**The Sensuous Object Workshop**

Medical Museion, Copenhagen, 29-30 September 2011

**ABSTRACTS**

**Security in a Box: Recovering Material and Discursive Phenomenologies of Forgotten Hopes and Fears**

Mats Fridlund, Associate Professor, University of Gothenburg & University of Copenhagen

What is the power of things, what do our technologies do to us? Despite much research on the politics of technologies, the history of politics and power of mundane things on an individual level is still largely lacking, on people’s experience of artifacts, how they have actually been effected by technologies on a personal level, how technologies have had the power to make people feel, experience and relate to their worlds and their selves differently. The presentation takes a step towards a such a phenomenological history of technology by exploring an artifactual underpinning of British *airmidedness,* how the UK before and during WWII had to learn to live with the fear and reality of aerial attacks as part of daily life. This included measures to teach citizens to cope with the threat of attacks from above by using various artifacts.

The presentation aims to partly reconstruct the forgotten phenomenological experience and history of man-made terror, how hope and fear, via material artifacts acting as medium and agents, were inculcated into mentalities of citizens. The presentation combines participants’ experience of handling one such artifact with historical accounts of user experiences of the hopes and fears generated by it.

**Tactile and Visual Perception of Emotions through Wearable Technology**

**A Practice Based PhD Research**

Secil Ugur, PhD Candidate, Politecnico di Milano

Clothes are our intimate surfaces which contact us with the rest of the world. It covers the body and at the same time becomes an extension that can transmit information such as meaning, identity, moods and emotions. On the other hand, today’s technologies have been intensively penetrating into human body, while also turning it into a gate between digital and physical world. Due to the rapid changes in technology and its impacts on people’s daily lives, some research areas such as wearable technology, ubiquitous computing, tangible user interfaces have been raised to find new solutions to bridge the gap between physical and digital. The aim of the PhD thesis is to explore the communicative level of wearable technology through turning it into a living surface which can convert digital data to physical, intangible to tangible, invisible to visible, like the paradoxical properties of the human skin. The practice based research has been done by developing both virtual and real prototypes to analyse the users’ perception towards the idea of communicating emotions through wearable technology. By stimulating different senses of the human body, such as touch and sight, the prototypes are addressing the issue of transmitting emotions between bodies. This ongoing PhD research explores new ways of interpreting and communicating emotions through integration of technology and wearables. Three groups of wearable prototypes were built by using three different methods to measure emotions (Self-reporting, body arousal and gesture/posture):

|Body Arousal

***\*Skin-Bone***can measure the emotions by using body sensors, measuring HRV and SC. When the wearer passes a specific stress limit, the necklace starts curling up to the neck. To release the stress, the wearer should pull the necklace down.

***\*Getting Under my Skin*** is an underwear which can be worn with daily clothes. It is attached to the dress and creates wrinkles on it according to the changes of heart rate variability.

|Self-Reporting

***\*Happy Blossom***is a necklace which helps the wearers to communicate their happiness by replacing the flower and turning it on.

***\*Skin Deep*** is a faraway communication device which works with tactile in/outputs. The wearer can send her/his emotions as a tactile sensation which can be perceived only by touch.

|Gesture/Posture

***\*Fight or Flight***is a shoulder pad which gets a thorn like shape when the wearer has a bended posture that might become because of negative emotions, such as anger, fear or distress. It gets flat when the posture turns into a healthy position.

***\*Hand Muffs*** are tactile soft objects which can send emotional gestures to a person faraway. It works with touch sensors and mimics the skin’s behaviour when it is touched. Hand muffs become extensions of the body where the wearer can touch and be touched.

***\*Stress Tumour*** is an arm band which has an elastic part inflated by negative emotions. The tumour shape can be inflated by applying pressure in order to record each stressful moment. It is a provocative way to express how stress could be harmful to the human body. If the wearer wants to pour his/her stress out, he/she has to release the air.

**Outlines of touch in the history of blindness collection**Jan-Eric Olsén, Assistant Professor, Medical Museion, University of Copenhagen

Despite the prominent role that touch screens and haptic devices play in contemporary interactive exhibitions, touch still remains a prohibited sense when it comes to most non-digital museum objects which are displayed at a safe distance from visitors’ hands. A class of museum objects that stands in a particular relation to the sense of touch is the historical collections of artefacts related to blindness and visual impairment. These are objects that are designed for touching rather than seeing and which therefore defy the visual order of modern culture. Drawing on one or several objects that are yet to be selected from Medical Museion’s blind historical collection, this presentation will revolve around different modes of touch embedded in the material history of blindness. As seeing persons we naturally approach these objects of tactile perception in a whole different way than persons who lack the faculty of sight. The aim of the presentation will nonetheless be to investigate the object’s tactile realm.

**Making sense of sound: the early stethoscope and the physical examination**

James Edmonson, Dittrick Museum, Case Western Reserve University, Cleveland, Ohio USA

Medicine is ancient, but the physical examination is barely two centuries old. It emerged after 1800, and then quickly became a central feature of modern clinical practice in Western medicine. Why did this change come so suddenly? The advent of new instruments clearly played an important role. Auscultation and percussion became key early diagnostic methods involving instruments, and therefore must be assessed and interpreted, and at the Dittrick Museum we are doing just that to refurbish our display of instruments used in the physical examination of the patient.

It is very frustrating to note, as Roy Porter related in *The rise of the physical examination*, that “we know almost nothing of what routinely transpired, because nobody troubled to record the trivial commonplaces” and that the sources we do have (doctor’s casebooks and patients’ letters, diaries, and journals) tell us “very little indeed about how exactly normal consultations proceeded.”[[1]](#footnote--1)

So, the first question is, how did the physical examination come about, and what was its impact? We can trace this process – the advent of using instruments, and the new view of illness and the patient that resulted – in a visual way from images that appear in works on auscultation and percussion. And Jackie Duffin’s biography of Laennec shows that the stethoscope quickly altered the terminology used to describe patients entering the Necker Hospital in Paris and the diagnosis of their illnesses. But the diffusion of the stethoscope from its point of origin proceeded haltingly at first. Identifying and understanding the sounds emanating from the heart and lungs proved problematic in a time before audio recording. The key to mastery of the technique seemed to be access to frequent examination of patients in the clinic or hospital setting. But for us in the museum context, demonstrating what and how the 19th century physician learned from sound is an even greater challenge, and I am looking for feedback from the workshop on how to achieve this. Right now, we are exploring the use of modern teaching tools for auscultation – audio recordings of the sounds associated with specific cardiac and respiratory function, and the transformation of those sounds by disease.

We are also looking at a bigger picture, asking how did instruments fundamentally transform the physician-patient relationship. Before 1800 physicians seldom touched their patients. They diagnosed the sick by listening to their “history,” the story of their illness – an essentially subjective account colored by anxiety, emotions, and personality. Instruments played little or no part in this diagnostic process and the doctor limited physical contact to taking the pulse. All this changed with the advent of the stethoscope. This brought physician and patient into close physical contact, mediated by the stethoscope. The encounter had the by-product of fostering physician-patient bonding. Patients, reluctant at first, relented and came to feel a sense of trust. They submitted to indignities and intimacy normally considered unacceptable in other realms of society. Physicians, previously reliant on the patient’s “history”, now had access to privileged information yielded by instruments. It was empowering, and yet carried a burden of responsibility.

To better understand the role of technology and instrumentation we are exploring the social and cultural dynamics of the physical examination. To do so we are reading through pre-xray texts to learn how physical examination was taught to neophyte doctors – we are especially in search of admonitions and guidance in how to “handle” or “manage” patients. We are also collecting images of doctors using instruments in hopes that they convey something of the nature of the physician-patient dynamic. How well we “read” the messages conveyed by body language in these images remains to be seen.

**Can museum object handling make you healthy?**

Linda Thomson, Research Associate, UCL

Researchers at University College London are investigating this question by looking at the role of museum object handling sessions on health and wellbeing. In ‘museum object therapy’ a range of objects including natural history specimens, archaeological artefacts and artworks are taken into hospitals and care homes, and participants are encouraged to explore the objects. The idea is to create a multisensory experience involving touch, vision and even smell. Research methods include the use of visual analogue scales and mood adjective checklists which participants complete before and after object handling sessions; these assess participants’ perception of their psychological wellbeing and their health status. In addition, handling sessions are recorded using a digital audio recorder; this enables a more qualitative study of participant responses and allows the researchers to extract themes indicating how patients are using the sessions. Results show significant improvements in participant’s perception of their wellbeing and health status, and further that sessions bring about increased enjoyment and provide a positive distraction from everyday ward life. The research is funded by the Arts and Humanities Research Council (AH/G000506/1). For further information visit: www.ucl.ac.uk/museums/research/touch/wellbeing

**The material sensuousness of a hysteric’s performance**

Laura González, Academic Coordinator (PGR), The Glasgow School of Art, Associate Lecturer, MRes Arts Practice, Chelsea College of Art

Hysteria is an outdated diagnosis for a neurotic condition where the patient manifests psychic traumas in the body. In the nineteenth century, Dr Jean-Martin Charcot established the Salpetrière, a hospital in Paris dedicated to the treatment of hysterics – then mainly women. This is also where Sigmund Freud trained and discovered a passion for neurology, leading him to develop psychoanalysis. Charcot left a legacy of medical practices involving photographs and drawings to support his clinicaoanatomic method, and the objects he produced demonstrate the performativity involved in hysteria, and its research. As with any performance, objects, and their sensuousness, are important props.

The first accounts of hysteria relate a ‘wandering womb’, and fits, swooning and violent convulsions are some of the common symptoms reported. Restraining belts were often used in hospitals to keep patients safe. But how much was the contact of the leather – and sometimes the chains – a stimulant for the contractions in the body? How much did this limp object, only coming alive when in touch with the patient’s body enable the hysteric to ask her question – known as *Che Vuoi?*, what do you want from me?

Hysteria and seduction are inextricably linked. The hysteric is a performer, displaying some of the scopophilic characteristics of the pervert in their pleasure derived from being looked at. The alienist Gaëtan Gatian de Clérambault worked with kleptomaniac women, interns in psychiatric units because of the sensuous reactions they had to fabrics such as velvet, silk or velour. The materiality of the object, as with the leather belt, was the conduit to the manifestation of their symptoms. What happens when the belt is not used is evident in a scene of Andrzej Zulawski’s 1981 film ‘Possession’ which I will show and discuss. Through it, I will also explore the positions of the hysteric and the pervert in relation to objects, seduction and being seen.

**Who cares?  
Sensory regulation and a "tickle pillow"**

Bernd Kraeftner, and Shared Inc. (www.sharedinc.net)  
  
Bernd Kraeftner and Shared Inc. (research centre for shared incompetence) present an object for experimental purpose in the everyday life of a nursing home. The object has been used during a mundane interaction with patients who are in a vegetative state (a comatose state). Referring to therapeutical concepts of sensory stimulation/regulation, that are considered for intervention in this patient group, "Pillow Research" produces objects (pillows in a wide sense) with the aim to establish a  - political - space for the embedding of an enriched diagnostic setup within the realm of clinical (medical and nursing) practices. This research explores the relevance of diagnosing for the notion of consciousness, perception and emotion at the interface of clinical medicine, therapeutic nursing and lay expertise.

**From Face to Clitoris - Vibrators and Hygienic Facial Massage in Japan, 1905-1923**Jennifer van der Grinten, PhD Candidate in the History of Science, Harvard University GSAS

How was the vibrator transformed from a unisex beauty device to a gendered tool of female pleasure? The vibrator is perhaps one of the most poorly understood “sexual object.” Recent histories of the machine maintain a close focus on the use of the vibrator as a clitoral stimulation device – a tool created by physician’s for the purpose of easing the arduous task of bringing female patients to climax. The sexualized history of the device obscures the important early history of the vibrator as a beauty tool for both men and women. In my presentation, I will provide a more balanced history of the vibrator. Relying on primary source material from Japan, the birthplace of the Hitachi Magic Wand (one of the most popular vibrators on the market today), I will describe the importance of the vibrator in the early twentieth century global beauty craze known as “hygienic facial culture” (Jap: *biganjutsu*), and question how, in the face of compelling evidence, our understanding of the vibrator has moved from the face to the clitoris.

**Mediate Auscultation: listening to the “voices” of the human and other bodies through the stethoscope and through percussion.**

Ansa Lønstrup, Associate Professor, Aesthetics and Philosophy of Art, University of Aarhus

With the invention of the stethoscope and R.T.H. Laennec´s *A Treatise on the Diseases of the Chest and on Mediate Auscultation* (3d ed., trans. John Forbes, 1830) listening to the “hidden” inside of the body becomes a means to and an object of medical knowledge. Or – like Jonathan Sterne formulates it in his impressive book, *The Audible Past. Cultural origins of Sound Reproduction* (2005): …”turning doctors into rational, scientifically minded, virtuoso listeners”. (p. 91). The history of the use of percussion, stethoscope, and auscultation represents a counterpoint to the Enlightenment and the Romantic notion of sight and vision as the sense of intellect and precise, localizing sense and hearing as the enveloping sense of affect. (Ibid. p. 95).

In his book: *Listening and Voice. Phenomenologies of Sound (second ed. 2007),* Don Ihde advocates a notion of voice as the “sound of all things”: human voices, voices of things, of God, and of inner voices. So he connects voice and listening as an entity and states that there is always a listening (to other voices) before (our own) voice. Furthermore he stresses the “polyphony” of listening and experiencing.

In my presentation I will try to explore and compare the medical listening to the “voices” of the body (through stethoscope and percussion) with the listening to things (“voices”) in the museum.

**A voice as a sound object?**

**A phenomenological inquiry into the acoustic manifestation of presence**

Eduardo Abrantes, PhD Candidate, New University of Lisbon and Center for Subjectivity Research, University of Copenhagen

What is a “sound object”? More acutely so, in what way does the adding of “sound” describe, question or challenge the notion – the multiple notions, actually – of what an object is? Can a voice be an example of a sound object? If so, how to describe it? And more importantly, what do we gain (and/or loose) in our understanding of what a voice is and means, if we experience it as a

sound object? This cluster of questions departs from concerns taken up in my PhD research project, where I question the experience of the voice as presence in the context of phenomenology of sound.

In other words, I start by supposing that the voice can be questioned from a philosophical perspective, as a worthy philosophical “problem”. I assume also that this perspective, informed by phenomenology, should aim for an holistic description that does not fall so easily into the trap of the traditional dual-divide of voice as speech – therefore, thought or meaningful language – and voice as acoustic event – physical/physiological sonorous manifestation, or simply put, a sound. Lastly, this method of questioning although departing from a philosophical background, is interdisciplinary both by nature and necessity, dealing with artistic experimentation in the fields of sound art, performance and field recording.

**A sensuous reciprocity**

Brian Dougan, Associate Professor, C A A D, American University of Sharjah, UAE

Keeping ones hands occupied while drinking might be considered some kind of primitive multitasking using lips and fingers, mouth and hand. It might also be understood as a compound aesthetic including touch and taste. Touch could be explicitly textural or it could be associated with the physics of energy transfer as in sipping hot chocolate on a cold winter morning or iced tea on the porch on a warm summer afternoon. The sensual extravaganza could also be associated with an ergonomic correctness; a sense of immeasurably appropriate proportion. If the tools employed for the activity were materially refined and well endowed, the event could also include a visual dimension. Color, contrast, pattern, or image could offer a visual spectacle that compliments well the existing sensuous package. I would like to suggest and discuss the sensuous reciprocity between the manufacture and the ultimate use of hand-made pottery. I believe this phenomenon true across a broad spectrum of clay production, but especially in regard to wheel-thrown pottery. Throwing is about being centered in a relationship with tool and material, the artisan being at the sensuous center of the universe. It is a true kinesthetic/sensual <making> experience. making = using.

**This is my body 2**

Per Roar, PhD Candidate, Theatre Academy Helsinki, affiliated lecturer to the MA program in choreography at Oslo National Academy

Format: an experimental workshop and performance situation

*This is my body 2*is an experimental workshop-performance situation that draws on anatomical models used for educational purposes. By looking at and departing from these medical objects I want to evoke a sense of their absent and ephemeral core: of the living body as a subject. My approach relies on our kinaesthetic ability to perceive and experience the body as a sensuous and physiological being. The participants are invited to experientially take part both by moving, viewing, and discussing this strategy for both probing into and sharing kinaesthetic insights.

*This is my body 2* is founded on an artistic inquiry searching for performative formats for sharing bodily investigative processes.[[2]](#footnote-0) The workshop-performance situation will be conducted in collaboration with a dancer.

**Body and Space**

Carsten Friberg , Cand. phil. & PhD, Arkitektskolen Aarhus

I wish to focus on the room where we are in as our object. Perhaps it is difficult to call the room an object; we are usually not *in* objects but confronted with them. But the room is, like other objects, something we become affected by through our senses. We use all our senses, taste maybe excluded, to feel, perceive and experience the room.

A room in not simply a physical space limited by walls like the room we find in the architectural plan or similar geometrical descriptions. A room forms a space in which we become affected by the elements defining it. A room is far more than the »container« we find ourselves in. It does something to us and we respond to it; we perceive it to be intense, warm, relaxing, depressing, light etc. Recently, the term »atmosphere« has been introduced to approach these different sensations as the fundamental qualities of a room. It has been introduced as a key-concept in aesthetics in order to shift the focus from the aesthetic qualities such as beauty and artistic to the sensuous and bodily response to objects and spaces.

Though we are subject to the effects of what constitutes a space we are often not aware of it unless it steals the attention like in the church, the hall and similar places intentionally meant to affect us. But no space leaves us unaffected, and we will discuss how we can improve our awareness of spaces by paying attention to the different impressions we have.

**Tacit Encounter: Materiality and the Sensuous Object**

Marlene Little, Deputy Head of the School of Fashion, Textiles & 3D Design, BIAD, Birmingham City University, UK.

Key words: tacit knowledge, visual and tactile engagement, material transposition, communication, medical object

We constantly encounter the immediacy of visual and tactile engagement with material surfaces and objects through our waking hours – so much so that it can become tacit knowledge on a subliminal level reduced to ‘white noise’. It needs a specific stimulus or intention to provide the focus that places sensuous awareness as a primary means of engaging with, and exploring issues surrounding, specific contextual objects. In exhibitions and museums it is rare for objects to be able to be handled - we rely on visual exploration.

Originating in textile design (where sensuous, tactile awareness is a design fundamental) and then expansion of my research/practice to include photography (where the capture of imagery and its material communication are key) has provided an ongoing challenge with issues surrounding first hand and second hand exposure and transposed materiality. How to resolve preconceived ideas involving the communication of materiality between a primary encounter with an object or artefact and secondary communication to a dispersed audience? This dilemma will be considered through a participatory experience of ‘the sensuous medical object’.

**Scan, scanner, scanned: Sensuous objects in contemporary brain imaging and early X-ray technology**

Louise Whiteley, Assistant Professor, Medical Museion, University of Copenhagen

Medical imaging technologies invoke a triangle of objects; the device itself, the image it produces, and the implied interior of a body usually seen only from the outside. This session explores the sensuous qualities of these three elements by considering contemporary museum exhibits on functional brain imaging alongside early X-ray devices from Medical Museion. Brain scanners are huge, heavy, and expensive, and their most salient sensory qualities derive from the operation of a giant magnet cooled by helium gas and encased in a shielded room; X-ray machines are portable and have a sensory appeal seemingly divorced from their operation. Brightly coloured functional brain images appear to be direct ‘snapshots’ of the mind, but are in fact representations of electronic data manipulated to appear more like an X-ray, to suggest a similar inferential proximity to the scanned object. And the representation of an imaged mind asks the visitor to imagine an object seemingly without material qualities, rather than bones we can visualize and feel under our own skin. I will invite participants to explore and challenge these comparisons, illuminating often-invisible connections between sensory qualities and their conceptual grounding in what we know of imaging technologies and their social and historical context.

**Abra-Cadaver Aseptic (un)covering of life and death**

Anette Stenslund, PhD Candidate, Medical Museion, University of Copenhagen

While standing bolt upright for several hours in cold operation rooms witnessing the one surgical procedure after the other, suddenly, without further notice, I would get hit by an overwhelming feeling which seemed to strike me from out of the blue. The point is that it didn’t. It didn’t strike from nowhere or out of the blue. Rather, I was touched by the multisensous object and in fact; it was green not blue!

In strikingly moments like this the green antiseptic covering paper would namely start playing tricks on me.

You are strictly forbidden to touch the antiseptic sheets of paper in the operation room! Once I got too close to it a surgeon’s voice was raised and slightly sharpened telling me by immediacy to be aware. I got fearful, cautious and careful by its sound. At same time the kinaesthetic experience made impossible by the hygiene standards caused my growing curiosity and desire to touch the untouchable. Visually the paper provided an opportunity to experience *Leib* and *Körper* simultaneously as one paper side unveiled a body (Körper) more dead than alive, and the other displayed a body in liveliness (Leib). These glimpses into different body worlds arouse my eager. The operation room had a pungent odour of disinfection. A feeling of gravity was my response to this sour yellowish toned smell – to me this was yellow, not green or blue!

How is an adequate communication about sensuous objects carried out? A cross reading of concepts among Martin Heidegger, Roland Barthes and Jean Baudrillard may help to sharpen our sensitivity towards this. Thus, concepts like *Welt, Ereignis, le trosième sens* and *séduction* are put in use during this session.

**Smell & Narration. Objects as a Performative Structure**

Anne Krefting, Professor, Faculty of Applied Sciences & Arts, German University in Cairo, Egypt

Researching user experience in smell-object interaction I will contribute to a methodological approach of generating meaning in a culture related object perception, creating knowledge and awareness in a culture of senses, understanding smell as a *storying* element in the field of performativity of objects.

From masking odors to marketing with aromas in air design or olfactoric branding, objects can be related to smells. Physiological based on the link between olfaction and the limbic system, that is responsible for emotional reactions and motivation, smell influences the average stay in shopping spaces and raises consumer's acceptance. At the same time olfactory influence can enhances concentration and efficiency in working spaces.

Early associations of smell and objects are influential to the emotional memory and thus evoke childhood memory instead of later smell experience. Obviously humans' smell recognition is better than their consciousness about it. This addresses questions on trainability of the brain towards relations of smell, objects and (un) pleasant experience.

Odors can be described as inner images or concepts of the world. Marcel Proust is known for luxurious description of smell-induced memory through objects. User experience shows, that people relate material with corresponding smell, function and qualities of objects. Wood is not only expected to be solid, fibrous and change colour with aging, but to *smell like wood*. Suesskind (the perfume) describes his protagonist's perception of smelling wood as an overwhelming and absorbing experience: He perceives its odour as an ambient ascending, quenching under the roof, transforming him to wood, drowning in it, drinking it and saturating himself before he is able to "regurgitate" the word 'wood'. The difficulty of finding words for smell experience is met by Axel and Buck's research on the basic level of language for smell perception.

In my paper I address performativity of smell impacts on objects triggering stories in object experience. I examine smell perception in the perspective of narrative elements and scapes reflecting interactions of actants and agency in actor networks:

*Smells as narrative elements* in object perception will focus on of different smells on observers as user experience addressing the impulse of storytelling in object perception as a performative construction of meaning.

*Smell as scapes* include methods of smell display. The example of the Japanese incense ceremony or spreading rosewater in Arabic mosques cultivates object experience in the interaction of people, vessels, space, actions, body language, activities in narrative atmospheres.

**Key words**

User experience, design research methods, performativity

1. Roy Porter, “The rise of the physical examination,” in W. F. Bynum and Roy Porter, eds., *Medicine and the Five Senses* (Cambridge University Press, 1993), 190. [↑](#footnote-ref--1)
2. 1 **Background:** *This is my body 2* stems from an experiment I began at the Nordic Summer University in July 2010 on “warming up” an audience kinaesthetically in order to enhance their proprioceptive sensing. This investigation was developed and presented at TEAK theatre in Helsinki in December 2010 as a performance situation with one choreographer, two dancers and a sound artist – entitled *This is my body*. Later reworked for Colloquium for Artistic Research in the Performing Arts (CARPA) in Helsinki January 2011. The experiences from these experiments were presented in a paper at the winter-session of Nordic Summer University in Århus February 2011, and subsequently followed-up by new try-outs at its summer session in Malmö July 2011. The project is supported by Arts Council Norway and Fund for Sound and Image Norway. [↑](#footnote-ref-0)