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#### ▶ To cite this version:

Anette Stenslund. The whiteout of smell: experiencing and exhibiting aesthetic epiphanies. Ambiances in action / Ambiances en acte(s) - International Congress on Ambiances, Montreal 2012, Sep 2012, Montreal, Canada. pp.641-646. halshs-00745526

## HAL Id: halshs-00745526 https://shs.hal.science/halshs-00745526

Submitted on 25 Oct 2012

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### The whiteout of smell: experiencing and exhibiting aesthetic epiphanies<sup>1</sup>

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Abstract. This paper is about apprehending atmosphere through multi-sensous experiences. Auto-ethnographic field studies undertaken in an operation ward will demonstrate how I experienced the ambiance with the help of my nose, as a foundational atmosphere against which smell-epiphanies threw me back and forth through time and space. These experiential leaps had an intrinsically multi-sensory character, and I argue that smell cannot be disentangled from a broader sensuous experience. I propose a cross-reading of a number of thinkers as inspiration for translating these observations to exhibition making, in particular when describing aesthetic effects I let my work inspire by Martin Heidegger and Roland Barthes. I suggest that multi-sensous curatorial work can bring people closer to atmosphere.

Keywords: atmosphere, smell, aesthetic epiphany, presence, sens obtus, Gelassenheit, exhibition making, Heidegger, Barthes, Böhme, Gumbrecht

#### Breathing and smelling the atmosphere

We breathe roughly 23,000 times a day. Each time, we inhale odorants, smell molecules, a molecular atmospherical quality that tunes our state of being. Directing attention towards olfactory experience thus reveals the sophisticated intertwinement of the human existence and the surrounding world. As Heidegger remarks: "the nature of Existenz is [an] outstanding standing-within" (Heidegger, 2001: 65). When it comes to respiration, this dissolution of "inside" and "outside", literally turns into matter, as breathing implies an onging inand uptake of the surrounding world. However, the atmosphere is not merely breathed as Benjamin elsewise remarks (Benjamin, 1931 : 209)<sup>2</sup>. It is also, as I would like to add, sensed and felt through its odorous quality.

Thinking about breathing reminds us that the olfactory sense is fundamental. However, it is often neglected, even within intellectual examinations regarding atmosphere. Fortunately, there are exceptions to the rule, including pioneering studies of smell and culture by Constance Classen, Madalina Diaconu, Jim Drobnick, David Howes and Anthony Synnott. In this paper I aim to contribute to this body of work, but also to emphasize (following David Howes, 2003), that human beings experience their surroundings as a tangled and sometimes chaotic mess of multisensous cross-overs and synaesthetics. Smell impressions cannot be restricted to the nose, just as sight, sound, touch, and taste cannot be restricted to eyes, ears, hands, and tongue respectively. Deliberation on atmosphere has been marked by a focus on visual and auditive qualities such as light, colour and sound; I argue that a truly multi sensous awareness, and one that recognizes that senses cannot ultimately be disentangled, is still missing. I am not, however, advocating for sensory symmetry in every study; the phenomena in question will determine the relevant sensous and synaesthetic qualities.

<sup>1.</sup> This paper is a work in progress. Please do not cite without permission.

<sup>2.</sup> Benjamin refers to "aura", which can be seen as a substitute for "atmosphere" (Böhme, 1993: 116).

In this paper I examine a scene with a tremendously (if often overlooked) sensous atmosphere; the hospital operation ward. A sensous world smells, stinks, lights, glitters, sparkles, cryes, whines, whistles, blows, shakes, slides, strokes, hits, and bites continuously, and of course it also does so in the hospital. The question is just when, where and especially how one feels it. Preliminary interest in the visual, auditive and haptic impressions of the hospital can be detected, but the smellscape of the hospital has been neglected. My long-term ambition is to redress this lack of attention; here, I focus specifically on the operation room in order to set up a theoretical framework for the ambiance in action. I conclude by making some suggestions about how this could impact on the display of medical environments in museums.

#### The smell-evoked atmosphere of the hospital

The smell of the hospital almost seems to have turned into a myth, often called upon in patient stories as if to add drama. Here a quote from a middle-aged man:

"When I was a child it was associated with very high discomfort to visit a hospital. Immediately after passing the entrance the ever-present odor of the hospital brought about a sinking sensation into my stomach. It turned into dizziness and often I had to lie down. What kind of a mixture of vapors, that causes this unmistakable smell, I do not know."

In a try to get in closer range of this olfactory mystery I entered the hospital, and with the help of a sharpened olfactory awareness, cultivated in part through sociological reflection, I made some novel findings regarding the smell quality of the hospital atmosphere.

Below, I am going to present my experiences of an operation ward, through excerpts from my annotated field notes. I will first introduce the atmospherical foundation of the ward. I will then introduce some theoretical considerations that allowed me to appreciate how this basic atmospheric character (die Stimmung), put me in a particular state of openness (Gelassenheit) that allowed for nuanced experiences of the odorous ambiance<sup>3</sup>. These experiences contribute to new findings in respect of smelly happenings, and had an epiphanic character.

#### The whiteout of smell

It is 8:00 in the morning on a Tuesday in June. I stand up straight in operating room 016, attempting to be just a fly on the wall as the nurses and doctors make their preparations for a gastric bypass surgery. Forget about it! It would prove impossible to attend these kinds of operation as an invisible attendee. I would of course engage-in-the-world.

"The operation ward smells like NOTHING! If smell has a sound, it feels silent, in a way." Even if in physiological terms there is no such thing as the smell of "nothingness" (if there were no-thing in the world, there would be no odorants, and thus no smell) there still is in phenomenological terms; that is as an experience.

Life normally has both smell and sound, but here, all traces of life has been wiped away by disinfectants. There is no life in this sterile environment. What is left is the resounding silence of the smell. Anti-septic smooth washable surfaces are characteristics of the hospital. Not to mention the plastic materials, gloves, and covering sheets for one-time-only use. Materials like these store no history; no visible, touchable or smelling witnesses can be found of a former use. The plastic materiality put up a contrast to e.g. patinated old stuff,

<sup>3.</sup> It is not obvious, how and if the concept of atmosphere and ambiance respectively should be differentiated. To clear up the confusion I refer to atmosphere as a slightly superior concept, which by its quasiobjectiveness embraces the oscillation between the physiognomy of the surroundings and the subject experiencing. Ambiance, I would by contrast suggest, is more on the lines with Gernot Böhme's das Atmosphärisches, which seems to be a quality or a Halbding, turning towards what Herman Schmitz has suggested (Böhme 2001:59). Thank you to Carsten Friberg for considering this uncertainty with me.

which tunes the atmosphere in completely other dimensions. As Diaconu points out, patinated surfaces carry a "temporal depth"; their physiognomy reveals a co-being (Mitsein) of others, which itself is often perceived as an aesthetic (in the sense of attractive) quality (Diaconu 2006:132). As matter reacts to a subject's working conduct this conduct becomes sensously perceivable; it becomes ambient. Conversely, hygienic surfaces are easily taken as "cheap and cold" (Diaconu, 2006: 133).

"I feel cold."

Is it cold? Yes it is. Additional interviews revealed that they do lower the temperature in the operation wards. However, the smell of disinfection presents a freezing beyond temperature: Time freezes, the room freezes, and I am cold. It is the whiteout of smell!

"The smell of nothing feels overwhelming. It affects me, as I feel undressed in a way. I find myself in this room full of equipment, nurses, and doctors, and yet I feel surrounded by nothing. The room feels rather cold and barren."

To talk of the operation ward as smelling of a timeless, semi-dead atmosphere feels counter-intuitive; the ward is full of life. However, everybody is wrapped in disinfected clothing and covering sheets that hinder the emission of any "human" odors that might overrule the smell of now- and nothingness. The smell of life and co-beings is constantly defeated.

"A vacuum only containing the smell of NOWness is what is left. The past seems to be whipped away, and there is no future present either, not in my mind at least. I feel like in a pocket of time. It is not directly unpleasant, I would say. It is more like... it feels like being blinkered. Everybody present seems to direct the attention towards the here-and-now. I feel gravity; this is serious business regarding life and death, and if the procedure is to run smooth everybody has to concentrate and focus only on the procedure. It's a routine. Everybody simply have to fulfill their part of the job; do what they are supposed to do, trained to do, used to do, expected to do: and do please not mess around!"

My response shows how the smell of disinfection brings gravity to the atmosphere. It tones down all disruptions that could possibly distract attention from the surgical procedure.

The ambiance I breathe and smell makes me gelassen. Gelassenheit is a term used by Heidegger (1959) to describe an attitude of patient waiting upon what we do not yet know; an attitude directed towards unpredictable becoming that cannot be imagined beforehand. In the operation room I was surrounded by a foundational atmosphere of nowness; a timeless vacuum which removed all expectancies. This environment was new to me and moreover, the clean and odourless surfaces made my state of being (Befindtlichkeit) even more tightly constrained and contained; present in the moment. In Heidegger's thinking, Gelassenheit is an existentiality, or a common condition of being. My aim here is not to grandiously apply this basic existential condition of being to a small-scaled atmospheric smell quality within a medical setting, rather, I let my sociological thinking inspire. Nothing ventured, nothing gained!

#### Smelly epiphanies

The previous section of this paper argued that the odor of the hospital does not only have a hygienic and attention-directing function, it has an aesthetical effect too. This aesthetic effect is of a foundational atmosphere that situated me in a time-related NOW. Yet as time went on I suddenly started to recognize that some smells would manage to disturb the foundational whiteout of smell of nothingness. This would happen unexpectedly and without purpose, and depended on my gelassen attitude. Furthermore, this state helps to accentuate the corporeal experience of otherwise unnoticed parts of (hospital) life.

Over the next section I would like to illustrate that smells emerging in this way can take hold epiphanically, through reflections on a few smell-sensitive experiences. A cross-reading of Martin Heidegger, Roland Barthes, Gernot Böhme, and Hans Ulrich Gumbrecht will help me in this goal, though as mentioned above not through direct application.

Hospitals are noisy, smelly environments and in order to be effective, it is said, novice nurses and doctors learn to pay attention only to specific sense impressions and "tune out" things judged to be of less importance. Skin colours and alarms might be recognized whereas e.g. the smell of vomit or faeces might be ignored (Edwardsson & Street, 2007). Whilst I agree with the general thrust of this work, I am not convinced that the smell of vomit or faeces is not recognized. I think (and will show) that it is. However, such smells will be handled in a more professional way within the hospital, there is to be no wrinkling up of one's nose in the presence of patients.

Smell is loaded with meaning and signification. The smell of cleaning products (disinfectants, chlorine, alcohol) are often taken as a sign of good hygiene, order, and tidiness. Health authorities know about this odorant "signal value", or at least the companies producing cleaning and health care products do. However, and this is where my contribution lies, odor as an ambiant quality is not always and not only signal and representation. There is, so to speak, more to smell than its sens obvie (the obvious meaning). Also, smell acts as the troisième sens or as it is also called the sens obtus (the obtuse meaning) (Barthes, 1982: 45). Le sens obtus is the dumb undescribable left over that does not allow for a linguistic conceptualisation; a surplus that cannot be handled intellectually. Accordingly, the sens obtus stays out of "the peace of nomination" (Barthes, 1977: 62).

Barthes illustrates the activity of the troisième sens using photography; it apears as a punctum, which punctures the obvious meaning of the photo (Barthes, 1980); for instance, some element in the periphery just moves, appeals, and draws his attention; but why he cannot tell. I would like to associate the activitity of the punctum with an aesthetic (and smelling) epiphany. Etymologically, "aesthetics" refers not to beauty, but to the sensous aspects of life (Gross, 2002). Aesthetics thus reach beyond the boundaries of pure meaning, encompassing the presence of life, which does not always already count as a representation but can rather have an epiphanic quality (Gumbrecht, 2004: 93). In its Greek origin, epiphany (epiphaneia) means revelation in the sense of an enlightening appearance or manifestation. Bringing together Barthes' punctum with Gumbrecht's description of aesthetic epiphanies as felt and experienced "moments of intensity" (Gumbrecht, 2004: 100). I will argue that smell epiphanies, as punctures of a foundational ambiance, constitute a crucial part of the atmosphere.

"The smell of burned tissue goes right up in my face. It almost seems to be screaming at me, and at all of us. 'Whew, is the ventilation on?', a nurse bursts out (the patient is under a general anaesthetic and does not hear). Maybe the extraction fan is not as powerful today as it usually is, at any rate, I have not up until now been startled by the smell of burned human tissue in this type of surgery."

The smell of blood vessels being sealed by burning is usually unnoticed, "tuned out" and treated as non-existent. But this time it hits us, perhaps because of the glaring contrast to the otherwise odorless foundational ambiance. There was also a revealing difference between my smell-experience and that of the nurse. I was, in contrast to medical personnel, an "outsider" and could therefore allow myself to dwell, and by way of a gelassen attitude, do some curious sniffing. The nurse, however, was ex officio making a desperate effort to handle the invasion of the uninvited smell by turning up the ventilation. The functional atmosphere did not usually allow quiet dwelling, or make way for dreams and investigations like

"The smell threw me out of the room promptly. Far away from the operating room I suddenly found myself at a woodwork class in primary school decorating horn by burning a pattern into it. It smells not only of burnt horn, also, the odor of wood and sawdust from the woodwork is in my nose. Moreover, almost magical, I hear the woodwork teacher's deep voice resounding through his full-grown beard while sensing the handgrip of the blowpipe in the palm of my hand. It is made of plastic, the handgrip, but still it is hot. The feeling of letting the glow penetrate the firm texture of the horn feels funny and so I must laugh, from within of course!"

This corporeal sensation of a smell-evoked flashback functions like Walter Benjamin's mémoire involontaire, famously exemplified in Marcel Proust's description of the plump petites madeleines. As Proust senses the tea-soaked cake crumbs in his mouth he is sent directly back to the childhood scene wherein he tasted a madeleine for the very first time. All of a sudden buildings, people, and flowers jump into being from out of his teacup; but explain the meaning of it, he cannot (Proust, 1913, 27: 51). As with the leap I experienced from cauterisation to woodwork, such temporal and spatial leaps happened to me several times. They were always accompanied by smell, but brought with them multisensory memories and experiences. Being present for anal fissure; attempts at resuscitation; ostomy; décubitus. All were experiences I will not soon forget; perhaps not only because they are heavy, life and death matters, but perhaps also because of this phenomenon of a smell-epiphany that I am seeking to describe.

Punctum is a rupture or an arrow, which hits me, pushes me, stabs me, punctures my accustomed world (Barthes, 1980: 38). Above I have described this effect as an atmospheric disturbance of the whiteout of the functional hospital smell; distracting and catching my attention, bringing me in some sense to another time and place.

#### Come closer!

My exploration of multi-sensous atmosphere reinforces the comprehensiveness of smell; it cannot be distinguished from the rest of the world. In other words, smell is about all the senses, and vice versa. The neutral base-note of the atmosphere almost made the epiphanic smell-invasions scream in relation to its own quietness. I could smell not just sterility and burned flesh, I also smelled the coldness and the heat of burning, I smelled the quietness and the yelling; haptics and sound were present too. This jumble of atmospheric sensousness I have tried to give an impression of through the help of poor words, which are the only thing at my disposal in writing this paper. Recognizing, though, the limitations of textual description brings me to the final section of the paper, dealing with the opportunities for using an analysis of multi-sensuous atmosphere in museological communication.

Within the museum, opportunities are present for aesthetic communication that consists not only of words but also sensous expressions. This is the advantage of the museum, and why it is of interest to me, as I curiously wonder whether the aesthetic possibilities of this medium could capture le sens obtus, the dumb left over that does not allow for nomination. Or in more pragmatic terms, could sensuous communication be exploited in order to allow the visitor, who was not present in the operation ward, to get closer to the atmosphere of the hospital? I do not have an answer yet, I am afraid, and I am not a curator. However, as a scholar with an interest in exhibition making, this challenge keeps teasing. I have experienced way too many disappointing exhibitions where smell was inserted in an attempt to reproduce the "original" atmosphere of a given scene, but resulting only in artificiality.

My speculative suggestion is to stop the aim of imitation – it is never possible to re-present an atmosphere 1:1. Imitations seem doomed to fail because, as my paper indicates, atmospheres depend to a large extent on biographical experiences. Even if the ambiance, taken as an atmospheric quality, is set up in the museum, the experienced outcome can never be fully predicted. The smell of burning tissue sent me off to a small village in Northern Europe, whereas the same event might have punctured your experience to send you back home, in front of the gas cooker with a singed eyebrow. Memories mark the atmosphere and this is in fact the exquisite part of it. Atmospheres, even in the museum, cannot be fully predicted and in this way the atmosphere stays a mystery.

The challenge I hope to explore further in future work is how museological practice can build upon this recognition of the atmospheric quality of expectations. As I have argued, the unexpected smell-invasion I experienced in the operation ward seemed to create an awareness of the foundational atmosphere. In moments like this, where an epiphanic puncture makes a rupture, the base-note of the atmospheric odor seems to be more obvious, as its dominance is again restored. Could the museum accentuate this atmospheric awareness via a playful handling of expectancies? The Danish philosopher Niels Albertsen has suggested looking for inspiration in Wittgenstein's concept of gesture when aiming at atmospheric translations (Albertsen, 2001). Indeed, the "gesture" seems to touch upon my experience of the troisième sens as a smell-epiphany; it captures something, which goes beyond pure meaning. Not that the gesture does not mean anything, it does, but only due to its twisted, off-kilter position in relation to explicit meaning. This notion can be read against Heidegger's argument that good poetry releases language from pure meaning (Heidegger, 1950), and K.E. Løgstrup's observation that whilst sound is swallowed up by the word as a bearer of a meaning; tone belongs to an auditory quality that goes beyond meaning (Løgstrup, 1938). In my future work, I intend to explore the consequences of this way of thinking about sound and tone for aesthetic work with smell in a museum.

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