

Adriaan Van Zyl: *Memorandum*: Marlene Van Niekerk

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This article examines the textual relationship between the paintings of Adriaan van Zyl and the novel *Memorandum: a story with paintings* (2006) by Marlene van Niekerk. The traditional assumptions about what constitutes the narrative as genre are subverted by the inclusion of the so-called *Hospital Series 2004-2006* by Van Zyl. The novel should not be read as a commentary on the paintings as such but rather as an accompaniment to the paintings – as suggested by the author herself. From the interaction between painting and novel the reader/viewer has to rely on certain codes and conventions to analyse the text under discussion. Genette's notion of transtextuality and in particular his notion of the architext assists the reader in deconstructing the meaning of this collaborative project on human suffering.

Keywords: Adriaan van Zyl's *Hospital Series 2004-2006*, *Memorandum*, painting and novel, transtextuality.

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In hierdie artikel word die tekstuele wisselwerking tussen die skilderye van Adriaan van Zyl en die roman van Marlene van Niekerk, *Memorandum: 'n verhaal met prente* (2006) ondersoek. Wat ons tradisioneel bestempel as kenmerkend van die narratief as genre word gesuspendeer deur die insluiting van 'n reeks skilderye, die sg Hospitaalreeks van Adriaan van Zyl. Die roman moet nie gelees word as synde kommentaar op die skilderye nie – soos wat die outeur self aangedui het. Uit hierdie interaksie tussen skildery en roman word die leser/kyker gedwing om sekere kodes en konvensies te gebruik om die teks te analiseer, maar wat noodwendig afwyk van sy bestaande opvattinge. Genette se konsepte soos transtekstualiteit en argitekts word ingespan om hierdie gesamentlike projek oor menslike lyding te dekonstrueer.

Sleutelwoorde: Adriaan van Zyl se *Hospital Series 2004-2006*, *Memorandum*, skildery en roman, transtekstualiteit.

Marlene van Niekerk's third novel, *Memorandum: 'n verhaal met skilderye* was translated into English by Michiel Heyns and appeared in 2006 as *Memorandum: a story with paintings* - the English edition will be referred to in this essay. What makes this text so unique is that, apart from the narrative, the text also contains reproductions of paintings by Adriaan van Zyl. These paintings from his *Hospital Series 2004-2006* include the following: "Hospital Triptych II – The Entrance", "Hospital Diptych I – The Waiting Room", "Hospital Arrival", "Hospital Triptych I", "Hospital Diptych II, III", "The Anaesthesia Room", "Operating Theatre I, II", "Theatre Still Life I, II", "Hospital Still Life I-III", "The Recovery Room" and "The Waiting Room".

In an interview on the writing of the novel (henceforth *Memorandum*) Marlene van Niekerk points out that in 2005 Adriaan van Zyl suggested to her that they should collaborate on a book. She had to develop a text that could accompany his existing series of paintings of hospital scenarios. Van Niekerk reiterates that the text should not be seen as an explication of the paintings nor should it be seen as an illustration of her text, but "daar is 'n energie in albei aanwesig wat hulle met mekaar resoneer" [there is an energy present in both which causes a mutual resonance] (Anon, 2006). The novel should be viewed as an accompaniment to the paintings (Van Niekerk, 2007: 21). Saunders (2009: 106) regards this collaborative project as an attempt to "[draw] into narration the meditations of one terminally ill in order to record the unrecorded." Roux (2009: 27) views the novel as a complex semiotic system which gives particular significance to van Zyl's paintings within its context and interprets the paintings as

being part of what he describes as a manual for dying:

Die skildertekste in die “Hospitaalreeks 2004-2006” skakel op ‘n poëtiese vlak met die dood veral wanneer die uitbeelding van die diepsee (kyk Figuur 15) verbind word met die uitbeeldings van die leë hospitaalbeddens (kyk Figuur 3, 4, 5, 15). In die skildertekste is daar ook ‘n aantal tekens (veral op simboliese vlak) wat die oorgangsproses tussen lewe en dood aandui. Die stad teen skemer (kyk Figuur 5) is ‘n voorbeeld hiervan, asook die seetonele (kyk Figuur 2, 3 en 15).” [The paintings in the *Hospital Series* link on the poetic level with death especially when the depiction of the deep sea (see Figure 15) is linked to the portrayal of the empty hospital beds (see Figures 3,4,5, 15). In the paintings there are also several signs (particularly on symbolic level) which signify the crossing over between life and death. The city at sunset (see Figure 5) is an example thereof, as well as the sea scenes (see Figures 2,3 and 15.)]

The overarching theme of the novel, according to Roux (2008: 130) is that the patient is facing death but the suggestion is created that the patient is already dead and the patient has crossed the liminal border between life and death – especially since most of the beds are depicted as being empty.

For the purpose of this article I wish to examine the intratextual relation between paintings and narrative and I will make cross references to both during my discussion. An interesting reading of the novel is that of Nel (2009) who looks at the “metatextual dialogue” between this novel and the oeuvre of the artist Marlene Dumas. Nel (2009: 112) refers to Genette’s *transtextuality* as a theoretical point of departure in her analysis. This implies, “all that sets the text in relationship, whether obvious or concealed, with other texts”.

In his *The Architext* Genette (1992: 99) distinguishes between what he calls “modes and genres” and points out that, genre refers to a literary category traditionally imposed on a particular text. Modes on the other hand are “forms” such as narrative or discourse and as such the elements of a particular genre may be present in more than one mode. A dramatic text may have elements of the narrative and vice versa. Genette opts for the term *transtextuality* to capture the essence of what he sees as transcending the boundaries of a particular textual genre. In the case of Marlene van Niekerk’s novel the boundaries of the narrative are transcended by the inclusion of the paintings by Adriaan van Zyl. Steiner’s (qtd in Allen, 2000: 176) remark is apposite in this regard since it captures the essence of what I intend to do in this essay: “It is only by viewing paintings in light of other paintings or works of literature, music, and so forth, that the ‘missing’ semiotic power of pictorial art can be augmented – which is to say that the power is not missing at all, but merely absent in the conventional account of the structure of the art.”

The Melancholic Miniaturist

In an essay written in 2004 to accompany Adriaan van Zyl’s then exhibition Marlene van Niekerk has commented extensively on his work, and also refers to the so-called hospital paintings. She characterizes him as a “melankoliese miniaturis” [a melancholic miniaturist] and delineates three prominent themes in his paintings: there is the theme of boundaries and liminalities which resonates in an almost ritualistic way through his oeuvre; a preoccupation with time and mortality and the tension between the raw history of decay, suffering, dislocation on the one hand and the distanced representation thereof in exact detail on the other hand. (2004: 6).

Similarly, Viljoen (2009: 8) typifies the work of Adriaan van Zyl as “sublime longing through an almost obsessive documentation of material reality” and not only “a search, a longing, or a, *Sehnsucht* for the unattainable but the hope that what is longed for may be realized. Van Zyl spreads the rumour of hope. Hope of safety, home and health. Hope that there is more. He

poses the possibility of another world without undermining the present reality of this world.”

With particular reference to the hospital paintings Van Niekerk (2004: 7) shows that the viewer is accompanying the painter from outside the hospital with its brutal exterior into the waiting room with its complete sense of deracination and desolation.

The utter lack of human compassion and communication presented in these paintings prompts Aucamp (2006: 11) to describe them as portraits about “stillness”. As in the case of Caspar David Friedrich’s work, Aucamp typifies Van Zyl’s work as follows: “the elements of a negative beauty – deliberate monotony, formal repetition, the unmistakable sound of emptiness within the orchestral whole of the picture.” In his assessment of German Romantic painting Vaughan (1984: 1) describes Friedrich as the painter of “entrancing landscapes” and these landscapes were filled with symbolism and in commenting on this symbolism Dolp (2008: 209) observes that it formed “part of a broader German visual practice that attempted to design a pictorial language that would express a new emotional experience of nature.” Commenting on this so-called emotional experience of nature Potter (2008: 331-332) remarks as follows: “This belief was rooted in his view of nature as a subject itself worthy of study, imbued with spiritual qualities and portrayed entirely without human presence, not as backdrop but as protagonist. His interest was not in the beauty of nature alone but in what the romantics called the sublime—powerful natural phenomena: snowstorms, impenetrable fog, impassable mountains—generating conflicted feelings of wonder and helplessness, which he could sense and capture with symbols and allegorical elements.”

One significant difference between the paintings of Caspar David Friedrich and that of Adriaan van Zyl is that in Friedrich’s work one mostly finds a figure gazing at the landscape, whereas in the case of van Zyl the idea of a gaze(r) is merely inferred and suggested (Roux, 2009 :31). David usually includes figures that are painted from behind - which later influenced Salvador Dali in paintings such as his “Person at the window” (1925).

In contrast to David’s natural landscapes Claire Wolf Krantz (2005) observes that in these works Adriaan van Zyl is moving into a “complex urban setting” and by choosing to paint a hospital he does not want to convey any notion of comfort but rather to express “substantiality, seriousness and capability”.

Waiting rooms

The novel opens with “Hospital Triptych II” (pp 4-5) which juxtaposes three scenes: the waiting room with its uncomfortable seats, the courtyard with its symmetrical windows and shadowed floor and in the third we have a seascape with waves. The trajectory of van Zyl’s work is suggested here: dislocation, dehumanized spaces, a portal to an unknown world – and the sea as the ultimate escape from this realm of pain. Compare also Wiid’s description of hospitals to his doctor:

Have you noticed, Doctor Snyman, what the interiors of some hospitals look like? They paint a green line on the floor and name it Greenacres Road for oncology, or Sunrise Crescent, pink for heart bypasses. But no accompaniment for the fearful heart. Have to muddle through yourself and fill in endless forms while your sands are running out. (*Memorandum*, 79)

His descriptions of the entrance that marks the sick “as a nought” (*Memorandum*, 79) and at the exit as “a null” supports the overall atmosphere that Van Zyl is trying to evoke with his choice of colour and objects presented in his work. Wiid also makes mention of the “monotony

of colours” (*Memorandum*, 32) associated with the hospital. The colours used by Van Zyl are either a recreation of the green associated with hospital rooms, whereas the walls are painted in a grey concrete colour. The paintings are devoid of any exuberant colours and even the mattress on the trolley in the “recovery room” (p. 113) is a mixture between the red of dried blood and liver brown. In stark contrast to this we have the metallic colour of the trolley’s components. Britz (2007: 7) points out that throughout the series of painting the dominant colours used by Van Zyl are white, grey, green, black, brown and dark brown.

In “Hospital Diptych I- The Waiting Room” (pp12-13) the image of the sea is again juxtaposed with a long corridor with asymmetric chairs and a sickening green decaying colour on the walls. The floor looks polished but slippery and activates connotations of a fear of falling and a sense of injury.

Van Niekerk’s novel is equally fascinating because just like in the paintings of Van Zyl there is also a preoccupation with spaces, the hospital is depicted as an unfriendly almost abject space and there is a predilection for order and regulation. The latter is signified by the main character J P Wiid who used to work as a city planner and who is used to spatial order and structuring. That explains why Saunders (2009: 119) calls it a novel about “the transformation of urban space.” Ashraf Pillay, the affirmative action overseer and replacement of Wiid, represents the new post-apartheid dispensation and he specializes in so-called “industrial architecture” and particularly the building of “jails, universities, hospitals, schools” (*Memorandum*, 41).

The hospital which forms the central focus of both the painter and the novelist’s work, however, is a remnant of the old apartheid regime and not as such designed to be a work of art. It was designed as a functional public institution aimed at curing the ill. This is conveyed masterfully in Van Zyl’s paintings with its emphasis on the linear, symmetrical structures devoid of any curves or circles. One senses the strict sense of balance that guided the original architect’s drawings of the structure. Wiid also observes the “surveillance windows in all the hospital doors” (*Memorandum*, 31) suggesting that patients are constantly being watched and viewed by the personnel in an almost Panopticon fashion. The original Panopticon was the model of proposed prison designed by Bentham and Foucault uses the concept to refer to attempts “to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power” (Foucault, 1995: 195). In the case of the hospital the description suggests that the patients (like inmates in a prison) are constantly under surveillance.

The hospital as disturbing space

But the hospital is not only a place with curative possibilities. It is also an abject space aimed at scientific experimentation, ordering, classification and the control of pain. Both painter and novelist’s works are underpinned by what Foucault (1973) calls “the visible invisible” in his seminal *The Birth of the Clinic*. The invisible world of the hospital is made visible through the paintings and the meticulous charting of the patient’s illness in *Memorandum*. Pain, suffering and experiences in hospital are usually barred from our discourse and by painting an open hospital bed is indeed as Krantz (2005) calls it, “disturbing”. We want the world of the diseased to be invisible and locked away behind the brown stone façade of the hospital. That also explains why the painting of an empty hospital bed is so disturbing because it activates the binary opposition life / death. The patient may be away in the operation theatre to be cured or may be on his or her way to the morgue. Nel (2009:125) writes in this regard:

Die kunswerke verraai wel enkele tekens van menslike teenwoordigheid: `n laken wat weggetrek is, `n kreukel in die deken, `n bedliggie wat brand, maar dit beklemtoon juis so die totale uitsluiting van enige menslike gestalte. [The works of art indeed betray some signs of human presence: a sheet pulled away, a crease in the bedspread, a bed light burning, but it emphasizes the complete exclusion of any human figure.]

De Jong-Goosens (2007: 154) also regards the sense of emptiness in the paintings as particularly grim.

As in the case of the two enigmatic characters of Mr X and Mr Y in *Memorandum*, Van Zyl / Van Niekerk invites the reader to subject the hospital as an estranging environment to his or her clinical almost voyeuristic gaze. Whereas the character J P Wiid expresses his sense of gratitude towards the hospital personnel, both Mr X and Mr Y are quite critical. He feels that they should be grateful that they could afford “the First World medical services in Africa” (*Memorandum*, 62). Mr Y describes the hospital ward as “intensely unsweet and unrefreshing” (*Memorandum*, 38). Equally disturbing is the treatment that Mr X has to undergo since he is almost dehumanized in the process:

On my right they were trying to administer some substance to Mr X from a container shaped something like a grease gun. His head was all the way back, his mouth wide open like a gaping chicken’s, his adam’s apple a motionless lump on his gullet. *Uck-uck* he went. They shone a little red light into his mouth to see if there was an obstruction. *Uck-uck-uck*. From the shadows on the curtain I could see that the nurse was vigorously massaging his throttle, while with equal emphasis shaking her head at the other nurse. (*Memorandum*, 70)

This inhumane treatment also explains why Mr Y addresses the ward sister as “Your Excellency, Ambassadors of Pain” (*Memorandum*, 15). Even the name of the surgeon, Dr Snyman (literally Dr Man-who-cuts) evokes the idea of pain and mutilation and underpins the feeling of suffering associated with operations, hospitals and hospital wards.

The almost clumsy and inhumane administration of the medicine is again in shrill contrast to the neat instruments and cabinets portrayed in Van Zyl’s paintings. Krantz (2005) when writing about “Hospital Still Life 1” and “Theatre Still Life II” refers to the “the cold reality of the instruments used for diagnosis and treatment, themselves deadly in the pain they produce” are being exhibited. Wiid refers to the “visibility of strange tubes and clamps in glass cases” (*Memorandum*, 44).

Amidst all the pain and suffering Van Zyl includes in his “Hospital Diptych II” stormy waves at sea as a sign of escapism. Van Niekerk (2004: 7) explicates this as follows in her discussion of the paintings:

Die skildery van die leë oopgeslaande hospitaalbed kry deur sy jukstaposisie met die skildery van die deinende watermassa daarnaas die allure onder andere van `n onthutsende “vlot van Medusa” (vergelyk die bekende skildery van Gericault) waarop hierdie akwatiese reis in die dieptes van die “funktionaliteit” volbring moet word. [The painting of an empty open hospital bed through its juxtaposition with the painting of the swelling water mass gains the allure of amongst others the bewildering raft of Medusa (compare the painting by Gericault) on which this aquatic journey into the deeps of “functionality” has to be completed.]

The painting “Raft of the Medusa” (1819) is described as “an icon of Romanticism” and depicts “pallid bodies given cruel emphasis by a Caravaggio-style chiaroscuro; some writhe in the elation of hope, while others are unaware of the passing ship. The latter include two figures of despair and solitude: one mourning his son, the other bewailing his own fate.” (www.louvre.fr.) . It is appropriate for the context of this paper to mention that while he was painting

this, Gerault visited hospitals and morgues to study cadavres (Spiegelman, 2009) which opens another interesting intertextual point of interpretation for a reader of *Memorandum*. The reader, just like Van Zyl and his predecessor Gericault is scanning the rooms of the hospital for subject matter but as we know from Van Zyl's works, they are devoid of human presence. Maybe all the corpses and cadavres have been removed to be studied or buried.

But as in the case of the people on the raft the reference to the painting implies that there is no real escape from the reality of disease and that death is imminent. The sea is not only a symbol of freedom and escape but also a symbol of death. According to Cirlot (1962: 281) the return to sea means a return to the mother, which implies dying. Thus the painting suggests that an escape from this harrowing dehumanized place might finally end in death. Death, within the context of a hospital, is indeed the final frontier. With regard to the sea imagery in the paintings Roux (2009: 79-80) comments as follows:

Die organiese vorms van die uitbeelding van die see word vervolgens ondersoek. Daar is nie in die uitbeeldings van die seetonele enige teken van geometriese vorms nie (geometriese vorms sluit byvoorbeeld 'n vierkant, 'n reghoek, 'n sirkel of 'n driehoek in). Die afleiding wat hier gemaak word is dat ons met 'n uitbeelding van die natuur te doen het, wat die afwesigheid van menslike geometriese vorms aandui. Daar is dus 'n groot kontras tussen die organiese aard van die uitbeeldings van die see en die anorganiese geometriese vorms in die uitbeeldings van die hospitaalruimtes. [The organic shapes of the depiction of the sea will be discussed next. In none of the sea scenes one detects any sign of geometric shapes (such as a square, a rectangle, a circle or a triangle). From this we deduce that we are dealing with a depiction of nature devoid of any manmade geometrical shapes. There is thus a major contrast between the organic nature of the portrayal of the sea and the anorganic geometrical shapes in the depiction of the hospital spaces.]

As is the case with Gericault, Van Zyl's paintings also defy one interpretation. Riding (2003: 38) points out that "Raft of the Medusa" could be read today as "a cruel parody of heroic art, as a shipwreck cast as Biblical deluge, or as a political allegory of the French nation" and as such Van Zyl's juxtaposition of the hospital versus the sea is also open to a variety of readings. Does the sea signify freedom? Escape? Death? Or is it an unconscious wish that the abject space of the hospital be destroyed in a deluge and sink to the bottom like Debussy's cathedral?

The painting "Hospital – Arrival" (p. 21) takes the reader into the inner sanctum of the hospital. It depicts the awaiting bed with its customary green sheets. There is a small bunch of flowers, a carafe and a glass, an open container and a telephone on the bedside table. The light above the bed is not switched on. In the right hand corner we see a bag, probably the hand bag of the person who has brought the patient to hospital and who is able to escape from this space. In contrast to this we have in "Hospital Diptych II- The Night Before" (pp. 36-37) a light switched on and the bed scene is juxtaposed with a painting of the sun setting over a cityscape. It is night in the big city and the patient (who is absent from the painting) has switched on his night light. He is awaiting the next day's submission to the alien-like instruments in the operation theatre. Compare the representation of the large head-like theatre lights in both "Operating Theatre I" (p. 51) and "Operating Theatre II" (p.57). One is tempted to think that the brown stains on the bulbs of the theatre lights are old clotted blood and a breeding zone for the super bugs associated with hospitals! This depiction is in stark contrast to another hospital painting, namely by Andrieux. In his analysis of Andrieux's painting of a pediatric room in a French hospital circa 1900, Toubas (1997: 415) points out that "light and cleanliness were the order of the day" and the walls painted with white high gloss paint. Disinfection, sterilisation and clean spaces were at the order of the day. Similarly Eakins's use of white and striking colours in his "The Agnew Clinic" (1889) emphasizes hygiene and sterilisation. Rembrandt's use of light and colour in "The Anatomy Lesson of Professor Nicolaes Tulp" (1632) bathes the surgery scene in a clear

white light whereas the surrounding parts are dark and almost invisible. Interesting to note is the fact that the light emanates from the cadavre suggesting that he is the source of light, the object of scientific curiosity and experimentation, the source of Prof Tulp's analysis of the dead body. In the case of Adriaan van Zyl's paintings the grey and the dark colours suggest the opposite. There is a lack of hygiene, of systematic order and of scientific curiosity. It is devoid of any human objects of knowledge.

If one studies Wiid's meticulous documenting of his symptoms and treatment and one places his document next to the paintings then one could indeed infer that the patient yearns to escape from hospital and in Wiid's case from the scientific preoccupation of the doctors. In Addendum 1 (pp128-131) he refers to procedures such as the "insertion of nasal stomach tube & urinary catheter", "intravenous drip set up", "laparotomy", the removal of the "tumour segment of the colon" etc.

Whereas Wiid meticulously records these intrusive procedures, Van Zyl is more subtle in his suggestion of operating theatre lights and theatres waiting mordantly for the arrival of the patient and instruments are still wrapped and in containers. Just as effective is the inclusion of the two metallic objects (one looks like a pair of scissors) in the painting of the cabinet (p.86) since it immediately evokes connotations of pain and the opening up of the body. One hears Foucault's sardonic choice of title for his chapter here: Open up a few corpses. Despite the sophistication of the medical sciences it is indeed death that is seen as "the great dark threat" (Foucault, 1973: 179) behind the backs of the doctors.

In Van Zyl's paintings the sea is the ultimate liminal border that has to be crossed in order to escape the dehumanizing hospital space but in the case of *Memorandum*, the main character decides not to go for an operation but rather to listen to Bach's Passacaglia and "walk [his] city's streets" (*Memorandum*, 123). His Medusa is not taking him away on a raft but awaits him under "the manhole in the middle" of his street. The official with 24 years of service to the city council and who has always relied on administrative systems and a sense of order now decides to cancel his operation and even develops a sense of compassion towards his fellowmen. The escape from the regimes of pain and torture has ended in a newly found awareness of his surroundings and a new celebration of life. The city that he lives in is now "[altered] for the better for those who live in it" (Saunders, 2009: 122) because of this sense of renewed vision on the side of Wiid.

Conclusion

In this unique text that calls to mind the work of Sebald, several binary oppositions are being subverted: Van Zyl/Van Niekerk; paint / write; painting / novel – without making the one subservient to the other. In the process the text comments not only on different spaces (nests, houses, flats, hospital wards) but it also gives the reader two perspectives on pain, suffering, care and the clinical observation of the diseased body by the medical fraternity. Another interesting facet of the novel is the way in which it confronts the reader with representation: does the reader view the depicted landscapes as representing the settings of the novel? In other words, does the hospital room portrayed in Van Zyl's work "become" the hospital room in the reader's mind?

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