

Anthea Williams:

Welcome to Activated Arts. I'm your host Anthea Williams and today we are going to talk about when values shift for artists, be it due to illness and disability, the environment, or other factors. My guest is Hanna Cormick. Hanna Cormick is a performance artist with a background in physical theater, dance, circus, and interdisciplinary art. Her work has been performed in Australia, Europe and Asia. Her current practice is a reclamation of body through radical visibility. I'm currently talking to Hanna from her home in Canberra, Australia.

Anthea Williams:

I don't think of myself as a journalist. I think of myself as a theater maker and filmmaker. And part of what I like about this podcast is that it presents artists talking directly to each other. That said, in the spirit of journalistic integrity, I feel the need to let you know that I view Hanna is a dear friend and collaborator. And that is the case, even though Hanna and I have only been in the same room once and only for a minute or so, but more on that later. Hannah, thank you so much for joining me on Activated Arts.

Hanna Cormick:

Thanks for having me today.

Anthea Williams:

I would like to start talking to you about your arts practice by talking about what were you up to around 2013 to 2015, when I believe you were living in Paris?

Hanna Cormick:

That's right. I was living in Paris and I'd been there for a few years by then. I had been training at Ecole Internationale de Theatre Jacques Leqoc which is a physical theater school that's well-known for its incredibly rigorous training style and the physical virtuosity of the performance that come out of it. And I guess I was working in kind of a mix of genres straddling the borders of theater, physical theater, dance, circus, and that kind of amorphous stuff in between some experimental vocal practice with the Roy Hart Center in Pan Theatre and some places like that.

Anthea Williams:

Amazing.

Hanna Cormick:

It was really fun and, um, a really kind of creatively rich period of my life.

Anthea Williams:

And was there a particular theme that your work was about or was that very broad?

Hanna Cormick:

It was very broad. Um, I was, you know, kind of doing underground cabaret stuff, also working with the social circus, um, with Sirkhane Circus over in Turkey in refugee camps there. But I think the one thing that I guess they all had in common was that none of the work was autobiographical, none of it was about myself whatsoever.

Anthea Williams:

Right. That's interesting considering what we're going to talk about later in the show. And I believe before you came back to Australia you were about to do a production of [inaudible 00:02:54] and you also had a show that was about to open at the Edinburgh Festival. Can you tell me a little bit about your Edinburgh Festival Show.

Hanna Cormick:

So that did go ahead. Um, I was, it was very difficult. I was very, very sick by that point. Spending every day visiting doctors and trying to get different supplemental things they'll tell you to take or doing tests and conserving my energy for the performance each night. And that was a physical theater work called the Emperor of America that was, uh, kind of devised in, uh, with a group of Leacock graduates, um, with a company called BreadKnives. That was a work we developed over two years and had been performed in the UK and Paris previously. And it was, yeah, it was, it was a really difficult thing to perform when I was in this state of incredible illness. Uh, and at the same time trying to hide from everyone how sick I was and kind of trying to hide from myself how sick I was as well.

Anthea Williams:

So what happened while you were in Edinburgh? How sick were you?

Hanna Cormick:

By the time I got there I was already in so much pain that I was kind of losing vision from it constantly and vomiting, then regular seizures and anaphylactic episodes and, um, episodes of paralysis. I had lost the ability throughout that year to tolerate food at all. I was starting, I became allergic to all food. And these allergies were kind of building up and up and so I was starting to become incredibly reactive to things that were in the space around me and that meant that I was starting to have these very extreme, um, allergic reactions and medical reactions just to the people that when you by and the things that they had with them. So yeah, I was collapsing every day.

Anthea Williams:

Okay.

Hanna Cormick:

And when I actually arrived I saw a doctor who said, "You can't do this show at all." And I, uh, I just said to her, "I can't do that. The show must go on."

Anthea Williams:

Huh. Yeah. Well, that's a story we've heard before, isn't it? Uh, what do you think about that phrase now?

Hanna Cormick:

I have a completely different view on that now. You know, I used to really value that idea that the art and the show was the most important thing that there was. And it was a completely legitimate thing to sacrifice all of myself for that show. It didn't matter how little sleep I was getting, how stressed I was, how little I was eating. Um, it didn't matter how much my body was suffering. You would just push through anything to get the show up and to make it the best it could be. But now I recognize that as an incredibly toxic mindset that I think is actually really damaging to our industry and damaging to all artists within it. I was continuing to be in denial about that and my partner actually took me aside and he said, "Look, you have a choice. You can either go home and seek the medical care that you obviously need or you're going to die." Uh, so I had to come back to be cared for by my family.

Anthea Williams:

Mm-hmm (affirmative). And then I know you went through a long process of finding out what was happening, what you were allergic to, and diagnoses. Are you willing to share that with the audience?

Hanna Cormick:

Sure. One category of allergic diseases, uh, mast cell disorders. They're cell that is part of your immune response. When you do have, for example, an IgE-me- mediated allergic reaction, the mast cells are what are called in to respond to that trigger being recognized. And they degranulate, which means they explode with hundreds of different chemicals that cause your body to have all these reactions like swelling up and hives and respiratory problems and anaphylaxis. And those are systemic reactions that, um, can also cause a lot of brain inflammation and a lot of strange symptoms that people don't actually realize a part of the allergic process. And for people with very extreme disorders like mine that does involve things like seizures and hallucinations and psychosis and paralysis.

Hanna Cormick:

And we didn't know that the problems that I was presenting were, were something that would happen in any other members of my family. My father and my uncle, um, have been un- unable to eat fruits for as long as I've been alive and no one really understood why and the doctors were just always constantly confused about what this problem was for them. But that was seen as some kind of mysterious digestive disorder and my problems were seen as just, you know, someone who had lots and lots of allergies and was for some reason developing more and more and more allergies throughout their life. And which I thought was normal, turns out it's not. Uh, in some of the disorders people have too many of these cells, which are called mastocytes. In some of the disorders, those cells are a regular number, but they're just hyperreactive to triggering themselves. In my situation it's both.

Hanna Cormick:

That essentially means that once your body is in that state of these cells becoming really hypersensitized, it recognizes a lot of what would normally be non-problematic things as a potential immune threat. And so my body thinks that food, almost all food, um, including just being in physical proximity to it, a lot of different chemicals, particularly petrochemicals-derived products like plastic, fragrance, ink, all these things that have fossil fuels embedded in them, that's a really big immunologic trigger for me. And a lot of people with this disease is, smoke, sunlight, heat, cold vibration, there are all these sorts of different things that these immune cells have targeted as being like a poison or something like that. And so that's when this immune response is mounted and it's potentially fatal.

Hanna Cormick:

The particular disorder I have is called Mast Cell Activation Syndrome. That goes alongside a few other genetic disorders. That, again, my father and my uncle also have, which includes the connective tissue disorder, Ehlers-Danlos Syndrome and the dysautonomic disorder, POTS, they're called the trifecta and they cause a lot of these systemic problems which include all the things that I had been experiencing.

Anthea Williams:

It's remarkable to me that you have gone from having a life of working as a circus performer and a contortionist to a situation where you're worried about dislocations, et cetera. And I believe that now you spend a lot of time in a wheelchair.

Hanna Cormick:

That's right. So I'm an ambulatory wheelchair user, which means I can usually stand and walk a couple of meters, less than five, but I can't always do that.

Anthea Williams:

And I believe that also when you are out in public you are generally wearing a full face mask.

Hanna Cormick:

That's right. Um, it's very common for people with mast cell disorders to need to wear some kind of protective respirator equipment. For most people that's a kind of N95 mask, which I guess a lot of people are now more... The, they know about what those are because of the Corona virus.

Anthea Williams:

Hmm.

Hanna Cormick:

But for many of us we've been wearing them for years and years and years. But my level of severity of disease is, is so extreme that I actually need a full face respirator mask so that making sure that the particles of the different triggering things and not getting in through my nose or my mouth or my tear ducts, but I still have a level of disease that can actually mean those triggers can get into my system, through my ear canals and the pores of my skin. So it's not full proof, but having the respirator mask and also my oxygen tank means that I'm able to go into kind of medium triggering environments for very short periods of time. It's kind of this situation where I really have to protect myself from the air and that requires just this fairly extreme equipment to just go outside, you know?

Hanna Cormick:

Where I live is a single room that is air sealed using a positive pressure air seal system. Um, it's full of machines that purify the air and I can't even actually open a window without potentially having what could be a fatal response.

Anthea Williams:

So that's quite a change in your life.

Hanna Cormick:

It is, it's very different from the way things were in Paris.

Anthea Williams:

Yeah.

Hanna Cormick:

You know, this is a kind of isolation that there are a lot of people who have the same disease that I have or similar ones who have to live like this. Who've been living in extreme isolation for years or decades.

Anthea Williams:

Hmm. So how has this changed your art practice? Of course, it has changed it radically.

Hanna Cormick:

Yeah. Well, I mean, obviously, um, I can't be on the stage-

Anthea Williams:

Hmm.

Hanna Cormick:

... easily anymore. Being in physical proximity with other people is a risk. And so, you know, to be near other people, either they have to have gone through extreme decontamination protocols, which can take weeks. I have to make sure the environment that I'm in is safe for me and if it's not then I have to be wearing a protective equipment. And, of course, wearing this big gas mask on my face, changes a lot of how I can perform. Uh, that I can't do the physical things that I used to do. I mean, it changes the way I make art 'cause I thought I would never be able to make art again. I couldn't see any possibilities ahead. And I also just didn't have the energy, you know, chronic fatigue is a very common symptom with Ehlers Danlos Syndrome and I don't have those energy levels that I thought were necessary to make art.

Anthea Williams:

Yeah. Yeah. Well, we're often fed that idea, of course, of the show must go on and we all have to be willing to give of ourselves completely, that we need to have an abundance of energy at all times to give to our audience. But that is only one kind of experience that humans have and if we expect that we're only portraying one kind of experience really, aren't we?

Hanna Cormick:

That's true. And, and also I just, um, I think there this kind of mentality that we've developed in the arts that the only way to make is under this kind of high pressure stress situation and with a lot of energy and a lot of divorce. And, uh, I think part of that comes from... For centuries artists have been kind of painted with this myth that we're lazy and selfish, untrustworthy, but I think those accusations that are leveled at the disability community as well. But within arts culture, I think that's created this work ethic where we're constantly performing a proof against that slander, against that myth and so we overwork.

Anthea Williams:

Yes.

Hanna Cormick:

We push ourselves past physical, mental, emotional limits. I mean, how many artists are not only working on their art, but working multiple other jobs to get through the day or to survive, how many artists are working on multiple projects at once and completely ignoring their physical, emotional, or mental needs to a level that I think other professions would be really shocked to discover how extreme that is and how much we're willing to exploit our own bodies. And we, we valorize that.

Anthea Williams:

Yes.

Hanna Cormick:

We valorize that exploitation and we valorize the stress and the exhaustion. You know, people ask, "How are you?" You say, "Oh, busy, I'm really busy, but it's good." And we kind of prioritize that productivity and value productivity and treat our bodies as expendable in the service of art making. And any reciprocal care we do give to our bodies is actually kind of aimed at making us better art making machines instead of a real relationship of genuine sustainability or genuine care.

Hanna Cormick:

I think that's created a really, really toxic exploitative, body exploitative, culture that when I became disabled and when I became sick like this, I wasn't able to participate in anymore. If I push myself outside of my limits, I might not recover at all. And I think that's happening at a really kind of micro scale for everyone.

Anthea Williams:

So what do you value now?

Hanna Cormick:

One thing I recognized, when I started to see this kind of like body exploitative pattern within the arts industry and particularly within my work, like I was really, I was really at the extreme end of that ideology. And I suddenly noticed a parallel between that type of one way relationship with my body, where I was trying to mold it into, you know, this perfect machine and I thought that any problem could be overcome by trying hard enough. I suddenly noticed that that was, not only where I learned to be incredibly kind of ableist mindsets, but it reminded me of how the industry of capitalism and the fossil fuel industry treats the planet.

Anthea Williams:

Hmm.

Hanna Cormick:

And I was appalled. Uh, the climate crisis, the most important issue for, for our generation and for the world and I... It's something that I care very deeply about, it's something that a lot of my ethics in how I lived were trying to create these systems of sustainability with the planet of, you know, sustainability in our relationships with one another. But then I found that the way I was treating my own body and the way that I valued things within my art was completely complicit with this capitalist agenda, with this extractivist agenda. And... So I thought, "Well, um, actually if I, if I want to take, you know, sustainability seriously, I need to make sure that my, my micro actions, the way they treat myself, are complicit with those values, because I can't be just undermining everything by thinking, you know, we can't mind the planet until it runs out, but I'm willing to do that with my body."

Anthea Williams:

Hmm.

Hanna Cormick:

So in my new values are a rejection of all those things that extractivist culture values. So it's a rejection of productivity, speed, time is like a thing that's really changed for me because capitalist time is involved with constant acceleration, always being able to do everything quicker and quicker. And we, we see that mirrored in the arts world, we see that particularly, in the theater industry. Over the last number of years, rehearsal periods are getting shorter and shorter and shorter.

Anthea Williams:

Mm-hmm (affirmative).

Hanna Cormick:

We also kind of manufacture this time scarcity for ourselves. It's not just like these external pressures of this is how long the rehearsal period is, but we create this, what we think is an immovable deadline of when the curtain rises and we give ourselves this inflexible rule of the show must go on and we end up in the situations of time scarcity. And we think that that kind of crucible of difficulty and suffering is what is necessary to make the work, but it isn't. There are much more sustainable ways of working with our bodies and with our creativity. And I, and I feel like as an arts culture, as an art industry, we're all, we're sick of it. We're ready for change.

Hanna Cormick:

So yeah, it, it's values that sit around slowness, crip time, which is the idea from the disability community that things take as long as they take, that speed isn't, you know, a mark of something being better, of flexibility and a forgiving quality that's highly adaptive.

Anthea Williams:

You know, I'm going to challenge you though, because-

Hanna Cormick:

Yeah.

Anthea Williams:

... I've seen you perform on stage at the Sydney Festival in 2020. And as part-

Hanna Cormick:

Mm-hmm (affirmative).

Anthea Williams:

... of that performance, you had a seizure. And that was a very likely consequence for your performance in front of that group of people. So within this idea of slowness and looking after your body, et cetera, you are still doing work that is very difficult on your body. Can you tell the audience a little bit about your performance of The Mermaid, where that came from and, and why you decided to do that to you?

Hanna Cormick:

So it mixes, um, I guess what are some very real elements with some fantasy elements. And, so the real elements are that I am wearing all the medical equipment that I require to be in public, that's my full face respirator and my oxygen tank as well as some of my mobility aids, I'm in my wheelchair, um, I have my body braces and my splints on, I have, um, my IV saline line in. And so it's all like this very, um, obvious, invisible medical equipment.

Hanna Cormick:

And then I flipped that by adding this fantasy element of a mermaid costume, which is this beautiful, hyperreal style kind of costume. And so on the one hand, it creates this really interesting image, which for me is a symbol of the social model of disability, because in the ocean the mermaid is free and can, you know, breathe through the water and swim around and move and access any space that she'll need to. But on land she requires all of these mobility aids and this medical equipment to access spaces. And it shows that it's the spaces that disable us not our bodies.

Hanna Cormick:

I'm there with the audience in the same space as them, it's the same air and that means that, of course, I'm at risk of all the triggers that the audience has brought in with them on their body. The performance is, is mainly me talking about my experience of rare disease, my experience of disability, and the way I link that with the climate crisis. But because I am sharing that shared results of the air with the audience and that it is contaminated with the pollutants of those triggers, there is every chance I'm going to have a medical event at some moment-

Anthea Williams:

And you do.

Hanna Cormick:

Not all performances have a medical occurrence. And some of them have none, some of them have multiple.

Anthea Williams:

Hmm.

Hanna Cormick:

And it could be at anyone, there's no way of controlling that. And that kind of unpredictability and unreliability, it was something I very purposely decided to build in to the structure of the piece and I'm wearing as much equipment as I can be to protect me. I'm reducing the risk of a fatality as much as we can. Wherever I am there is a chance of that kind of medical event happening. And so just hiding away in my room, in my safe room, and going through that by myself alone, uh, that doesn't stop it from happening.

Anthea Williams:

Right.

Hanna Cormick:

Choosing for that to happen in public allows it to become something more than just my private suffering. And it allows me to turn this kind of hidden experience that I'm having into something that has a political potency and an artistic potency. It, it's deeply empowering to be able to reclaim my body as something artistic instead of the kind of dehumanized, medicalized thing it becomes when you enter the world of illness.

Anthea Williams:

So that's what you mean-

Hanna Cormick:

So-

Anthea Williams:

... by radical visibility?

Hanna Cormick:

Yeah, that's a big part of it, you know? Like the illness is something that's hidden, fragility and weakness is something that's hidden and seen as bad and disability is something that's hidden. And also the effects of what we are doing to other people and other creatures in the planet is something that we hide so we can continue harming those things.

Anthea Williams:

Hmm.

Hanna Cormick:

So we can forget how it's our actions that are actually causing those problems.

Anthea Williams:

Hmm.

Hanna Cormick:

Part of The Mermaid is, you know, so much of my disease is, is really accelerated and impacted by the climate crisis and by the things that are part of the climate crisis. A lo- a lot of my triggers are fossil fuel based.

Anthea Williams:

Right.

Hanna Cormick:

And a lot of them are to do with the way the air is polluted by these triggers. And so it's a kind of broader view of pollution. We think of pollution as, you know, a car spits out this carbon exhausts and we've got, you know, these toxic chemicals in the air. Or we have, you know, heavy metals and pesticide run off into the ocean and it's polluting the marine life. But really what we're looking at is we have a shared resource and it is being contaminated with something else that is causing harm. Nature isn't this thing out there where we're in it and part of it.

Anthea Williams:

Hmm.

Hanna Cormick:

So I'm told it's a really confronting and traumatic experience in many ways for the audience to see in this, you know, this frame of what we're calling radical visibility, something small and personal they've done is having quite a devastating effect on someone or something else.

Anthea Williams:

Well, there's an amazing moment very early on in the piece where the audience have come in and you can sit quite close to the stage, you can stand behind the seated audience, or you can go upstairs and look down on the performance, which gives you a little bit more space. People start to figure out where they should go. So they make space for the elderly and people who have visible disabilities to sit. Some people decide that they need to sit for other reasons or because they have invisible disabilities, some people stand for their back, some people go to look from above.

Anthea Williams:

And then there is a voiceover at the plays that suggests that the few who are wearing makeup or perfume or deodorant or if you've washed your hair, there's a multitude of things that I would imagine almost every member of the audience has on their [inaudible 00:25:01], um, that perhaps you should get further away from the performer. Right from the beginning, we realized that we are in this together, but we are also implicated, and what is happening to your body, which is remarkable.

Hanna Cormick:

And I really wanted to have the piece begin with that kind of drawing awareness to the space that we're sharing. Um, for people to be aware that, you know, this is something we're all in and the way that we exist in that space affects the space. And, and we liked that to be a kind of surprise. At some, in some earlier performances we asked people before they arrived not to wear any of those products. But later on, we decided it was kind of, it, it framed the experience better for people to turn up and then to be made aware of, "Oh yeah, I did that thing earlier. I wore this, I wore that." And to realize that what they had thought were inconsequential actions actually had consequences. And it was also, um, useful for people to kind of experience that segregation.

Anthea Williams:

Hmm.

Hanna Cormick:

Because it's normally the disabled people who are segregated in that way and we're, you know, corralled over into this kind of corner where it's harder to see everything and harder to access everything, uh, because of how our bodies are in different spaces or how our minds are in different spaces. So it was nice to flip that.

Anthea Williams:

Absolutely. I think that's really, um, inspiring. So thank you very much, Hanna. Can I just ask one last question? What works are you developing at the moment?

Hanna Cormick:

I'm working on a few. One, um, is with yourself.

Anthea Williams:

Yeah. (laughs).

Hanna Cormick:

Um, and Anna [crosstalk 00:26:46].

Anthea Williams:

Hmm.

Hanna Cormick:

Um, we've been incredibly fortunate to receive Australia Council funding in this round to create a, a new kind of, uh, live such digital hybrid theater works, um, called The Patient Underground and it's about the experience of a woman who acquires disability. And I've been doing some physical experimental dance work with, uh, in collaboration with Riana Head-Toussant who is a wheelchair-using, multidisciplinary artist and under the mentorship of wheelchair dancer Marc Brew and Rawcus' artistic director Kate Sulan. And that's one where I think trying to kind of really dig into what is this wheelchair-using body of mine and what are the fundamentals of how it works. And that's kind of as a reaction to my Leacock training when I started to embrace my cripness and embrace what I can't do as being artistically relevant. What I'm communicating and what I'm connecting with as being more important than the virtuosity of what my body can do and what my body can produce, but I thought that meant I had to reject all my training.

Hanna Cormick:

And that was really sad because that training and that artist that I was before I became disabled. Though there were problems with it there were these problematic, extractivist ideologies and value systems. There was also a lot that was really great and particularly, with the Leacock pedagogy, it's a way of seeing the world that and connecting with the world and with art that is highly receptive, highly sensitive, and highly collaborative and complicit. So there's a lot of it that, um, fits with these new value systems I have. And I decided I wanted to find a way to reconcile my new body.

Anthea Williams:

Remarkable. So hearing about how you're bringing your old practice and your new practice together with a different set of values underneath it is probably an appropriate way to end this particular show. Thank you so much, Hanna.

Hanna Cormick:

Yeah. I hope that, uh, some of my experience, other the people can relate to particularly those within the disability arts industry. I think we feel a lot of extra pressure, um, because of, you know, the extra societal pressure that comes from being visibly interdependent. But I think the more we can lean into that interdependence, the more we can lean into that sustainability, the, the healthier and better our whole arts culture is going to be.