



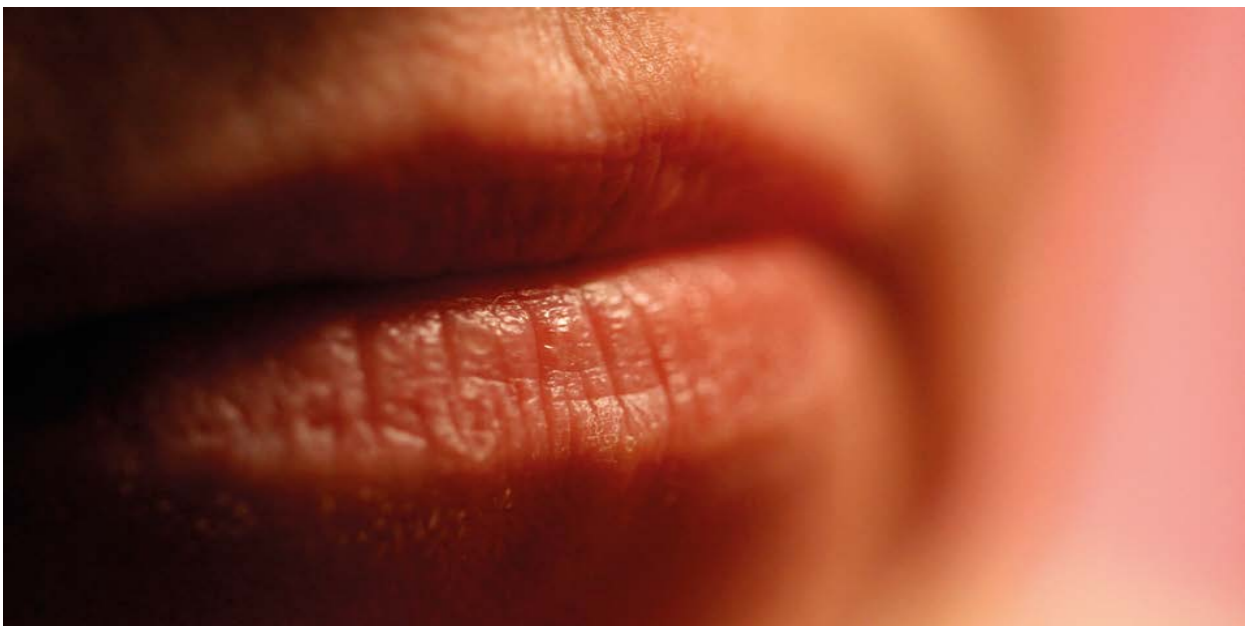
MARIANNA SIMNETT IN CONVERSATION WITH SAM THORNE

ACTS

OF



DISAPPEARANCE



The Udder (stills), 2014. Courtesy: the artist and Jerwood/FVU Awards

The London-based artist in conversation with the director of Nottingham Contemporary. They talk about chaos, performance, the Botox industry, fable and disappearing acts.

SAM THORNE

I was recently watching a YouTube playlist that you made. It jumps from the dance scene in *Metropolis* (1927) to a woman lip-syncing to Busta Rhymes, from heads exploding in David Cronenberg's *Scanners* (1981) to Björk talking about her TV to Mike Tyson biting off Evander Holyfield's ear. Somehow it's a wonderfully succinct compilation of your interests.

MARIANNA SIMNETT

Cronenberg's early works have been a big influence on me. I love pre-CGI psychological and biological horror films. I'm often drawn to narratives where there's a threshold-upset between a body and its surroundings. The Busta Rhymes clip is actually a singer and rapper friend of mine, with my goddaughter sitting on her lap.

ST

Ha!

MS

There's always a personal element that I'm drawn to. And, in that clip, there's the surprise of the lyrics coming out of her mouth. With Tyson and Holyfield, there's this kind of chaos, which has no rational or causal explanation. Things explode and there's no place to go but out.

ST

Let's talk about *The Needle and the Larynx*, a short film you made in 2016. It's connected to the Botox industry, but all kinds of other things erupt.

MS

Before I had any idea that it was going to end up as an art piece, I had this terrifying urge to lower my voice.

ST

Why did you want to lower your voice?

MS

I knew about Margaret Thatcher coaching herself to have more gravitas by emulating masculinity, and was aware of all that bad feminism—the ways one might “lower” oneself in order to gain power. But this was more a preoccupation with tweaking and adjusting myself, by just a semitone. I wanted to do something invisible, that wouldn't be monstrous but which would adjust me ever so slightly, and then forever take me off in a new direction.

After a period spent freaking myself out watching YouTube videos of open-neck surgery, I was introduced to one of the leading voice surgeons for gender reassignment. He was as understanding as he was suspicious: “So you subject yourself to things. Why do you do that?” He talked me through possible procedures, and finally came up with the solution: using Botox to temporarily lower my voice, in a similar way to how you would tune a string instrument. Botox would paralyze the muscle, which would then lower my vocal cords. This procedure would more commonly be used by men, who might have stayed with a higher-pitched voice even after puberty.

Botulism was originally discovered via food poisoning in the nineteenth century. People would eat badly cooked meats or badly preserved beans, and the symptoms would be drooping eyes, paralysis, and so on. It would nearly always result in death. But later it got harnessed, filtered, and distilled, and eventually became what we now know as botulinum toxin, which is used for cosmetic and medical purposes. It literally disconnects the brain from the muscles. So it can paralyze facial movements, help with Parkinson's disease, spasmodic muscle disorders—various instances where the body can't control its movements.

ST

How did these lines of inquiry lead you to making *The Needle and the Larynx*?

MS

The Needle and the Larynx is both a work in itself and a form

of research. I'm a firm believer in research being everywhere, meaning that it's experiential as well as cerebral. I felt like I couldn't start talking about any of this until I understood what it was like to go through the process myself. I knew I was going to have to live with the effects for two or three months. I wrote a fable that was basically an exaggeration of what was really going on in my life at the time, mixing together different languages: documentary, Grimm's fable, historical. The film essentially journeys through my own process.

ST

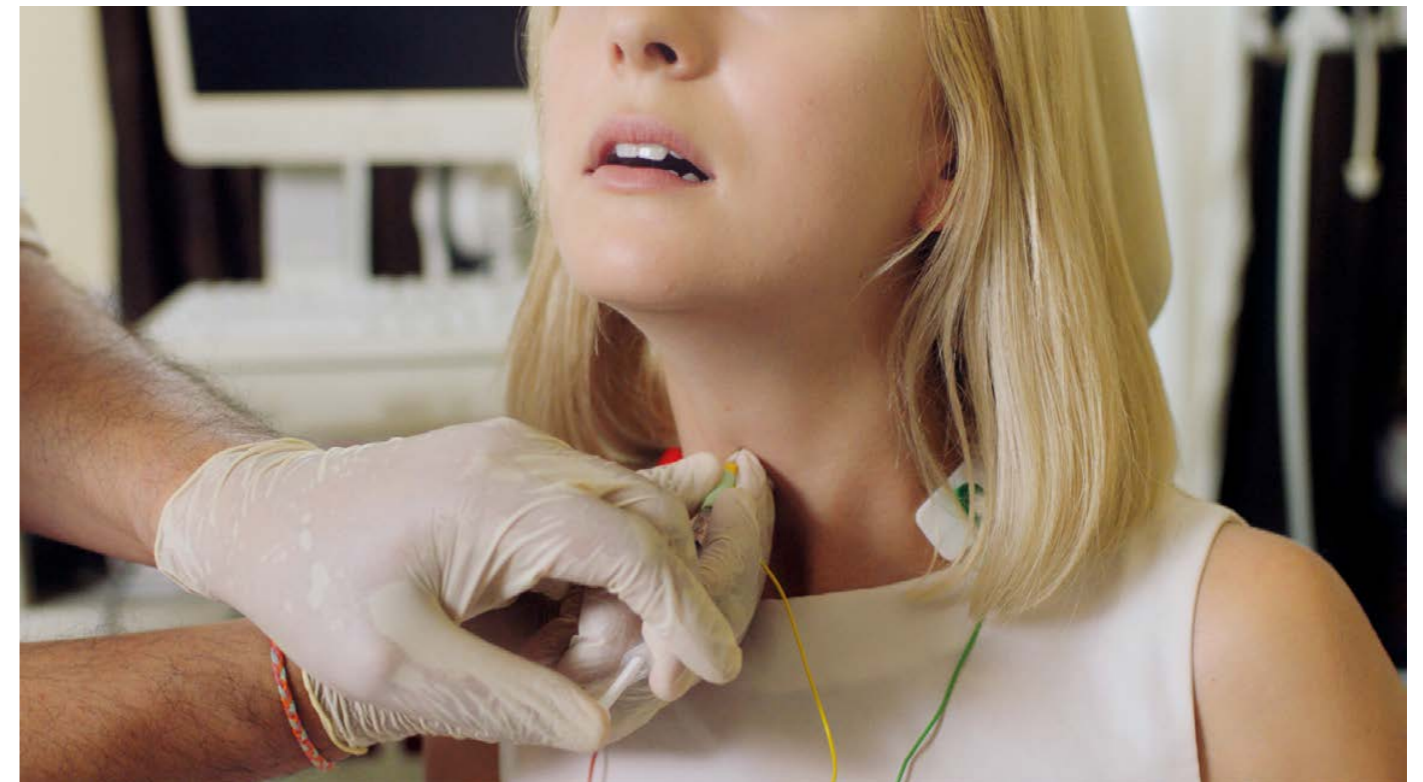
It opens with this line saying, “One time, the girl went to the surgeon and said, ‘Surgeon, make my voice low, so that it trembles with the Earth, and is closer to those groans outside that keep me turning in the night.’” The title is totally Aesop. Somehow it made me think of the Needle and the Larynx as star-crossed lovers.



Faint with Light, 2016, *Lies* installation views at Seventeen, New York, 2016. Courtesy: the artist and Seventeen, London / New York. Photo: Gregory Carideo

Marianna Simnett is an artist based in London. Her work spans video, performance, installation and drawing, with a focus on bodies and their limits. She was a winner of the Jerwood/FVU Award in 2015, and had recent solo exhibitions and screenings at Seventeen and Serpentine Galleries. Forthcoming work includes a solo show at Matt's Gallery in September and a musical film to be produced by Film and Video Umbrella.

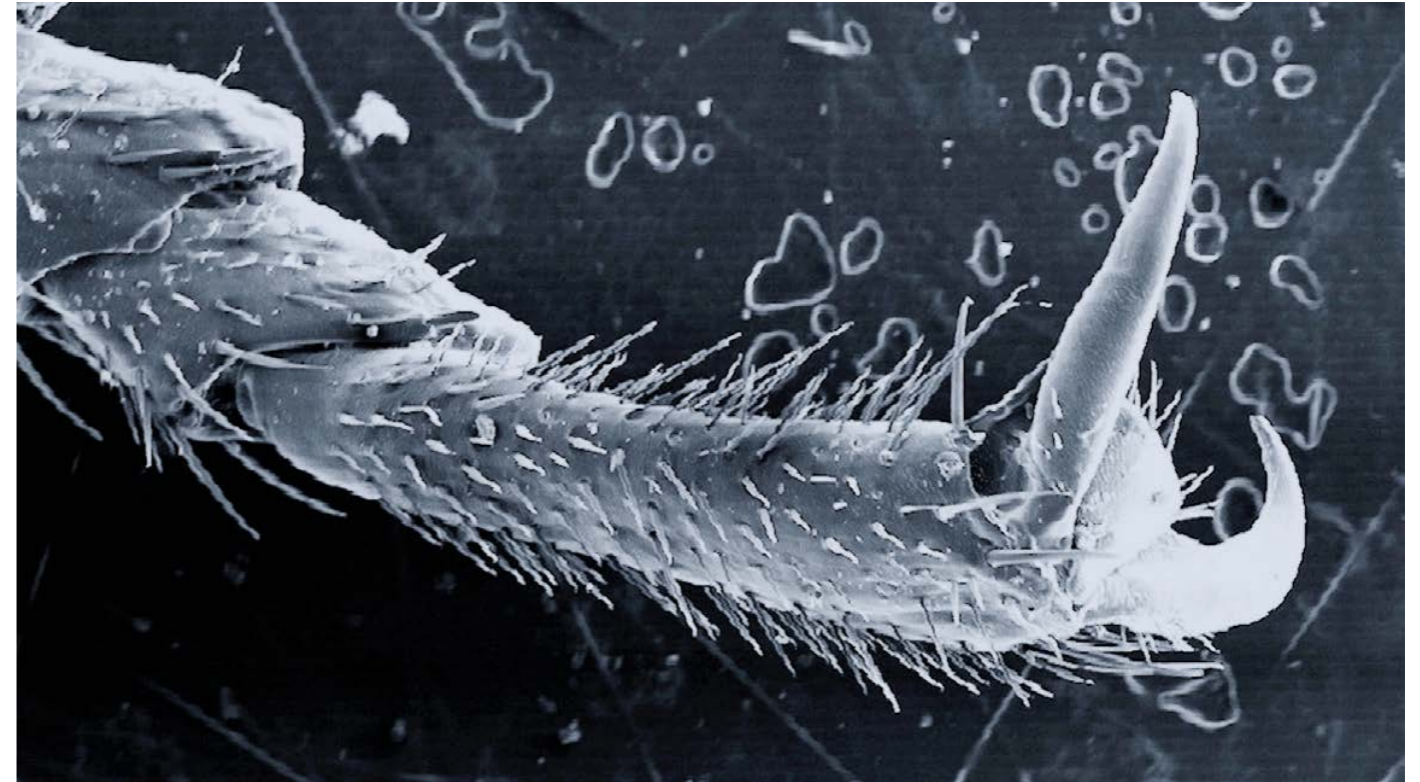
Sam Thorne is director of Nottingham Contemporary. He is a contributing editor and columnist at *Frieze*. His book, *School: A Recent History of Self-Organized Art Education* (Sternberg Press), is published in March 2017. Forthcoming exhibitions at Nottingham Contemporary include solo shows with Lara Favaretto and Wu Tsang. Thorne has also co-curated the exhibitions *That Continuous Thing: Artists & the Ceramics Studio, 1920–Today* at Tate St Ives, and *As Above, So Below*, a survey of art and spiritualism, at IMMA, Dublin, both of which open in April.



Above - *Faint with Light*, 2016. Documentation of the artist fainting at Factory UK, London, 2016. Courtesy: the artist
Opposite, top - *The Needle and the Larynx*, 2016, *Lies* installation view at Seventeen, New York, 2016.

Courtesy: the artist and Seventeen, London / New York. Photo: Gregory Carideo

Opposite, bottom - *The Needle and the Larynx* (still), 2016. Courtesy: the artist; Serpentine Galleries, London; Seventeen, London / New York



MS Aesop was by my bedside growing up as a kid; it's ingrained in my thinking. I'm interested in activity and passivity. If there's a needle in the larynx it's obviously an invasive procedure, but it's a kind of love story, too. If you take away the identity of the person it's being done to, the body part is isolated. It becomes more about the procedure, the operation, and less about the person who is having it done.

ST We've talked before about Marina Warner, particularly her writing on fairy tales.

MS Warner talks about heroic optimism, about how fairy tales are known for their happy endings but quickly move into gallows humor. She once wrote: "The more one knows fairy tales, the less fantastical they appear; they can be vehicles of the grimmest realism, expressing hope against all the odds with gritted teeth." There's something about the ability of fairy tales to be retold and reframed throughout history, rather than getting usurped by other models.

ST Let's talk about the role of music, and by extension collaboration, in your work. It's very considered. You've used, to give just two examples, a piece by Henry Purcell as well as a cello-cum-mosquito work by Oliver Coates.

MS Music and sound are very important to me. I grew up schooled in a musical theater environment, and at home with quite disciplined piano and flute playing. So I've always tended toward it, even though I never chose it as a primary preoccupation within my work. I use music in different ways.

Purcell wrote the *Music for the Funeral of Queen Mary* in 1695. I'm interested in the exuberance of Baroque music. I used that particular piece in *The Needle and the Larynx* to switch time and era, and to talk about a funeral in which the friends of the deceased also die. So there was an act of collaging. While I wanted something that would evoke a canonical piece that people would semi-know, I also wanted to stitch these different deaths together. The Oliver Coates thing you described as a mosquito is actually a cover of a Squarepusher track on the cello. It's got this metronomic ooziness—it almost relates to Botox.

ST It feels like what's also at stake here is how sound can be transposed from one instrument to another, or morph one era into another. It's about the transformational qualities of the sonic.

MS Absolutely. I see the whole film almost as piece of music. For the score I worked with Lucinda Chua, who I've known for ten years. It starts with the Oliver Coates, and the rest is all written in the same key signature, taking pretty similar melodies, but slowing it right down and warping it. I'll start with a basic composition, write the lyrics, and then hand it over to Lucinda, who deconstructs what I've done, while sticking to the structure and the words. She will "cover" it, in effect, and then we'll pass it back and forth until it fits.

ST That process of sound recording is actually visualized in your piece *Faint with Light* (2016), in which your own gasping is rendered as volume bars. You somehow become the visualization of music playback.

MS *Faint with Light* is different because it's a pure extraction of a state, a state of me losing my position, literally falling over. The sound is of me hyperventilating until I make myself faint, repeatedly. The air in my lungs expels, making a violent and erotic-sounding groan at the point of unconsciousness. I recorded it in a sound studio filled with beanbags, mic'd up at every level to capture each position of my collapsing body. *Faint with Light* is about sound, not music, and there's a big difference in the way that each one is employed.

ST Watching you undergo the Botox procedure obviously put me in mind of early 1970s endurance works by artists like Marina Abramovic', and also Chris Burden's piece *Shoot* (1971). But what

you're doing seems to me much more about the procedural, the operational. As the surgeon said to you, "You subject yourself to things." This is an entirely different kind of self-subjection compared to the endurance-based works of forty-plus years ago.

MS It certainly is. I think it's because of our relationship with technology. The 1970s were about embodiment and trusting that the body is there. I'm talking from within a place that feels like I'm doing these acts of disappearance.

ST How do you mean "acts of disappearance"?

MS In *Faint with Light*, quite literally losing consciousness. In *The Needle and the Larynx* there's a dropping of energy, a kind of lowering. Everything is moving down all the time. It's related to inertia, or stasis, or not being able to *do*. But what do you mean by "procedural"?

ST In Burden's early work there's a DIY feeling of two friends hanging out in some garage, doing something stupid together. But the way you went about *The Needle and the Larynx* involved a lot of research, a lot of fascinating and dark conversations with surgeons. It's also involved submitting yourself to an industry, which is a distance away from friends in a studio, playing with fire.

MS Though *Faint with Light* was pretty much exactly that! I was really interested in one piece leading to the next: one being about being active on my part, forcing myself to go through something, and then the massive contrast between that and the operation, which is about submission and passivity. But there's also my poise in *The Needle and the Larynx*, which is both passive and resilient at the same time. It's a give and take.

ST "Poise" is the right word. Let's talk about your role, pose or poise within all this. You're undoubtedly going through it yourself, yet there's also a sense of performance.

MS To be perfectly honest, I make the actions so difficult, I don't really need to "perform." I was genuinely frightened in *The Needle and the Larynx*: my eyes are massive! I didn't speak because I was filming at quarter speed so the sound and image would not be in sync. But it's performance in the sense that I'll heighten things very slightly. I'll make the eyes a little bit bluer, and make the hair a little bit blonder, and wear a white dress. That just talks about femininity in relation to a procedure that is usually done for men.

ST I'm curious about the roles of labor, of activity and inactivity, within your practice. In *Blue Roses* (2015), the first words in the film are a demand: "When can I go back to work?"

MS That question was taken straight from the Q&A section of a varicose vein website, indicating that it's a quick procedure. A lot of the script for *Blue Roses* was taken from the language of private health care. I was struck by how it's allowed to advertise itself using a very different language to the National Health Service.

ST What's the difference?

MS It's allowed to be more cheesy and pushy, since it's about the money. It's sickening and weird. I'm really concerned about how we are having to patch ourselves up, fix ourselves, in order to go straight back to work. It's similar to the mindfulness industry. These options are always there to provide you with a new energy, one that is framed as being for yourself, but is actually for the functioning of the workplace.

The language of doctors is also fascinating because it's got this simultaneous care and distance. Every action has been perfectly measured. Even when I am playing a role, I still get a sense of assurance that it's only a procedure and nothing is going to go wrong.

