

This project was facilitated by the Vancouver Arts Centre's artist in residence program, with the funding support of the WA Department of Creative Industries, Tourism and Sport.

on ghosts is a site-specific response to the intersecting spaces of the old Albany Cottage Hospital (the Vancouver Arts Centre) and Mary Thompson House, the former Nurses Quarters. Taking a discursive approach, *on ghosts* considers histories of health and medicine, women's and First Nations histories, within themes of time, continuity, objecthood, occupation and projection, and presented through an examination of haunting, of history and place.

We have a preoccupation with haunting in places with history, places that are old, abandoned, foreign, even isolated. Although I intended to approach this residency and body of work within the vernacular of medicine, one that is clinical and empirical (as I have done in past works), reading through the archive, I found that haunting presented as a persistent theme, whether that be people's accounts of haunting or their sense of being haunted by the particular histories of the hospital.

Haunting also presented itself in what was unaccounted for in the archive, as is often the case with recorded colonial histories. In particular, I found only four accounts of the so-called 'Native Ward' that operated very briefly, segregated from the main hospital, from 1936 to 1939:

'one or two Aboriginal patients in the natives hut'

'Native Ward: kept separate, lots of visitors'

'1985 The Native Ward', the caption of an exposed photograph depicting a group of figures gathered around a small plot of space and whose actions are ambiguous and mournful.

Finally, under 'key words or phrases that evoke and relate to the history and development of the [hospital]:' 'Natives: silence'. This sense of erasure is central to *on ghosts*, **silences can be very loud**.

It became apparent that haunting is an integral concept through which we do not just position the past, but feel it and indeed at times, lay suspicion on where it now resides. Perhaps our preoccupation with haunting, our fetishisation of the "paranormal", is born out of our discomfort with death and in Western tradition, our acute and industrialised separation from it.

How then do we mine the archive for old stories to re-animate or analyse our history without imposing our suspicion on their context. Can we truly empathise with history and it's inhabitants when our conception of past and present is disconnected and conceived of with such unbendable linearity that the past is resolutely behind us and we are located as *after*, *different from* and in transition, while the past stands still.

In this body of work, I have considered how a flattening of time can reposition the notion of haunting as a projection by us, living people, onto place. A flattening of time brings about this idea that haunting is continuous and not relegated to "after life". Maybe haunting is an ongoing state, we might even be the ghosts? I have conceived of a flattening of time through multiple methods, including an application of the practice of astral projection, depictions of structures and objects that facilitate continuity in female spaces and through re-enacted histories.

Haunting can be re-evaluated or explored as an access point into history, where we can question it's aesthetics and through which our past, particularly our national, local and site-specific pasts can be entered with curiosity.

A second layer to this project that guided me away from approaching these histories clinically, presented through two excerpts drawn from a text on Alexander Collie, the first colonial European surgeon in Albany: First, 'It was the custom to have studied for a Master of Arts degree before becoming a surgeon [and] medicine then was not studied to be practiced. It was regarded as an important brand of scholarship to be learned alongside literature and philosophy.' The second, an account from the same text, states, "he was careful on occasion to preserve the mystique of the qualified medical practitioner [and] ridiculed his sister-in-law's use of the Medical Encyclopaedia of Domestic Medicine.'

What becomes apparent and essential to this reading is the notion of mystique, the role of the surgeon or doctor as one with a monopoly on knowledge, indeed a kind of magic, and even more illuminating, the classification of medicine within the arts.

Applying this idea inversely, as the artist I could consider myself to be the surgeon - examining, cutting, extracting, transplanting and working to keep something living.

In that vein, this body of work Frankenstein's a trail of ideas and histories.

Apparition i forces together images of erasure and theatre, reimagining the deterioration of the so-called Native Ward and it's subsequent erasure from the archive, signalling a history of violent segregation.

Apparition ii, an out-of-use window blind taken from Mary Thompson House, visualises found images from a 1975 First Aid book alongside instructional drawings on the practice of astral projection, muddying the boundary between the corporeal and the spiritual.

Apparition iii, the largest painting, depicts the decorative ceiling plaster found suspended above the bed of the artist in residence quarters in Mary Thompson House, and within that, a piece of glowing depression glass, imagined as a portal through which past and present become one moment and a gesture towards the function of the kitchen and the bedroom.