what was happening to me, although, like Merleau-Ponty's orator, I did not do it purposefully as some form of self-therapy. I re-lived the moment in the writing. Neither is it conceived of as a patient's guide to angioplasty. If it is of use or interest to others, that is to be welcomed but it is coincidental to the first person inquiry through writing.

Working again on this commentary, I sit here thinking of the small bits of metal that hold me in good order. Maybe Dr Hackett (that is his real name) is right; I will not need another.

I took pleasure in crafting the text; it flowed quite easily, like blood.

## **Conclusion**

In this chapter I have traced and illustrated my own awareness of a developing aesthetic and how I use this in first and second person practice. What I have proposed is that aesthetic knowing is happening in any case, like breathing, and recognition of this through reflexive and creative inquiry provides a basis for better and more thoughtful choices. I have tried to describe a reflexive response to a heightened awareness; the discipline comes in noticing how this happens and in exploring different ways of representing it.

My particular way of developing this skill has been shown to be through writing and through iterative cycles of commentary and sense-making. In order to develop this thesis I have selected and examined in greater depth material which tells me about my own aesthetic awareness of practice. This is always for a purpose; even the personal story of my angioplasty found an audience and in doing so has influenced readers specialising in this form of surgery. Even without this readership, my purpose in writing was to come to terms with and understand what was happening to me in this unusual circumstance.

In this chapter I have also explored this personal aesthetic in practice through other journal excerpts. The first two examples were set in natural and urban landscapes. Using the methodology described in the last chapter I noticed what caught my attention and reflected on the significance not only of what choices had been made, but also of the way in which I had represented them in my writing. The third example showed what I perceived to be a filmic sequence of events whilst walking with people with learning disabilities in a London park.

In my commentary on the angioplasty story I found myself drawn back to Merleau-Ponty's understanding of the embodiment of perception. I also discussed the issue of form and content and their meaningful relationship, which I see to be contextualized by the nature and purpose of each aesthetic interaction.

As this story falls into the category of autoethnographic writing, it is useful to conclude by considering how the use of such material might be seen to contribute to social inquiry.

Sparkes (2002) refers to the need for multiple criteria for evaluating autoethnography as a valid form of qualitative research,

**'What substantive contribution to our understanding of social life does it make?**

**What is its aesthetic merit, impact, and ability to express complex realities?**

**Does it display reflexivity, authenticity, fidelity and believability?**

**Is it engaging and evocative?**

**Does it promote dialogue and show potential for social action?**

**Does it work for the reader and is it useful?' (Sparkes, 2002, p. 211)**

He offers a view of the evaluation of autoethnography which is as multi-voiced and contextual as the texts themselves. I can apply the criteria positively to the angioplasty story, but can also see how useful it would be as the basis for a discussion with the cardiac consultants. The moment for this is passed. However I will keep these criteria in mind in subsequent chapters as a guide to shaping the story of my engagement with Silver Street.

In experiencing the intrinsic aesthetic of the thing itself, I have noticed the way this process sets up metaphorical connections and creates imaginative patterns of thought. It also generates feelings, as such moments warm, cool, excite, repel me. I develop relationships with what I experience, which then motivate me to act in one way rather than another.

As Gergen (1999) commented,

**'... when I perform I am carrying a history of relationships, manifesting them, expressing them. They inhabit my every motion.'** (Gergen, 1999, p. 133)

Midgley (2001) too in her discussion of the participative relationship between poetry and science touches on this complexity,

**'Consciousness is not something rare and exotic found only in experimental subjects or in scientific observers. Nor does it only show us a few special phenomena such as colours and dreams and hallucinations. It is not primarily an observation-station. It is the crowded scene of our daily lives. And the main dramas going on in it do not concern just observation or perception but quite complex, dynamic currents of feeling and efforts to act.'** (Midgley, 2001, p. 118)

Aesthetic knowing is not therefore without consequence or influence in both first person and second person inquiry. Through art and publication it can also influence first, second and third person inquiries, as it works through artefacts to prompt further sense-making in a larger community.

In the next chapter I will move on to describe how I noticed this developing aesthetic in practice influencing my arrival in and early connection with Silver Street. In Chapters 1 and 3 I described how I volunteered to spend time there. I sensed that this was going to be a different and more moving encounter than many others which come my way in the normal course of professional practice.

It was to elicit from me a response which was rooted in a different aesthetic, – the sounds, sights, smells, actions and words of a world where many of my familiar social conventions were brought into question. By committing myself to be there as an active participant and recording my perceptions of it, I was to explore how this developing awareness of the aesthetic would influence my practice. This called for a new receptivity and openness to the aesthetic I encountered, as well as to its representation in writing, pictures and subsequent discussion.