

THE CONTINGENCY OF IMAGES: JENNIFER BARTLETT'S "HOSPITAL" PAINTINGS

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Let's begin with two remarks Jennifer Bartlett made to Sue Scott in a 1993 interview: "I agree with Alex Katz; there is the subject matter and then there is the content of the painting. And the subject matter is a device, it's a starting place. The content is something different."

A little later, following a discussion about abstraction and figuration, Bartlett says: "I've never seen a really sad abstract painting but for that matter I guess I've never seen a sad figurative painting. Bad of both but not sad. I guess painting by its nature is cheerful."

Confronted with Bartlett's recent *Hospital* paintings it is hard, at first, to treat the subject matter as only "a starting place" and even more difficult to sustain the notion that "painting by its nature is cheerful." These are art works in which the subject matter seems to overwhelm and subsume any content that could be distinguished from it. Yet as you examine them, that apparently self-evident subject matter begins to break down, almost dissolve as a result of how Bartlett has chosen to paint it (and by "how" I don't mean primarily style, though that does come into it, but something more to do with concept and *mise-en-scène*).

We shouldn't be surprised by such complexities. Bartlett has always sought to disrupt conventional viewing habits, whether through the enormous scale of works such as *Rhapsody*, by sequencing countless views of the same scene for *In the Garden*, by juxtaposing two-dimensional and three-dimensional depictions of an object in *Double House* (1987) or by playing with radically striated images in the landscape paintings she made between 2005 and 2011. From the beginning of her career she has been a restless and relentless transgressor of boundaries, among them figuration/abstraction, image/text, and painting/sculpture. In her latest body of work—paintings and pastels that depict views from the windows of a New York City hospital, as well as scenes of hospital corridors and doorways—Bartlett continues to problematize her medium, even as she revels in its materials and genres.

Fig. 1
Contact sheet, for selecting images for
History of the Universe, ca. 1985





Fig. 2
Georgia O'Keeffe (1887–1986), *East River from the Shelton Hotel*, 1928, oil on canvas, 12 x 32 in. (30.5 x 81.3 cm). Alfred Stieglitz Collection, bequest of Georgia O'Keeffe, 1986 (1987.377.3). The Metropolitan Museum of Art, New York, NY

Although neither the titles nor the paintings themselves explicitly tell us the name of the hospital, by noting the viewpoints of the window scenes Bartlett paints it's not difficult to identify the building in question as Memorial Sloane Kettering Cancer Center in the East 70s of Manhattan, overlooking the East River. Turning from Bartlett's 1993 comment to the *Hospital* paintings, you might wonder if a suite of paintings which appear to be souvenirs of a stay in an institution that is dedicated to the treatment of that most dreaded of diseases can be in any way "cheerful." The possibility of this being joyful and sunny art seems even more remote when we note that the artist never allows us, nor herself, to forget the gravity of the situation thanks to the constant inclusion, somewhere on the paintings, of the word "hospital," painted in no-nonsense uppercase letters.

But maybe we are going too fast. Can we be sure of the subject matter of these paintings, much less of their content? Some of the paintings in the series offer us splendid cityscapes, painted with such brio, inventiveness and feeling for the spirit of New York City that they will, I predict, instantly assume a central place in its art-historical iconography. (Perhaps not since Georgia O'Keeffe's late 1920s paintings of views from the Shelton Hotel (fig. 2) has the East River been given such sustained, compelling artistic attention.) Yet it is only by ignoring that word included so explicitly on every canvas, that we could define these paintings as (simply) views of a city and its surrounding natural setting. In other paintings we are shown hospital interiors featuring institutional corridors that Bartlett portrays in precise detail (note the handrails and wall-phones) even as she transforms them into vibrant, near-allegorical visions. Here, too, the word "hospital" invariably appears. Are we to conclude that whatever the dominant imagery, whether it is a barge making its way down the East

River beneath windswept clouds or an empty corridor leading to a glowing doorway, the subject of the painting is always the place identified by those three syllables? From a theoretical perspective this seems plausible, but if the focus is on how we actually experience one of these paintings, I don't think that "hospital" says it all.

It's possible, for instance, if only for a certain period of time, to ignore, to bracket off the word, treating it as one would an artist's signature: important perhaps, but not necessary to our primary experience of the painting. The artist almost seems to be challenging us, her viewers, to ignore the telltale word and appreciate the paintings unencumbered by knowledge of their origins. And there are plenty of reasons to want to give yourself over completely to these cityscapes so alive with light, air and a sense of paint-in-motion that is almost Expressionist, and to contemplate these closely observed, beautifully wavering hallways that so strongly recall some of van Gogh's late watercolors, especially *The Entrance Hall of Saint-Paul Hospital* and *Corridor of Saint Paul Asylum at Saint-Rémy* (fig. 3), also known as *The Open Door*, both 1889. (There is a further echo of van Gogh in one of the nighttime *Hospital* paintings where a curved window frame is reminiscent of the vaulted ceiling visible in some of the *Saint Paul* pictures.) In looking past, or through, the condition implied by "hospital" we place ourselves in a situation like that of a patient: we yearn for and project ourselves into the world that may be visible from a hospital window but is inaccessible for the moment, or perhaps forever. It, thus, seems more accurate to say that the subject matter of these paintings is "being in hospital" rather than views within and from a hospital. Is this what the paintings are about? Is this their content? Before we can answer this question there is yet another layer of complication to consider.

As the series progresses another recurrent and even harder to explain feature besides the word "hospital" begins to assert itself. In each painting, a band of color, just an inch or two wide, and never exactly straight but never simply meandering, makes its way across the canvas, from side to side or top to bottom. In a painting showing the distinctive four-smokestack profile of the Ravenswood Generating Station rising from the gray steles of Roosevelt Island and Long Island City stand out darkly against a pale blue and orange dawn sky there is a ribbon-like green band stretched from edge to edge, almost echoing the horizon. There's no way to explain this green line as part of the scene, unless we think of it as painted onto a window through which the artist is looking eastwards. (Like all the other works in the series, the painting is based on photographs that Bartlett took during a stay in Sloane Kettering; she has been using the camera as a kind of sketching tool since at least *In the Garden*.) But this can't be the case since similar lines also appear in interior views of the hospital: in a painting of a luminous corridor with double blue doors at the end a bright orange line cuts diagonally from upper left to lower right; for a more drab and claustrophobic corridor, the diagonal direction is reversed and the line becomes



Fig. 3
Vincent van Gogh (1853–1890), *Corridor in the Asylum*, September 1889, oil color and essence over black chalk on pink laid ("Ingres") paper, 25 5/8 x 19 5/16 in. (65.1 x 49.1 cm). Bequest of Abby Aldrich Rockefeller, 1948 (48.190.2). The Metropolitan Museum of Art, New York, NY

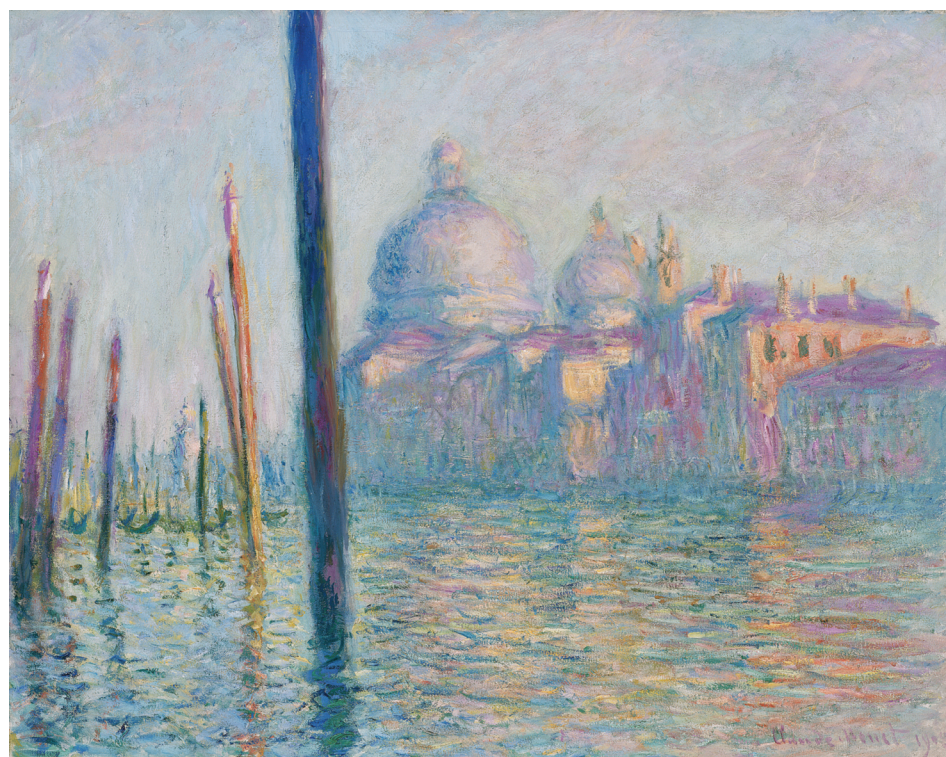


Fig. 4
Claude Monet (1840–1946), *Grand Canal, Venice*, 1908, oil on canvas, 73.7 x 92.4 cm. Museum of Fine Arts Boston, bequest of Alexander Cochrane 19.171

black. There's also a black line, running this time from top to bottom, in another corridor painting where a highly reflective floor turns almost watery, as if we have suddenly been transported to Monet's Venice (fig. 4).

These lines suggest various possible sources or references without ever being explicit: because it's a hospital they can evoke cords and tubes that patients might find themselves hooked up to; they also suggest lines on medical charts or on screens monitoring vital signs. There is something cartographic about them—they might be roads or rivers on a map. In terms of art history, Barnett Newman's "zips" obviously come to mind, but so, too, do the gauze-or-latex wrapped wires that dangle from certain Eva Hesse sculptures. These bands also connect to Bartlett's own history, especially parts of the "Line Section" in *Rhapsody* (fig. 5), including plates 283–290 which feature freehand and ruled lines and plates 465–471 with the "continuous freehand line" (Bartlett's own terminology) characterized by Roberta Smith as "completely liberated"; it cuts through the square panels much like these bolder, more colorful bands. Ultimately, however, they don't seem to have any single referent, which distinguishes them from all the other elements in the paintings. They sit, like the letters of "hospital," on the picture plane, and seem to have been the last, or next-

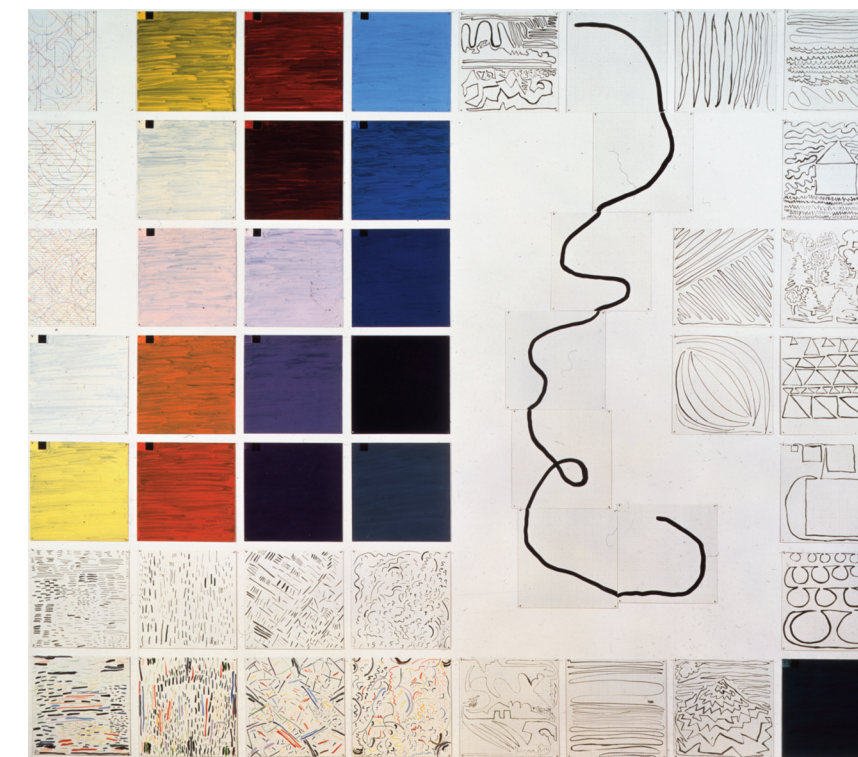


Fig. 5
Jennifer Bartlett, *Rhapsody* (detail), 1975–76, enamel over silkscreen grid on baked enamel steel plates, 90 inches x 153 feet

to-last thing to be added to the painting. Paradoxically, they disrupt the very picture that they complete, and yet they do not feel at all like cancellation marks. Whatever their origin or intention, they introduce an explicitly abstract element into the painting.

Perhaps we should think of these paintings as phenomenological sketches, laying out with impressive clarity some facts about the working of perception. As we experience phenomena in the visual field our consciousness is also always concerned, in part, with much that is not evident in the world we are looking at. For instance, as I look out onto a hayfield and a distant line of trees from the window of the room where I am writing this, most of my mind is given over to thinking about Jennifer Bartlett's work. How would I convey this bicameral situation in a painting of this landscape? Filmmakers have recourse to voiceovers, poets can weave together verbal descriptions with intimations of thoughts, but painters? Even though great painters can convey how they see the world with incredible specificity, it is not so easy for them to direct the viewer's mind to a particular theme, to be as explicit conceptually as they are visually.

Of course, this openness of meaning is one of painting's central strengths. In front of a painting the mind is free to wander in ways that more discursive art forms

don't allow. But a painter is not "only an eye" and paintings are not only about the visible world. How, then, to represent seeing and thinking together? Traditionally, when painters have sought to reflect this bifurcated aspect of vision they have turned to symbolism, endowing trees or lakes or sunsets with specific, articulable meaning. Symbolism can be a powerful mode but it isn't well-suited for depicting the kinds of nuanced disconnections that Bartlett seems to be concerned with here. Among the many impressive things she accomplishes in this body of work is to have found a way to acknowledge and communicate a basic fact of consciousness. What's more, she has done so with a radical economy of means: by writing a single word. Although it might seem terse, even brutal, the insertion of "hospital" into these paintings has extensive and subtle implications. Rather than making a Magrittean exercise in exposing the "treachery of images," Bartlett seems to want us to consider the contingency of images, and also the contingency of writing, which, she reminds us, can only appear within some kind of visual field.

A different kind of role is played by the colored lines that traverse the paintings, which look like they might have been plucked from one of Mondrian's late works (fig. 7)—another notable homage to NYC—to be bent and squeezed into this new setting. Because these lines appear to lie on the same plane as the textual "hospitals" we are invited to think about how these two elements might relate to each other. I'm inclined to read the lines as embodiments of autonomy. Everything else in these paintings is determined and defined by the fact that the artist conceived the series within the constrictive realm of the hospital: the views, for all the joy and vitality with which they are painted, can only be those offered to a patient, while the word "hospital" obviously keeps the painting and viewer and artist within the precincts of illness. Only the colored lines escape this dependency, as if the artist has reserved for herself, has insisted upon, one zone of total freedom within each painting. Even more emphatically than the inclusion of text, they make it impossible to engage these paintings as purely representational. Once again, as she has been doing for more than four decades, Bartlett rejects any neat division between the abstract and the figurative.

Is it, then, in these colored lines that we should seek the cheerfulness of these paintings? Or is the cheerfulness, the rejection of the possibility of a "sad painting," something that pervades this series even more deeply, inhabiting and inspiring every brushstroke, every sensitive capture of light and color, every daring deployment of these pieces of the built world, from the Triborough Bridge shimmering in the distance of one painting to the exuberant architectural jumble of the Rockefeller University campus that fills another? Is the cheerfulness implicit in the very existence of these paintings?

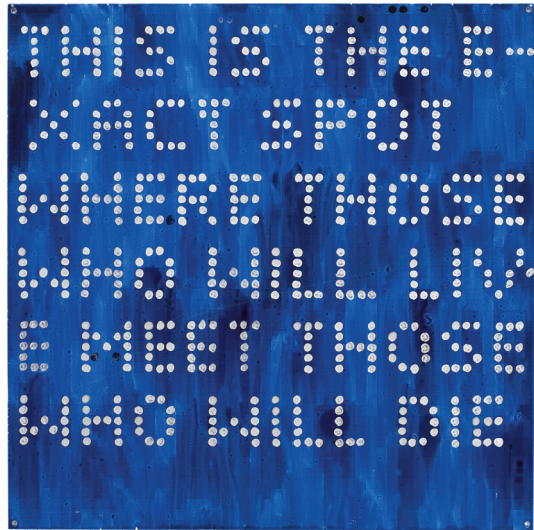


Fig. 6
Jennifer Bartlett, *The Exact Spot*, 2004, enamel over silkscreened grid on baked enamel steel plate, 19 5/8 x 19 5/8 in. (50 x 50 cm)

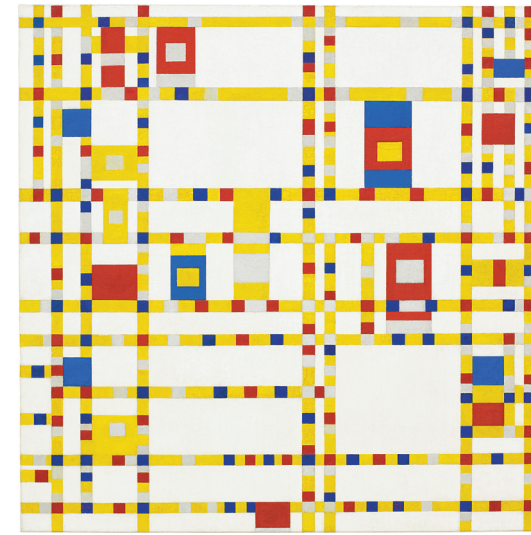


Fig. 7
Piet Mondrian (1872–1944), *Broadway Boogie Woogie*, 1942–43, oil on canvas, 50 x 50 in. Given anonymously, The Museum of Modern Art, New York, NY

In September 1899, around the time he was depicting the interior of the Saint Paul Asylum where he had been committed, in the depths of despair at the increasing frequency and gravity of his "attacks," and fearful that "a more violent crisis may destroy my ability to paint forever" Vincent van Gogh suddenly, in one of his letters to his brother Theo, launches into a paean to his paintbrush:

"What a queer thing touch is, the stroke of the brush! In the open air, exposed to wind, to sun, to the curiosity of people, you work as you can, you fill your canvas anyhow, you catch the real and essential—that is the most difficult. But when after a time you take up this study and arrange your brush strokes, it is more harmonious and pleasant to look at and you add whatever you have of serenity and cheerfulness."³

Although emphatically not done *en plein air*, Jennifer Bartlett's *Hospital* paintings have indeed caught "the real and essential" about so much. With their proliferation of windows and doorways, they draw us again and again to a threshold where we can apprehend their intermingled themes, and signal, somehow, our gratitude to the artist for bringing us along with her, once again.

Notes

1. Scott, Sue and Field, Richard. *Jennifer Bartlett: A Print Retrospective*, Orlando Museum of Art, Orlando, 1994.
2. *Rhapsody: Jennifer Bartlett*, introduction by Roberta Smith, with notes by the artist, Abrams, New York, 1985, p. 20.
3. *Dear Theo: The Autobiography of Vincent Van Gogh*, ed. Irving Stone, Signet Books, New York, 1969, p. 449. Van Gogh's original French wording at the end of this passage is "et on y ajoute ce qu'on a de sérénité et de sourire." The uncredited translator of Stone's edition translates "sourires" as "cheerfulness," while the English version on the website of the Vincent Van Gogh Museum in Amsterdam prefers the more literal but not necessarily more accurate "smiles."