



Dr Jac Saorsa, Artist-in-Residence//

My PhD in creative writing constitutes an exploration, through both conventional and visual language, of the presence and immutability of death. My subjects are the Living: patients in the hospital with terminal cancer, and the Dead: cadavers I carefully dissect in a creative and subjective approach to the mysteries of individual human anatomy. Increasingly, however, and through the creative process as a whole, the work has become less about death in general and more about an understanding of mortality. There has been a shift in my thinking. I realise that what I am actually doing is writing and painting towards my own death and, if art is both a form of living and a form of dying at the same time (a Blanchotian idea, taken up and adapted by Deleuze), I have come to understand that, as an artist, I have always been wandering through the space in-between. The image here is a painting (oil on canvas, 5'x4') based on that feeling... of the space in between. The cadaver – partially dissected – is leaving, floating lightly between the blue chill of death and the warmth of the unknown. It is outside time yet still attached to the present by the palmar aponeurosis (fibrous tissue that protects the palm). The following short text is taken from a section of my thesis.

There are no windows in the dissection room. Once inside, as the double doors close and the chill in the air begins to seep into your bones, it can feel as if you are cut off from the world of the living and trapped, indefinitely, in the world of the dead. In fact, it is difficult sometimes to define any border between the two, but perhaps that's just my perception as, alone in here – all the students have long since gone – I crouch over my work. The room is located just above the mortuary where, in the bowels of the building, cadavers that float in tanks of Thiel fluid, await their turn to be brought up for dissection in the clanking elevator, hoisted up through the belly of the life sciences edifice as if in a diabolical dumb waiter. Once here, each cadaver is allocated a steel table and a tough plastic cover that protects it when not in use. The covers are coloured according to the aims of the group that each cadaver will serve: green for medical students, blue for all other students – physiotherapists, dentists etc – and orange for the surgical trainees. Those resting under orange are the 'chosen ones'. They are dissected with care and precision, not mangled and brutalised like some of those that are being worked on by students, whose sole task is to locate and dissect specific structures within a limited time frame. I have seen the damage inflicted, and I count myself lucky that I have permission to work on the 'orange' cadavers.

I have been here all day and now it is late. At least it feels late, in reality I have lost track of time. I have been cutting and drawing in repetitive sequence. Repetitive activities, yet opposite in nature; a process of subtraction as the scalpel pares away, rhythmically bound to one of addition as the pen scratches across the surface of the paper. Both reveal form in their separate ways, each practice mirroring the other. And my hands ache.