Painting as mending structure: Landon Mackenzie in dialogue with Jacqueline Davidson

Landon Mackenzie and Jacqueline Davidson

Cogent Arts & Humanities (2017), 4: 1342525
Painting as mending structure: Landon Mackenzie in dialogue with Jacqueline Davidson

Landon Mackenzie¹ and Jacqueline Davidson¹*

Abstract: Illness and memoir come together in the handwritings of people struggling to overcome illnesses such as cancer, where the writer collides with established narratives such as “winning the battle”. Faced with an illness with no tidy or clear diagnosis from 2001 to 2005, Canadian artist Landon Mackenzie turned to painting as the logical language to help unravel and depict her hunches, nervous system research and experiences in a series of works called Houbart’s Hope (2001–2005), as well as other new works on canvas or paper. The studio is her place to think, not the keyboard. Using her skill set as an experienced artist, her condition forced her to work in new ways, while she used the “text” of images, colour and form. In her large-scale canvases, which are over two by three meters each, complexity itself was foregrounded. She very slowly was able to create a group of major new works. Using her cartography research, and in particular the historic search for the Northwest Passage from 1611 to the twentieth century as a parallel to her own understanding of the unknown, “brain as a new frontier”, she engaged her artistic methods to understand an illness with no pre-established narratives or images as she recovered. She made a memoire of illness none the less. Mackenzie refers to painting as a mending structure.

Subjects: Art & Visual Culture; Art & Gender; Painting

Keywords: mapping; painting; visual memoire

ABOUT THE AUTHORS
Landon Mackenzie’s paintings have been widely exhibited in Canada and internationally and collected by museums including the National Gallery of Canada, Vancouver Art Gallery, Art Gallery of Ontario and Montreal Museum of Fine Arts. Recent shows include Emily Carr and Landon Mackenzie: The Woodchopper and the Monkey at the Vancouver Art Gallery, and Landon Mackenzie: Parallel Journey, Works on Paper (1975–2015) a retrospective touring Canada until 2018. She has received numerous awards including both the Golden and Diamond Queen Elizabeth II Jubilee Medals, and the 2017 Governor General Award in Visual and Media Arts. Based in Vancouver, she is an influential educator at Emily Carr University of Art + Design.

Jacqueline Davidson received her PhD from the University of Stirling, Scotland, UK, and has a background in social policy and health research.

PUBLIC INTEREST STATEMENT
This article is based on material from an interview with Canadian artist Landon Mackenzie by Scottish scholar Jacqueline Davidson. Describing her personal journey through an undiagnosed illness, Mackenzie investigates the role that her expressive, artistic practice played in negotiating this experience. In reviewing the hidden content and motivation of a series of new major works made from 2001 to 2005, Mackenzie better understands how one uses the familiar tools and expertise at hand to process thoughts and questions when faced with a health crisis. As painting is her tool to create a response and untangle a knot, Mackenzie reflects in the interview with Davidson on using her mapping expertise as a “double agent”, and explores her paintings called Houbart’s Hope as a kind of visual memoir. Art for Mackenzie is a mending structure.
JD: Before presenting your work at the Arts and Health Symposium, how much had you reflected on art and health?

LM: No one had ever asked me to talk about art in regards to health, so I had never looked at framing my work that way, and how a body of work I made after 2001 could also be spoken about from that angle. When you’re going through a period of ill-health, and basically camouflaging your interest in that problem, with what you think is your real work; this other so called, “not real work” is sliding in underneath. Enough time had passed by to make looking at it with some distance very interesting. I still was kind of skeptical until I actually started speaking at the Symposium—I had no idea that it would end up being useful. I really like the main concept that I got out of it, that I think is worth us pursuing in this interview: the idea that you use the tools and expertise at hand to process your thoughts and questions when a crisis arises. I would never have considered painting as a kind of “memoire” until that symposium.

When Art Frank (2017), who is a trained writer, had his medical issues, he turned to his accomplished ability to write. However, he said that most people will turn to writing because writing is something that we all have enough experience of: including juvenilia, or diaristic writing or writing a letter. And I realized that instead of writing I had turned to my practice of painting (Figure 1).

There are other differences too. One is that, I didn’t know what my illness was exactly. Art Frank was working with a cancer story, talking to, and against, a master cultural narrative that exists with a body of texts and opinions. He was interested in how going through cancer and writing about it, he became aware of all the restricted things that make the narrative familiar, such as “he battled cancer”; “fought a good fight”. Art thought that was nonsense, and I agree with him.

My story is a little bit different because my illness was a mystery, and not nameable in a neat package. It started on 21 May 2001. There was about a two-year acute period, and then episodic for a few years. Still to this day, it’s something to be untangled. The first event or episode was evidently a 10-minute spell where I was sitting with some friends, but didn’t appear to be responsive, but also
didn’t fall over. They just thought, “she’s tired and she hasn’t slept”. I was aware that something really strange had happened, and felt very odd afterward, but being from a family where “hot lemon and honey and you go back to bed” is the answer to all things, I just went to bed. I went to Europe soon after to an exhibition, and everybody that knew me well was phoning home saying “What’s going on? What’s going on? Landon is not herself”. I was getting more and more confused, and experiencing other symptoms. At a certain point, it became clear that I had to be looked at and I was taken to the hospital. First possibility was a TIA or small stroke or some kind encephalitis: “Okay that’s not it”; nor was it MS. I had a CAT (Computed tomography) scan; then I had an MRI (Magnetic Resonating Imaging); then an EEG, then a Doppler; a Tilt Table test; a heart monitor stress test and more. I started with a medical chart of only a few pages, including that I had delivered three children from age 28 to 35, and now I had a big fat one! In eliminating conditions, the specialist would say, “on this day and with this test we’re unable to prove that …”. Meanwhile, friends and family would ask, “what is it called, and how do they fix it?”

I turned to my studio and my familiar discipline of painting to try to figure it out for myself. Painting is my tool to create a response, and my way of examining things we don’t have clear pictures of. At the time, I had paintings on the go that looked like maps, which I started interpreting as a motif of the brain. And with painting, the advantage is that images are not organized with a first point and then a second and so on, as with written texts. The layering is more like a tapestry where various threads have equal weight.

Eventually, because of my condition, I had to remove myself from my musty warehouse space and move down the hall where it was warm and dry, but first I started charting, using my mapping knowledge as a double agent. I was already a pretty serious researcher of maps and archives. I’d already been written about in a cartography magazine and in a book on the history of Canadian map making, so I turned to that language to “explore”, and was able to camouflage all of my secret rumblings under something more legitimate and dominant: the search for the Northwest Passage. I paralleled the historic material with this idea of “the brain as a new frontier”—a quote I pinched from a public lecture in Vancouver given by a prominent neuroscientist, soon after my condition started.

The search for the near mythical Passage begins in the seventeenth century, when Henry Hudson explores the east side of the bay, which we later name after him, where his men mutinied and set him adrift with six or seven sailors and his son in 1611, never to be found again. For the next hundred years, the bay is mostly known as Button’s Bay, after Captain Thomas Button who is sent out to look for Hudson, and maps the west side of the bay in 1612. His records show a river entrance or inlet marked as “Houbart’s Hope”, named for his pilot Josiah Houbart. The hope that this will prove to be the entrance into the continent is disproved a few years later, just as early ideas in medicine are disproved when new evidence is discovered.

So as I am bound up in these romantic histories of place and naming, I metaphorically paralleled the treasure hunt of the British colonials trying to figure out how to find the passage (to China), which doesn’t happen for 300 years after, more or less, with my own treasure hunt for answers to what I was going through.

JD: Where do you think that spark came from?

LM: I think when you are an artist, you turn to processes that are as familiar as your own handwriting. Also, in a male dominated discipline of painting, I have from the start of my career been a master of double-speak and camouflage. All of my work has at least two conversations going on. For example, if something was going on in my love or family life, I had a way to situate the secret dialogue with myself, hidden between public and private readings. There are probably writers we could point to, that do that in their novels.

JD: Do you think that the discipline of painting, or art, is gendered?
LM: Well, my name is Landon, so most people think I’m a man, or it reads as gender neutral. This assumption happened a lot early in my career, perhaps because I was making big, ambitious works. Viewers (and professionals in my field) were often very surprised when they met me, and would say something like “Oh, you make such good work for a …”, and then they stumbled over the next word. My paintings read as competent (masculine), and were seen early on in some serious venues like the Art Gallery of Ontario. How the work is received and circulated is only gendered within the bias in the industry, and in the pre-conditioned minds of viewers.

JD: In your Arts and Health Symposium talk, you described shifting between the two spaces of being a mother and being an artist?

LM: I was lucky that I was an already established, and somewhat acclaimed, artist before I had children. I kept the information pretty quiet as it was an era of “one or the other”. What I know from my own experience, is that the roles of mother and artist are historically, linguistically and symbolically, at war with each other. The paradigm is “women create life, men create meaning”. Plus, having children would make it seem as though you were not seriously devoted to being a “full time” artist. In the way our symbolic structured world has existed, the order of things recorded by religion, politics, or art has historically been by men. It’s a slow road to a new value system.

Female practitioners already know that they are sort of outside looking in—for me I describe it as if through a 45-degree angle, and maybe that gives us some other opportunities in our work, if one can take them up. Obviously, 40 years ago when I began, this was much more pronounced than today, but certainly, these multiple identities get complicated when one has to pretend that one is a high-functioning artist, over being a high-functioning, or maybe dysfunctional “wife” and mother.

Making art is also a negotiation of time vs. space vs. money. If you have only two of the three, it’s hard to be productive at a high level. Luckily for me, my professorship at Emily Carr University in Vancouver is a bit like a science position, where I am paid to experiment and be in the studio, as well as perform my teaching commitments. During my illness, I didn’t teach for a couple of years and returned only slowly. Ironically, I had been on a sabbatical leave when it began. The school was very supportive during this time.

JD: You describe a resistance to the idea of being sick. Can you explain what you mean?

LM: When I began my struggle—and even that word is dubious—a friend said, “there’s a real danger if you buy into the narrative of being sick”. This was all like Mars to me: the idea that there is a narrative of being sick. Until then I had never missed a scheduled day of teaching in twenty years, or had anything more than a flu or cold that lasted a few days. I had my own internal way of understanding what I was going through, but in this sickness script everybody else was a mirror. The Art school became a different mirror than the art community, or my family or neighbourhood, but they overlapped. So I was observing myself going through the journey, and I was also studying all of these discussions that go on around somebody who is ill. It was as if I could be inside the problem, and attempt to analyse it as an objective observer at the same time. The biggest problem I saw was that people want certainty. Going back to art history, Griselda Pollock (1999), the leading feminist art historian of my day (from the University of Leeds) would say that one must value uncertainty if one is an artist; to not know the answer. You have to look for answers, but you cannot be sure of what they are. You learn over time to recognize the fuller meaning of something.

I could say that by the end of our Symposium—and through listening to other people present their ideas—I had a much stronger sense of how I had placed my own desire to have an authentic narrative charted in my own way. Painting is non-linear, not logical and more of an “equivalent” than a truth. The *Houbart’s Hope* paintings, dated 2001–2005, are six works, each with a subtitle, such as *Houbart’s*
Hope: Casey’s Ladder/Winter Point (Figure 2). By camouflaging against the material I had been studying anyway, or was curious to study more of, I was able to track another sort of authentic space.

LM: The pictures are dated from the onset and outer edge of the illness. In reality I had to abandon them all, in the place that they stood, for a couple of years, with some small efforts in the first few months to draft bits of what I thought was going on with me. They are
all massive: seven and a half feet high, by ten and a half feet wide, sort of the size of old 16 mm independent film, and make up the third section of a mapping trilogy totaling 21 large paintings, that I began in 1993. Houbart’s Hope: Tracing One Warm Line, (Figure 3, Title image) in the Museum of Contemporary Art in Montreal collection, for example, is based on the map of Button’s Bay by Luke Foxe, in 1631 (if I remember the date right). Mine looks like a very weird psychedelic blue, starry, mappy, charty thing and contains fact and fiction. I copied the Foxe map outlines quite faithfully but colour changes everything. I recognize art’s greatest gift as being fiction—it can be a tool, to expose and conceal.

JD: So, using art as a tool allowed you to negotiate, or process, some of the uncertainty you were experiencing at the time?

LM: If you don’t know what this illness is, and perhaps you will never know exactly, you still need to examine all the threads. The hospital high-tech tests are needed to eliminate serious conditions. They can say, “well, it’s not a brain tumor, not epilepsy, not heart related”, and so on. And that’s the funny thing: you want answers but you don’t want a “yes” for anything they are testing you for!

I would get up my nerve to ask, “Can you please explain that test? That’s very interesting, how do you read this data”. The doctor or technician might say, “oh, the red colours show the blood going this way, blue shows the blood going that way, yellow shows this …, and the green shows that …”. For me a lightbulb went off! A painter has been hired to assign for a medical reader, a colour coded painterly palette, to tell them how to read the information. So, if I am a painter, I can participate, in a sense, my own way. The MRI and Doppler tests are completely fictitiously coloured to show the radiologists how to interpret the results.

MRI is also based on manipulating magnetic forces on the brain (or the part observed) and the planet has magnetic, electrical and chemical forces too. Using notions of geography and two-dimensional representations of the world, against the image of a brain, I had a perfect foil really for hiding the material that I was personally seeking. Houbart’s Hope: (Green) Hope Advanced, Hope Dasht, (Figure 4) or the pink painting, Circle of Willis (Figure 5), are good examples of this.
JD: Why did you feel that you had to hide the material?

LM: I was educated to avoid showing any obvious personal content in art, in favour of the so-called “universal”. If you want to play by the rules of the game, one does not reveal autobiography explicitly. The law of fiction involves hiding individual experience. We suspect that many artists get themselves to the studio or to their study to write, make music, or whatever they do, based on something they are trying to solve; or they want to reveal something to themselves that is going on at a deeper, interesting level, but not have it recognizable in the foreground.

Before the illness, I was layering the history of the prairies as if it were an exotic place, and I would be transcribing all these old maps and charts that, sort of called the land into colonial territory, including railway schedules, the Dominion land survey, and the grid Meridian system in two series called Saskatchewan Paintings and Tracking Athabasca. So I was already really familiar with playing in that language. That’s why, when I suddenly could hardly work at all, I still had that way to go about my work, with whatever energy I could find.

In my case, there was certainly a chemical-electrical kind of misfiring or overload, and a malfunction in the flight and fight response, so once the techno-tests and neurological tests were done, they send you to a Psychiatrist to examine you for depression. Though I had no melancholia or other depressive traits, it is possible that a thread may be related to atypical depression/conversion or an atypical presentation of migraine. Conversion is just a nicer way to replace the historic concept of “hysteria”. So as a woman, I have some skepticism and a resistance to that diagnosis. That led to a drug trial, which took me down a rabbit hole because the side effects of the anti-depressant caused new complications, and I was reviewed for Parkinson’s.

Luckily for me, different doctors that I met on my journey were wonderful. One of these was a top Parkinson’s researcher who met with me because my grandfather had died of Parkinson’s, and there is a small genetic aspect to the disease. After half an hour, I was advised to get off the drug (the anti-depressant that I’d been put on is now documented to cause a Parkinson’s-like response in some people). So that was another one off the list. Meanwhile, through our interview it seemed probable that my grandfather had manganese poisoning from working his whole adult life as a metallurgist.
in the copper mine in Chile. I didn't have manganese in my system -- that's good, but I did have elevated levels of other metals including cadmium, lead, chromium, magnesium and mercury, probably from long-term exposure to pigments that can enter the blood stream through turpentine. We don't really know a lot about what these metals do in combination.

Let me add another layer: (This is starting to look like a cake!) I'd taken two falls to the back of the head, brain stem area, with mild concussions. One of these falls was cross-country skiing not long before the first episode. Manual therapy helped me a lot there. But, to top it off I was 46 and thus in the process of hormonal changes associated with perimenopause, which can throw an extra wrench into the mix. Then tests showed two rare parasites to be treated. It all adds up. From one day to the next, the nervous system can just put on the brakes!

JD: Do you think the paints you were working with complicated your condition?

LM: Yes I do. Besides the heavy metals from a 30-year exposure to paints and printing inks, the acrylic, synthetic polymer paints and gessoes I was working with at the time became a trigger. As water based paints, they contained formaldehydes and ammonias to suppress mould and fungus. A lot of these products are better today. Furthermore, I will always wonder too, if there is any weight to the idea that liquid plastics are hormone disruptors. I had used these (synthetic polymer acrylic) paints for years, in large quantities. I also had exposures from having taught painting in the two largest studio art departments in Canada. I began to react to these materials, so I had to remove myself from my old studio space to rethink new ways to work. Ironically, I started working in a more old-fashioned way with linseed-based oil paint, because it was safer. I put off finishing the acrylic mapping works until 2004. Using oil and watercolour was a different process, which led me to do small format pictures, such as a series I called Neurotransmitter (White I) (Figure 6), and today I work mostly in oils.

JD: At some point, you organized a Symposium collaborating with scientists. Can you explain how that came about?
LM: I became so involved and intrigued, that once I was better and back teaching, I co-organized a conference called On the Edge of Chaos, at ECU in January, 2010, with scientists from UBC in Neuroscience, Psychology and Neuroethics, featuring a wide range of sessions. The idea of chaotic brain was of big interest to me. For example, you are busy doing something with your hands and meanwhile, the brain is solving all kinds of other problems. An intelligent, creative sort of person can be doing dishes, or lying down for a nap, and then they sit up and write a quantum physics formula, for instance. Neuroscience can understand how procrastination or sleeping, or menial tasks that only use part of our focus, or doing something that appears “not to be the thing”, can lead to the brain actually going deeper, and coming up with new, seemingly random, brilliant possibilities.

I started realizing that referring to the “brain” and “neuro” was becoming kind of cliché, or catchy. As Peter Reiner, at UBC Neuroethics, who co-organized the event with me said: “Everybody has a brain so everybody’s interested!” Since my condition had had a movement disorder component, I became interested in my situation as a Vegas Nerve/nervous system problem. Even my show at the Esker Foundation in Calgary was called Nervous Centres. I do think that I became aware of “nervousness”, and of painting being an act of the body, and having all these sort of tentative tentacles.

JD: Had you ever stated publicly that some of your paintings had come out of a relationship to your health, before the Arts and Health Symposium?

LM: I have done a lot of “artist” talks on my work at universities and galleries, and I don’t talk about this. Again—it’s the forbidden autobiographical thing, especially for women. With lots of interesting work, it’s easy to skip the specifics. I show pictures of the work and talk about them more generally.

JD: You’ve done work on dementia, haven’t you?

LM: I did a project with my students, as a partner in a study with UBC School of Nursing and Fraser Health Authority. My mother has advanced dementia so I was curious. We made over 50 paintings in various themes and lent them to a dementia care facility. The research was designed by Dr Alison Phinney from UBC. “Art in hospital” policies often have a blanket statement against using abstraction and I objected to that, because in my view, it’s an inaccurate prohibition. I felt it was far too narrow because it’s women, usually in their 80s, who make up the biggest demographic that we were making the paintings for. Many of them don’t see that well, but have been involved in pattern, which is a kind of abstraction, all their lives. They made clothes, or curtains, knitted patterns or chose a tablecloth. Even today when my mother can hardly see (or remember who I am) she’ll say, “Oh, what a lovely blue you’re wearing”, as a kind of greeting. I felt it was important to make the paintings with my students to test that rule, and so far, the research results have backed me up.

My own work uses motifs and patterns, a certain amount. Since my recovery, I made a group of paintings that each have hundreds of coloured squares that question how we optically perceive colour on an immersive scale (Figure 7).

LM: I’m also very fascinated with artistic and creative patterns of a practice. How an accomplished artist or scholar has actually figured out how to get through their day, or their week, to produce something. So, I ask people, “how is it that you’ve made all this work?” Let me use a close friend since childhood: Elspeth Guild—a brilliant legal scholar, as an example.1 Her life is complicated. She says: “Well, I’m travelling all the time: I work in Paris, then I work in London, then the Netherlands, I work in Brussels”. “Okay”, I say, “so how is it you get these books done?” She says: “Well, when I’m on the train (between all these cities), I just space out, you know. And it’s like I’m gathering it all, I’m sort of gathering all my thoughts and endless discussions, and high-level interactions at conferences, and all these PhD students I have. Then, I go on retreat. I just start writing and I write the entire
book in a week.” To me that is fascinating. It’s all just been processing—like she has a filing cabinet in her head! I’m really interested in how people can structure a creative life.

JD:  What about you? How do you do it; what are your patterns?

LM:  As I age I have different patterns. One thing that happened with the illness was I had to let go of all my regular patterns that had worked for me for years, until that time. I would teach; go to the studio; do errands like grocery shopping; collect the children when they were young; attend art openings in my field; return to the studio, etcetera. I was efficient, but I always had to work with fractured time. Often rushed, I would pop into the studio, almost daily, and use bits of time. So maybe that helped me later. This is a new thought actually. Maybe when I only really could use small bits of time during my illness, unlike artists that claim they need a minimum of eight uninterrupted hours a day, or they can’t do anything, I could make a quick intuitive response to something because I’ve always worked that way. I also built a value in gathering threads through fractured time, and had begun to understand early on, that you could separate an intuitive response from the critical judgments, and then re-switch back to intuition.

Different people have told me that I seem to shift from an analytical person to an intuitive person; that I’m not good at being both at once. I’m not the highly integrated brain; not the left–right communicating all the time stereotype of the artist. It’s like when the right brain is on, there’s nothing much happening in the left. And then when the left brain is on, there’s little happening in the right. I call it the brakeman switch. The painting *Houbart’s Hope (Red)* is like a cartoon of this with a little scientist oiling the machine at the bottom of the world (Figure 8).

LM:  I started understanding this and began calling it “crossing over”. I’d change my clothes to become the person who is able to paint. Maybe when you’re a physician, you put on the lab coat and you put on the stethoscope and you act (become) the competent doctor. Artists do the same. I change into my painting clothes, put on an apron, turn on the flood lights. I procrastinate! The studio is a really grubby place, and there, I feel like I’m a 9 to 11-year-old empowered brat. I start by trying to “fix” something. I’ll just say to myself: “Oh that orange is really bugging me”. So I mix up something, maybe try blue. When I put the new
colour on, all the other blue things in the painting will start to awaken. Then I might try purple, and I mix up that. By the end of the second decision, I feel the brain has completely crossed over and I can visually and materially engage and make decisions quickly with my hands and intuition. I turn off the analytical, hyper-critical!

JD: Recently you received the Governor General’s Award in Visual and Media Arts for Canada. What does that mean to you?

LM: I was nominated by a younger painter from Quebec who spoke about the achievement of my significant body of paintings, many of which are in museum collections and Canadian embassies. But besides my art, she spoke about the path I have created for (female) artists coming after me. It was a very touching acknowledgement of my perseverance, talents and considerable luck! Given that I could have given it all up when I had the illness, the recognition was very special. The award means I am doing something right—even if I feel I am just fumbling along. I think it also shows me I should carry on, no matter what challenges lie in my future.

JD: Finally, what do you think would be the main message you would bring from your experience?

LM: I’ve understood for some time that art, for me, is really a way of mending. In a way, I’m mending by using my time, and fiddling around in colours and liquids with my hands and building stretchers and preparing canvases, but also mending in the way that meanings surface unexpectedly, and unconsciously, from making pictures that are durational and made in the studio, rather than a domestic space.

And finally, that it’s useful to have an expressive practice, because otherwise, one can overload on input—we all get so much input. I’ve had 15 years since my illness journey began, and time and distance have allowed me to look back and sort of peel back the covers and say, “What were all those things that happened?” You know, just all these factors came together and criss-crossed and finally, the body just couldn’t get past my determination. You may want to keep going, but it’s (the body) not going with you. Sometimes the search for a diagnosis and treatments throw it off further. I now describe it as a perfect storm!
Methodology
Following the Symposium a taped interview took place with Landon Mackenzie at Emily Carr University of Art + Design in May 2016. Jacqueline Davidson transcribed the interview, from which she formulated new questions to explore and develop several themes more fully. Using a variety of colour-coded markings mimicking both painting and editing processes, the authors worked creatively and collaboratively to produce the final written version.

Funding
The authors received no direct funding for this research.

Author details
Landon Mackenzie1
E-mail: lmackenzie@ecuad.ca
Jacqueline Davidson1
E-mail: jacquelinedavidson@ecuad.ca
ORCID ID: http://orcid.org/0000-0002-1408-3324
1 Emily Carr University of Art + Design, 520 East Ist Ave, Vancouver, BC, Canada.

Citation information
Cite this article as: Painting as mending structure: Landon Mackenzie in dialogue with Jacqueline Davidson, Mackenzie & Davidson, Cogent Arts & Humanities (2017), 4: 1342525.

Notes
1. Elspeth Guild, PhD is the Jean Monnet Professor of European Migration Law at Queen Mary, University of London, UK and Radboud University Nijmegen, Netherlands; partner at the London law firm, Kingsley Napley; and senior research fellow at the Centre for European Policy Studies, Brussels, Belgium.

Cover image

References

© 2017 The Author(s). This open access article is distributed under a Creative Commons Attribution (CC-BY) 4.0 license.
You are free to:
Share — copy and redistribute the material in any medium or format
Adapt — remix, transform, and build upon the material for any purpose, even commercially.
The licensor cannot revoke these freedoms as long as you follow the license terms.
Under the following terms:
Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made.
No additional restrictions
You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits.