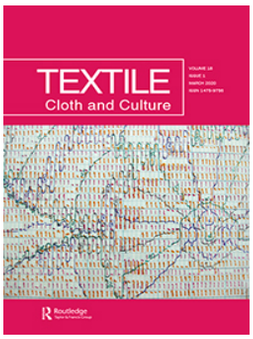

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How Do You Footnote a Smile? One Dialog about Two Extremes of Textile Research

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Abstract

This article preserves the format of a dialogue that was originally held in late 2018 between research colleagues Jessica Hemmings and Birgitta Nordström in the weaving workshop at the Academy of Design and Crafts (HDK), University of Gothenburg, Sweden. The conversation – a "Higher Seminar" in Swedish academic parlance – was intended to expose the breadth of current textile research and inspire colleagues to see across disciplinary boundaries to the unexpected similarities their research interests might share. Jessica Hemmings spoke of her interdisciplinary interest in reading the textile through literature and Birgitta Nordström discussed her ongoing research into the woven textile as an object that can help us confront, and hold, death. These two examples arguably represent extremes along the spectrum of methods used in textile research, but both share an attention to topics often treated with silence that may find useful alternative forms of communication in the textile.

Keywords: weaving; dignity; interdisciplinary research; mourning

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How Do You Footnote a Smile? One Dialog about Two Extremes of Textile Research

The following text started life as a seminar conversation open to the public and was held in the weaving workshop at HDK, University of Gothenburg, Sweden between research colleagues Jessica Hemmings and Birgitta Nordström in late 2018. Our intention was to expose the breadth of current textile research and inspire colleagues to see across disciplinary boundaries to the unexpected similarities their research interests might share. Jessica Hemmings spoke of her interdisciplinary interest in reading the textile through literature (Hemmings 2004, 2008; Hemmings and Nordström 2018) and Birgitta Nordström discussed her ongoing research into the woven textile as an object that can help us confront, and hold, death (Nordström 2016a, 2016b).

Our two areas of research share three central concerns. First, our projects explore what communication may be possible through the textile for experiences often met with silence. Second, we consider how lived experiences which do not conform to "valid" research data can be brought into academic discourse. "How do you footnote a smile?" (Hemmings and Nordström 2018). Third, we both began from an anxiety that our research could be misconstrued as "benefitting from another's trauma" (Hemmings and Nordström 2018). In the edited and adapted text that follows we discuss two seemingly different approaches to textile research that we hope may assist other researchers in finding ways to build dialogue with colleagues whose methods and vocabulary may be very different from your own.

JH: I wrote a PhD about the presence of textiles in fiction written by the late Zimbabwean author Yvonne Vera (Hemmings 2008). Vera writes about violence against women's bodies in particular, but in a heavily coded style so that explicit vocabulary is never used. I have long been interested in the idea that the textile is a language that requires another type of literacy before you can hear what the textile is trying to say. I am interested in how literature uses the textile to say things that are otherwise so very difficult to meet with spoken or written language. Birgitta, your recent research brought real, rather than literary, textiles into maternity wards in Swedish hospitals. While our methods are entirely different, some of our interests and research challenges are similar.

BN: Yes, my project is about infant shrouds for small lives that die at birth or during pregnancy. It started with a question from a doctor who said to me, "I wish I had small blankets ready for these hard situations. I never know what to say when this happens to parents." We met when I was describing a blanket I had been weaving, a larger blanket to be used as a funeral pall for funeral rites. Her spontaneous wish encouraged me to really think of the textile language,

Figure 1
Infant wrapping cloths (45×45 cm) for late miscarriages and abortions, woven by the Weaving Research Group at HDK, Gothenburg. Photo credit: Peder Hildor.

and about textile actions such as holding, wrapping, and folding – to embrace these small bodies. I have been working with that initial request all the time (Figure 1).

JH: One of the significant differences in our research is that I carry with me a guilt that my research does not *do* very much. That is completely different from the way that you have been working recently in the hospitals: applied research about the textile material.

BN: Yes. As soon as the textile leaves the loom and the studio it has an application.

JH: Literary research does, of course, have an application. But it took me some time to be able to articulate that my interest in fiction is not about the fantastic or the magical (which I happen to think are wonderful and necessary), but about the possibility within fiction to say things that might otherwise remain unspoken. The message may be a coded critique of politics or something that is emotionally difficult, but it is an honesty fiction can release that fascinates me. I have recently written about the smallness of craft and I found myself realizing that "Craft research is perhaps ill positioned to expose itself as small" (Hemmings 2018a) – a blind spot of sorts that encourages academics to make grand claims rather than sometimes accept that the discipline or perspective that we look out from may not be the easiest position to voice self-critique. I suggest that a disciplinary jump such as acknowledging how literature depicts the crafts may shift that blind spot.

But it is ironic to sit next to Birgitta and say I'm now interested in what craft can't do, because, of course, her project shows the incredible potential of craft. I do maintain that smallness

is an idea we need to be able to claim for our research objectives. Birgitta, can you talk about your project's trajectory? As I understand it this project went from something small and has now exploded in interest and support from the hospitals for these blankets.

BN: Weaving small blankets for hospitals is not an art practice visible to the public. But with the blankets I can argue for the importance of textile actions in relation to death. I am an artistic researcher; meaning that this research is dependent on an artistic inquiry through the weaving. First there are explorations and findings in the material process. Then how can they be tested? How can they be used? Can they contribute to memory building for the parents of a dead child? Can I learn something about trauma? Sorrow?

Over the past two years I have conducted a clinical study that placed these woven blankets in Swedish maternity wards. In the beginning it was so difficult to get a positive answer from the hospitals and the midwives about participating in the study; it took half a year to get the first positive answer. But in the last five months of the study there were departments at one hospital calling to say, "We rejected the project and we now regret this decision. We want to be part of the project. Is it too late?" The reason why they changed their minds was that they realized how the blankets were received and used in other study centers at the same hospital. It is *only* about a blanket, but that blanket is needed for these very difficult situations.

When midwives raised the question about even smaller blankets for late miscarriages and abortions the project took another step. If the parents want to be with their child the blanket is needed for viewing and leave-taking. In the other departments there may be personal blankets the parents bring, because they often know they are giving birth to a dead child. In those cases, the infant shrouds may not be needed at all. But for the very smallest, the blankets assist in the very difficult situation. Sometimes the bodies are very injured and the blankets facilitate viewing, being wrapped around the body. The midwives working in the genealogical department said when the study started, "We have no clothing; these bodies are too small for clothing."

My response, when the question of even smaller blankets was raised, was to start handweaving again. Seven weavers joined the weaving research group at the Academy of Design and Crafts (HDK) and later in the project two more students volunteered. For the study the smallest blankets were needed urgently; it was stressful in the beginning. Handweaving is important for my artistic research into fragility, experimenting with new bindings and materials. This is a change from earlier in the project when I designed blankets that could be industrially woven, because we needed a relatively large number of blankets for the study.

JH: The languages of artistic research and clinical research are very different. I understand that your first contact with medical colleagues was not easy. Do you now see that a different language was needed to establish trust with the hospitals and midwives – or a different approach needed to reach across the research disciplines?

BN: The perspectives of medical colleagues changed once they saw the blankets being used. And I changed my language. Initially my approach was too humble and I did not have any proof that my idea was useful. At first, I also questioned the project myself. But once the midwives saw the blankets in action it helped – they were *shown* the usefulness rather than *told* the usefulness. And one important thing was also to build a team with different competences in order to create a valid study format for a clinical setting. A weaver alone would not have had enough knowledge to run the study.

For the study that was recently conducted, a questionnaire was filled in by the medical staff every time a blanket was used. The questions were about how, when, and what the blanket was used for. It may have been that several blankets were needed for one fetus or one child. Questions also related to the nurses' working conditions. My work shifted while I was writing the questionnaires and, later, working with the answers as research material, from not only developing the blankets to also learning a new language for the communication of this research.

JH: Vocabulary can be a code to gain trust with a certain community. The topic of stillbirth and late-term abortions has such taboo surrounding it that often it feels as though there is no possible vocabulary – at least not at the level of spoken or written language. We rarely read first-person accounts of these experiences (Vosper 2018). When Yvonne Vera wrote about the experience of infant death through the figure of the Grandmother and her son, Tonderayi, in her novella *Under the Tongue* (Vera 1996) she confronted the silence by naming one of the gross misconceptions surrounding this topic.

Grandmother receives advice that "said it was not like death at all, and I should never call it that, for he had never lived" (72). The simultaneity of birth and death and the importance for parents of recognizing both events together is something you have taught me about in previous conversations (Hemmings 2018b).

Vera also depicts the experience from another perspective, the granddaughter and her fear that she might discover her Grandmother's "places of silence … her son, her hidden word" (Vera 1996, 70). Silence is our most familiar reaction in situations of such enormity. But Vera does not write of silence as necessarily a negative that needs to be overcome through vocabulary. In fact, she consistently avoids language that seems to allow the speaker to claim that by voicing a word they comprehend the situation. The one word Vera does use is "pregnancy" and, even then, in an interview with Eva Hunter, she spoke of regretting that she had relied on one single recognizable word:

> I always avoid certain vocabulary. For example, there's one word which I wish I had not used in *Without a Name*, and that is "pregnancy". I would have preferred not to have used that word at all even though I discussed a pregnancy; the word doesn't sit well in my rhythm, in my mouth when speaking of these things; it feels technical or something. And voiding certain vocabularies forces me to find more suggestive language, or a more rhythmic, more lyrical tone, rather than simply a word to solve my problem. I try not to use one word that condenses the entire thing because it then limits all the nuances and subtleties of the moment or the thing, and those really are what I'm looking for, those intangibles. (Hunter 1998, 84)

Rejecting certain vocabularies, as Vera suggests, works to preserve communication at the individual level rather than allowing ourselves to homogenize experience and perhaps even claim that through naming we can understand certain situations. But even when efforts such as Vera's to find other language are made, we face situations where language fails us.

This seems to be where the physical communication provided by the blanket can play a role. I understand that initially the blanket project used handweaving. Demand from the hospitals meant handweaving was not a viable way to deliver the volume of blankets the hospitals were requesting. But that initial instinct to weave by hand feels to me like another way to *not* allow something that is so intimate and individual to flatten into generalizations. Both your project and Vera's writing feel like a response at the level of something very individual in order to respect the intimacy of each experience. Did your research project have to defend what began as an instinct, a feeling, that the blankets could be useful to the midwives?

BN: There are moments when I have been defending the instinctive way of working, not from critical voices of others but from a more rational part of my own mind. Weaving all these blankets before even contacting the hospitals? Where does this come from? Now the midwives are teaching me; we are in a process together. I first made the blankets 90 cm square. I had to learn that what was also needed were blankets 70 cm square and even smaller. When we started the handweaving group for the smallest blankets, we were in a shared search to find beauty, to create variations. And that weaving was not questioned; there was a great demand for the smallest blankets.

JH: You responded to a request from a doctor, but was your contribution as a weaver in the clinical setting difficult to initially justify in the terms that medical research requires? The project has been able to show the midwives benefits you instinctively knew. The midwives you are working with seem to have changed their attitude to you and their understanding of what the textile can contribute over the course of the project.

BN: We have learnt that the special textile action of swaddling is really about shrouding the body. Before the blankets were made available, the midwives used a towel or other hospital linen. The textile they offered was a reused thing; hospital linen goes back into the laundry and is reused. The infant shroud is not to be reused, which is a new approach. It stays with the body, if the parents wish.

These blankets are, in a way, anonymous. They do not carry the hospital logo or another organization's insignia. Earlier there was in one ward a church community who donated blankets. But when this research started the staffs' reaction was that the blankets in this study were useful because they were more neutral. One midwife explained to me that, previously, if the mother or the father wanted to see the body it was shown to parents in a stainless-steel

container with no linen at all. My question, to myself, is why wasn't a fetus being wrapped before?

JH: The project is about a textile action – the very stuff of textiles. I understand that the midwives also had to teach you that not only did the blankets need to be much smaller, but also that the quality of absorbency is needed because the human body changes – it breaks down – so quickly. We think of the textile as being able to function in certain ways but this project demands that the blankets have an extremely high level of function. These physical facts are about things that we do not want to talk about, we do not want to think about, which is understandable. But, Birgitta, you have spoken enough with the midwives by now to be able to design and weave the blankets with this knowledge.

BN: When I started this project a long time ago, I had that initial question about what to do when words fail. This research area was completely new to me and I couldn't know what sort of blanket would be needed – this type of loss is not my personal experience. I was thinking the only voice possible was in the textile texture: the feeling in the hand. That was a very personal choice. It came out as an instant reaction. But I think there is one other textile word and that is also the "delicacy" that the thread should have.

JH: And it is crucial that the blankets show no other institutional affiliation?

BN: Not with a symbol coming from the Swedish church; not coming from an organization for those who have lost children. But most importantly: a textile that does not have a stamp belonging to the hospital laundry. It should not be used for anything other than shrouding. The midwives knew the blankets were coming from the weaving research team here at HDK and they knew that a research team was responsible for the project. But the parents do not know about the origins of the blankets because the research is not *about* them. Well, it is about them, and it is not. The midwives make the decision to offer the blankets or not. The study's focus is on the midwives and the usefulness of the blankets for them and what can be done in these difficult situations.

JH: It is about facing the hard question: what does my research do and for whom?

BN: The project has affected a lot of people, but it is an anonymous undertaking. It is not an artistic search for a unique profile. Not having the origin of each blanket marked is important because I did not want this project to benefit from other people's trauma. But I think creativity is important. For this study it has been of crucial importance that the weaving of the smallest blankets came from this hand loom at the Artistic Faculty here at the University of Gothenburg. Collectively we have researched weaving and fragility. There are so many topics for a weaver to examine: the inside and the outside of the blanket; the absorbency of the blanket. But then the blanket is received by parents and the focus shifts entirely. That is enormously important. It is my hope that there will be some blankets available at every hospital and that they will continue to not be labeled. The blankets' mission: *to give some comfort*. Yes, but what does that mean? At the hospitals there is a sense that the blankets have the capacity to deliver a beautiful moment in a terrible situation.

When we first met, Jessica, you asked me if the project had a website. Although the parents are not the research subjects, the parents are definitely always there because of their loss. I have been very reluctant or very aware of trying to keep the format small and intimate during the study period. The limits are clear. I do not know anything about the parents. I also do not know any dates. I do know what I must know for the project: the size of the dead body; the time of the pregnancy such as week 17 or week 39 or week 41. And I know how many blankets were used and the size of the blanket in each anonymized case.

JH: My website question was thoughtless. I was thinking of how many other hospitals in countries beyond Sweden might benefit from learning about this initiative. While I have recently been interested in claiming (where appropriate) the smallness of craft, it is ironic for us to talk about these two projects together because they could not be more different in this regard. The impact of your research, Birgitta, is not in any way small. But there is a considerable challenge in how to appropriately and accurately capture and ultimately share this impact because of many of the practical issues you name about the extent of your involvement with the hospital setting.

We have discussed challenges you have faced with this project and the conventions of academic research. I understand that it is so many of those fleeting conversations with the midwives, feelings shared through body language, and your memory – your physical impression – of the midwives' response to the project that have confirmed the value of this research. The hospital visits you have

taken to drop off more blankets have also become your unofficial research. But how do you footnote a smile? How do you capture a change in body language from a midwife who was initially uncertain of your contribution and now welcomes you and the blankets – even demands that more are provided. These exchanges can also sit outside language. Instead it may be a feeling sensed in someone's eyes or shoulders that your contribution is welcomed. While these unspoken hallway exchanges provide a type of validation, only certain types of evidence are welcome in academia. Those of us that move back and forth between academic conventions and creative formats (or the analysis of creative formats) enjoy somewhat broader options. But it is still often fraught.

One of the qualities that I recognized early in my study of Yvonne Vera's writing was an effort to bring beauty into these experiences. Much like the beauty you have spoken about handweaving providing the smallest blankets in the project – there is an effort to create dignity through beauty.

BN: Even before I went to knock on the door to the hospital, I knew that hand weaving was counter-productive because I needed volume. The research is not about slow craft. My Licentiate research (Nordström 2016b) was instead a search to find and make the platform for the next step: industrial weaving. I was aware, or I became aware, of it very quickly in the research process. But when it came back to the question of a blanket for a very damaged fetus, I felt I had to take my response back to handweaving. I use both industrial production and handmaking in a very existential way for me to cope with the realities. And beauty is a key factor, which is also hard to claim or validate in research.

JH: Birgitta, you have spoken of seeing – by accident – a photograph of a dead baby wrapped in one of the blankets made by this project. I remember that you recalled the blanket was the last part of the image your eye understood. You were facing the child. As familiar as you are with the blankets produced by this project, their purpose in many ways is to fall out of sight, to enable viewing of the child.

BN: Yes. The textile disappears.

At the core of this conversation is an understanding that the textile is able to operate where language and other materials may not. While our methods could not be more different, many of the challenges that our research faces are similar, similar enough that they have much to teach us and perhaps others attempting to work across disciplinary boundaries. This conversation attempted to follow the textile as it moved between literary studies, a clinical research project, and artistic research about weaving. On reflection, it felt important that we sat amongst the looms in the HDK weaving workshop to hold the discussion. We were surrounded by the very tools that made some of the blankets used over the past 18 months in Swedish hospitals and seminar participants held and passed between them the blankets while we spoke. Textile scholarship may benefit from keeping this more often in mind. How we can stay as close as possible to the textile when participating in discussions about forms of knowledge created through material? But until we spoke together, neither Birgitta nor I entirely knew how to articulate the primary concern of our both our research interests: how to create and protect moments of dignity.

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