

Performative Autopathographies:
Self-Representations of Physical Illness in Contemporary Art

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ABSTRACT

Performative Autopathographies examines firsthand representations of physical illness produced by selected professional artists since 1980. Through pointed case study analyses, it shows how contemporary autopathographies function beyond therapeutic expression by articulating political, aesthetic, and metaphysical positions (e.g., autothanatography) in relation to lived experience. Notions of pathography, performativity, acting forms, confession, dialogism, and the ethics of response are presented in the Introduction. Chapter 1 reviews the literature relevant to the emergent field of “cultural illness studies,” situated at a disciplinary crossroads between medical humanities and visual / cultural studies. It outlines the research undertaken on pathography thus far, and details the relational, restorative, political and aesthetic stakes that characterize the practice. Chapter 2 examines the “performalist” photography of Hannah Wilke, conducted in response to her mother’s cancer and her own. Wilke’s pathographic works are read with the guidance of Aby Warburg’s *Pathosformel*, which helps to generate my notion of the “formula of pathos.” Chapter 3 considers Jo Spence’s construction of a living archive through her photographic treatment of illness. Contrasting her production to other circulating images of breast cancer, the chapter details how Spence built a critical visual culture of disease. The performative aspects of Spence’s “phototherapy” are discussed, while her final works are interpreted along the framework of autothanatography. Chapter 4 considers the semiotics of the body in pathographic choreography. The historical associations between disease and dance are retraced before considering works by Jan Bolwell and Bill T. Jones. Critic Arlene Croce’s notorious reaction to Jones’ *Still/Here* furthers the discussion on the ethics of response and responsibility in receiving pathographic works. Findings from these case studies of autopathographic practice are summarized in the Conclusion, which retraces the salient aesthetic characteristics of contemporary performative autopathographies.

RÉSUMÉ

Autopathographies Performatives s'intéresse à une sélection d'autoreprésentations produites par des artistes professionnels depuis 1980 qui traitent de maladie physique. À travers des analyses d'études de cas, la thèse démontre comment les autopathographies contemporaines vont au-delà d'une expression strictement thérapeutique en articulant des positionnements politiques, esthétiques et métaphysiques (cf. autothanatographie) sur leur vécu. Les notions de pathographie, performativité, formes agissantes, confession, dialogisme et de l'éthique de la réception sont présentées dans l'Introduction. Le premier chapitre entreprend l'analyse des documents des études culturelles sur la maladie, au croisement des sciences sociales de la médecine et des *visual/cultural studies*. La recherche existante sur la pathographie y est résumée, ainsi que les enjeux relationnels, thérapeutiques, politiques et esthétiques qui la caractérisent. Le deuxième chapitre examine la pratique «performaliste» de Hannah Wilke, réalisée autour du cancer de sa mère et du sien. Ses œuvres pathographiques sont analysées à l'aide du *Pathosformel* d'Aby Warburg, qui nous permet de générer la notion de « formule du pathos ». Le troisième chapitre explore la construction d'une archive vivante par Jo Spence au moyen du traitement photographique de sa maladie. Contrastant sa production avec différentes images du cancer du sein, ce chapitre décrit comment Spence construit une culture visuelle critique de la maladie. Les aspects performatifs de sa « photothérapie » sont abordés, tandis que ses dernières œuvres sont interprétées selon le cadre de l'autothanatographie. Le quatrième chapitre se penche sur la sémiotique du corps dans la chorégraphie pathographique. Les associations historiques entre la danse et la maladie y sont retracées, avant d'aborder des œuvres de Jan Bolwell et Bill T. Jones. La réaction notoire de la critique Arlene Croce face à l'œuvre *Still/Here* de Jones ramène notre discussion à la question de l'éthique de la réponse et de la responsabilité faces aux œuvres pathographiques. Les résultats de ces études de cas sont résumés dans la Conclusion, qui rappelle les caractéristiques esthétiques principales des autopathographies performatives contemporaines.

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INTRODUCTION

Performative Autopathographies

Performative Autopathographies investigates strategies of self-representation put forward by selected contemporary artists in response to their experiences of physical illness. Rather than strictly consider the restorative effects of such practices for their producers and receivers, my research identifies how artists dealing with autopathography since the 1980s have been building a critical culture of disease, one that is equally dependent upon the political facets of their manifestations as it is on their aesthetic explorations. Through close readings of works by Hannah Wilke, Jo Spence, and by choreographers Jan Bolwell and Bill T. Jones, I analyse the aesthetic displacements that occur in the passage from the private experience of pathos, to the public exposure of disease and mortality in autopathography. What forms do such public “confessions” of private experience take, and what specific symbolic structures are employed in order to convey them? Irrespective of the various motivations that drive the production of autopathography, be it sheer exhibitionism or a fervent desire for healthcare reform, I posit that the works of the artists considered here are all united by the performativity that is deployed through “formulas of pathos” and “acting forms.”

The performative powers of autopathography transpire through the distinct expressive structures that autopathographic works employ. I identify the primary aesthetic tactics that characterise autopathographic performativity as formulas of pathos¹: rhetorical modalities of the autopathographic image that transform embodied pathos into legible symbols. The transformation of suffering experience into communicative signs through these formulas of pathos allows for the translation of pain, whether moral or physical, into a symbolic exoskeleton: a mark of intimate somatic and psychic experience that is made public and rendered

¹ The notion of the “formula of pathos” is derived from Aby Warburg’s understanding of the pathos formula (*Pathosformel*). My specific usage of the term is described in detail in chapter 2. In essence, I employ “formulas of pathos” when referring to the specific symbolic structures and representational techniques that are used to conjure up the un-figurable aspects of pathos-imbued experiences, notably their affective dimensions.

visible on the body. The contemporary autopathographies considered here do not engage in the unmediated expression, or live enactment, of disease-related suffering. Their use of performance has less to do with conveying the immediacy of experience, therefore, than with the transformative role of the aesthetic process. Instead of transmitting the affective impact of pathos directly, these visual and choreographic works are structured as re-enactments or as designations of suffering experiences, through the wilful display of wounds, for example, or the calculated use of an “autopathographic pose.”² Such are the formulas of pathos artists employ in order to convey autobiographical experiences in articulate, critically-driven artworks; works whose strength is not strictly rendered by the compelling nature of their subjects, but also by the persuasive rhetorical strategies that are embedded in their expressive structures.

My research into autopathographic performativity details the artwork’s function as an “acting form.”³ According to this notion, both the autopathographic process and its resulting artworks are endowed with an acting power that has the capacity to restore the subject. In considering autopathographic performativity in this light, two elements tied to the performance of recovery surface from the examined artworks: on the one hand, the displacement of suffering that occurs in the process of autopathographic depiction, and on the other, the notion that autopathography functions as a survival technique on multiple levels.

That recovery and survival should recur as motifs in these artworks leads me to propose that performative autopathographies manifest a constructive aesthetics of failure, insofar as they draw a productive gesture from the experience of the body’s fallibility. The regenerative potential of autopathography

² Drawing upon existing commentaries by art historians on the work of Hannah Wilke in chapter 2, notably focused on the “rhetoric of the pose,” I develop a novel reading of the “autopathographic pose,” which I argue functions as a formula of pathos in Wilke’s work. Some of the elements that constitute the autopathographic pose – notably, a splitting of the subject induced not only by the act of posing (where “self” and representation meet), but also by a structural necessity in the endeavour to represent one’s pathos or pain – are brought into my discussion of Spence’s Phototherapy in chapter 3.

³ This notion, introduced by Thierry Davila, refers to the distinct performative or “acting” powers held by objects that are specifically tied to illness, such as amulets or ex-votos. The specific modalities of acting forms are defined in the first chapter. See Thierry Davila “Esthétique et Clinique: Brève Introduction à l’Art Médecin,” in Maurice Fréchure and Thierry Davila, *L’Art Médecine* (Paris: Réunion des Musées Nationaux, 1999): 34-63.

reappears throughout my study. Drawing from a literature review of studies on illness and representation in chapter 1, I trace the diverse uses of pathography as a *pharmakon*: a poison that can also heal. Chapter 2 investigates the displacement of pain in Wilke's use of the wound as a formula of pathos, and in her autopathographic pose, a procedure that enables the artist to depict herself as existing both with and beyond her experiences of suffering. Spence's use of Phototherapy as a survival technique is examined in chapter 3, while in chapter 4, the dancing body is seen to effect recovery in the process of autopathographic performance. In all these instances, survival and recovery are articulated through the use of formulas of pathos, key components in the symbolic structures of performative autopathographies.

The aesthetic displacements of suffering effected through Wilke's and Spence's formulas of pathos each provide a space for the projection of a spatio/temporal "elsewhere" which asserts that the artist also exists independently of her pain; yet it is precisely through the autopathographic designation of suffering that such a pain-free place can arise. Formulas of pathos operate as acting forms, in that their production opens a path for the subject's recovery. A similar displacement is found in the choreographies of Bolwell and Jones, but in these instances, it is the performing body's capacity to at once trouble and highlight the distance between the representational and the "real" that allows for the aesthetic displacement of suffering. The formulas of pathos employed in choreography are founded upon the doubling of the live dancer as both embodied presence and representation, simultaneously.

In the works of Wilke and Spence, the photographic print is wittingly employed as a posthumous "technology of embodiment"⁴: the artist "survives" through the imprint of her presence in the photographic image. But autopathographic survival takes on far more complex ramifications in relation to art history, particularly when considered against Aby Warburg's notions of

⁴ Drawing upon the work of Amelia Jones on the subject, the use of photographic self-representation as a technology as embodiment is introduced in section 2.3 below, and further developed in chapters 2 and 3. See Amelia Jones, "The 'Eternal Return': Self-Portrait Photography as a Technology of Embodiment," *Signs* 27, 4 (2002): 947-978.

Nachleben (“survival” or “afterlife”) and *Pathosformeln* (“pathos formulas”), explored in chapter 2. Warburg’s thesis posits that the *Lebensenergie* (life energy) of pathos “survives” in artistic forms from Antiquity, re-emerging in flourishes and other *Pathosformeln* of the Renaissance. These imperfect shadows of a dynamic, vital energy parallel the failings of autopathographic language to translate the full affect of pathos. The formulas of pathos developed by Wilke, Spence, Bolwell and Jones integrate these shortcomings into their rhetorical methods. While their source ailments cannot be reproduced, the elaboration of formulas of pathos permits these artists to at least indicate that which they fail to represent; pathos is thereby integrated into their representations by proxy. The symbolic structures that allow for the aesthetic displacement and deferred representation of pathos are the focal points of my inquiry into performative autopathographies.

Contrary to existing studies on illness representations, my research is neither limited to the therapeutic aspects of representing disease, nor to its political ramifications, but rather privileges an inquiry into the aesthetic components of autopathographic representation. Through analyses of the formulas of pathos found in four case studies of autopathography, I establish a compendium of the “acting powers” of contemporary autopathographic forms, and investigate their structural reliance upon various shades of performativity. The study is conducted in accordance with my perspective that performative autopathographies manifest a constructive aesthetics of failure. As such, the performative dimensions of autopathography are not strictly aligned with their capacity to function as acting forms, but also with the efficacy of the autobiographic account in the performative constitution of the subject.⁵ This represents another constructive dimension of autopathographic aesthetics. As for the dimension of failure, autopathography is considered here against the practice of autothanatography, whereby the subject impossibly performs the self-

⁵ The performative dimensions of autobiographical accounts are discussed below in section 2.3, where I refer to Judith Butler’s *Giving an Account of Oneself* (New York: Fordham University Press, 2005).

representation of his or her death.⁶ Such representations necessarily fail, since the subject cannot, by definition, attest to his or her passing. Taken in this context therefore, between autobiography and autothanatography, the autopathographic artwork at once affirms and undermines the represented subject, paradoxically asserting her survival while exposing her demise.

1. What is Autopathography? Definitions and Approach:

While the exact definition of autopathography is contested, it is generally employed with reference to biographical accounts of illness or suffering that take a literary form. Anne Hunsaker Hawkins describes pathography as “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death.”⁷ Hawkins considers the terms “pathography,” “autopathography,” and “biopathography” to be more specific than Arthur W. Frank’s coining of the term “illness narrative,”⁸ which adds oral stories and even conversations to the domain of written narratives. For Hawkins, “autopathography” refers “only to written narratives, and only to narratives by an ill person or by someone who is very close to that person.”⁹

My corpus of research, however, does not consist in literary narratives of illness; instead, it includes performances, choreographies, art objects, and photographs. As such, without further qualification, my use of the descriptor “autopathography” would be misleading. The subtitle, “self-representations of physical illness in contemporary art,” informs the reader that I exclude from my study the vast field of pathographic productions that are tied to mental illness. I

⁶ The practice of autothanatography – the impossible account of one’s own death – is examined in chapters 2, 3, and 4. The philosophical notions that underpin autothanatography are explored below in section 2.4 with Jacques Derrida’s musings on the impossibility to apprehend death in *Apories* (Paris: Galilée, 1996). Derrida uses the term autothanatography in addressing the literary works of Maurice Blanchot. See Jacques Derrida, *Demeure: Maurice Blanchot* (Paris: Galilée, 1998).

⁷ Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette: Purdue University Press, 1998), 1.

⁸ See Arthur W. Frank, *At the Will of the Body: Reflections on Illness* (Boston: Houghton Mifflin, 2002).

⁹ Hawkins, *Reconstructing Illness*, xviii.

also omit the corpus of theoretical reflection and artistic production emerging from the area of disability studies, although it significantly inflects my readings of the social and political ramifications of pathographic representation.¹⁰ The subtitle also broadens Hawkins' strict definition of autopathography, which limits the practice to literary or narrative forms. As for the designation of "self-representation," it should not be restricted to figurative self-portraiture, but rather refers to cultural productions that are specifically inspired by firsthand experiences.

The composition of the word autopathography includes the self-reflexive prefix "auto-," which suggests that whatever root noun that follows the prefix also refers back to itself, and the suffix "-graphy," which identifies the written nature of the account of illness. In adopting this term to describe the corpus of works I have chosen, I stretch the meaning of the suffix: "-graphy" suggests not only the semantic act of writing, but also the gestural and graphic qualities that might be found in calligraphy, for example, or in drawing, sculpture, and even the applied arts in other media. In this optic, therefore, the suffix "-graphy" refers not only to writing, and by extension narrative, but also to a more general haptic contact with material, an inscription onto a surface or into space (as in choreography), as well as aesthetic attention to form. The designation "(auto)pathography" is employed when I make statements that equally refer to pathographic and autopathographic works, while "auto/pathography" is used when a work's authorship is ambiguous and the boundary between pathography and autopathography is unclear.

The main body of the word "autopathography" consists in the root word *pathos*, whose definition, in ancient Greek, holds plural meanings. At its largest, *pathos* can refer to any and all experience, whether good or bad.¹¹ Taken in this sense, the word "autopathography" amounts to little else than a synonym for autobiography. But *pathos* can also refer more specifically to a particular type of experience, such as an accident, or to suffering, misfortune, calamity, or disease.

¹⁰ In this study, illness (the lived experience of physical or mental disease and its repercussions, which may include various forms of disability) is distinguished from disability (acquired or chronic physical or mental impairment).

¹¹ It has, for instance, simply been translated as "that which happens" or "registers." Cf. <<http://www.consultsos.com/pandora/patholog.htm>> Last accessed October 27, 2006.

A second definition of the alternate ancient Greek root word *pathein* refers to emotion or passion. Tying in the two definitions of *pathos* and *pathein* highlights the affective impact of calamity or disease, which is also the point of contact between (physiological) pain and (moral) suffering.¹² A third definition of *pathos* is used in the context of rhetoric. It refers to “the use of emotional appeals to alter the audience’s judgment,”¹³ and can suggest the tactical use of over-emotionalism to orchestrate a desired reception.

All of these etymological definitions of the root words *pathos* and *pathein* are echoed in my present use of the word autopathography. In my adoption of the term, autopathography refers to a given aesthetic form through which an experience of illness is related firsthand. By the very nature of its subject matter, the autopathographic work most likely appeals to its spectators on an affective level; one might even surmise that its potentially pathos-filled rhetorical strategies seek to pull at viewers’ empathy. And while the process of autopathographic creation may aspire to operate a measure of control over the lived experience of illness, it seldom exhibits an affective resolution, but rather attests to the enduring struggle of living on.

That visual and performative autopathographies should remain unresolved testimonies of existence between life and death is what sets them apart from their counterparts in narrative form. G. Thomas Couser argues that a significant flaw in many illness writings is the problem of narrative closure, and the use of a comic plot ending.¹⁴ As such, conventional illness narratives often suggest that things

¹² As David Le Breton explains, “Il n’y a pas de douleur sans souffrance, c’est-à-dire sans signification affective traduisant le glissement d’un phénomène physiologique au coeur de la conscience morale d’un individu.” “Une information douloureuse (*sensory pain*) implique une perception personnelle (*suffering pain*). Toute douleur engage une atteinte morale, une mise en cause du rapport au monde de l’individu.” David le Breton, *Anthropologie de la Douleur* (Paris: Métailié, 1995), 13 and 14.

¹³ “Pathos” <<http://en.wikipedia.org/wiki/Pathos>> Last accessed October 27, 2006.

¹⁴ G. Thomas Couser, *Recovering Bodies: Illness, Disability, and Life-Writing* (Madison: University of Wisconsin Press, 1997), 91. The problem of narrative closure particularly poses itself in the written form, as the reader is forced to wonder whether or not the author will complete the narrative before dying. While reading the text, there is always the possibility that the narrative will suddenly be interrupted by a blank page. This problem is not posed by the autopathographic image, since the visual work can be apprehended in an instant as either finished or incomplete. In addition, narrative resolutions are not necessarily expected from images. Other forms (particularly those which require a durational reception, such as time-based media or live performances) are

will be better in the end; but in the reality of living with sickness, such a clear resolution is rarely attained, either in survival or in death. As a counterpoint, then, to this understanding of illness narratives, I adopt Cathy Busby's definition of autopathographies, which she describes as "disclosures of suffering, recovery, or healing [that] involve neither a tragic nor a happy ending. Autopathographies document one individual's ongoing emotional struggle, not necessarily in a linear manner."¹⁵

Thus, for the purpose of this study, elements to be retained in my definition of autopathography include the following:

- 1) Autopathography is the personal relating of an experience of physical illness through the use of a codified aesthetic form
- 2) This form need not be narrative, nor lead to a linear conclusion or "comic plot" ending, but rather presents itself as unresolved testimony
- 3) The majority of autopathographic works considered in this study constitute critical, counter-cultural statements of illness experiences
- 4) Autopathographic works are characterized by the use of expressive structures that help to shape their (affective) reception (as per the rhetorical definition of *pathos*)
- 5) Receiving the autopathographic work involves engaging with or refusing empathy, or negotiating a position in between.

My perspective on autopathographies is firmly grounded in the plain recognition that we are all but "temporarily able-bodied," to borrow a term from disability studies.¹⁶ We are only temporarily able-bodied inasmuch as our bodies indeed have an "expiry date," but also because at different times in our lives, we

also immune to the problem of narrative closure, since the viewer most likely assumes that the work is finished, unless it is explicitly described as incomplete or as a work-in-progress.

¹⁵ Cathy Busby, "The Lure of Roseanne's Autopathography and Survivor Identity," in eds. Bill Burns, Cathy Busby and Kim Sawchuk, *When Pain Strikes* (Minneapolis: University of Minnesota Press, 1999), 77-91, esp. 78. Busby's original description is limited to written forms of autopathography, but I find it useful to extend her definition to non-narrative practices.

¹⁶ "Temporarily able-bodied" can be used with reference to individuals who have intermittent disabilities. However, the term is also used in a polemical manner to designate people who live without disabilities. The adoption of the term is intended to convey the fragility of a temporarily able-bodied state, and to reverse the linguistic structures that construct able-bodiedness as a norm. I originally encountered the term in reading Petra Kupperts' *Bodies on the Edge: Disability and Contemporary Performance* (London; New York: Routledge, 2003), 27. Kupperts guides the reader to a further discussion of the term in Susan Wendell's *The Rejected Body: Feminist Philosophical Reflections on Disability* (London; New York: Routledge, 1996), 90.

face certain physical limitations. Since a number of diseases that were once acute or deadly have become relatively manageable chronic illnesses today, people currently lead long lives with ailments that would have earlier debilitated or killed them. Disease, in this sense, has become a part of life, and no longer always entails imminent demise.¹⁷

Nevertheless, the picture of life is framed by that of death, and likewise, the image of health by that of disease. In the opening of “Illness as Metaphor,” Sontag describes sickness and health as the alternate countries between which we are all forced to journey:

Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.¹⁸

Sontag’s essay further informs us that representations of illness are generally charged with dubious metaphorical attributions to the sick body. These often moralizing projections inflect the image and its subject with a stigma that attracts both fascination and fear. In light of Sontag’s insights, I contend that the analysis of autopathographic images helps to unmoor their either hideous or spectacular powers, particularly through the deconstruction of the aesthetic and signifying structures that contribute to their performative efficacy.

In studying autopathographic practices, I address a corpus of works by four contemporary artists not only on the basis of their aesthetic and conceptual merits, but also because they have in many cases led to public debates on the subject of disease in art. With the exception of Bolwell, the autopathographies of Wilke, Spence, and Jones arguably constitute a preliminary canon for this emerging field of inquiry, yet the compositions of their works have seldom been

¹⁷ Arthur W. Frank qualifies this new social reality as the “remission society.” He specifies that “in the remission society, the post-colonial ill person takes responsibility for what illness means in his life.” Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1997), 13. G. Thomas Couser agrees that while “medicine may give [...] continued life, it cannot give that life meaning” in *Recovering Bodies*, 10. Both statements point to some of the reasons why the socio-cultural value of disease representations is currently undergoing a process of change, since a greater number of people are exposed to living with chronic or prolonged illnesses.

¹⁸ Susan Sontag, *Illness as Metaphor & AIDS and Its Metaphors* (New York: Doubleday, 1990), 3.

investigated in detail through the framework of autopathography.¹⁹ While there has been a growing interest in recent years in the broad overlaps between medicine and representation, little space has been accorded to autopathographic practices in particular, in fields other than literature.²⁰ Moreover, in publications on the subject of disease in art stemming from the fields of disability or cultural studies, the politics of representing illness often take precedence over aesthetic investigations into pathographic forms. The case studies of Wilke, Spence, Bolwell and Jones offer a compelling inventory of artworks whose aesthetic features have yet to be exposed in terms of their elaboration of an autopathographic idiom. The aesthetic and performative grammars of autopathography are drawn in this study from close analyses of the symbolic and expressive mechanisms embedded in their works.

My interpretive approach to this corpus combines the methodologies of traditional art history (through the iconographic and image-rhetorical analyses of works, and the biographical situations of their producers) with those drawn from the new art histories, typically invested in a materialist approach to the image as socio-historical object, and attentive to representations of the subject as sites for the articulation and/or contestation of identity politics. Contrary to broader studies on the politics of disease in contemporary representation, *Performative*

¹⁹ Wilke's, Spence's and Jones' pathographic works have each provoked public discussions on the subject of disease and representation; the critical and popular response to their works is addressed in the chapters devoted to each of their case studies. In the specific context of studies on illness and self-representation, the following analyses of their works have been made: Einat Avrahami's *The Invading Body: Reading Illness Autobiographies* (Charlottesville; London: University of Virginia Press, 2007), which addresses the autopathographies of Wilke and Spence, as well as autobiographical illness writings by Gillian Rose and Harold Brodkey; Tina Takemoto's doctoral dissertation, "Traumatic Repetition: Mimicry, Melancholia, Performance" (PhD Diss., University of Rochester, 2001), which investigates her own collaborative auto/pathographic production with Angela Ellsworth, as well as works by Wilke, Spence, and Bob Flanagan; and Jean Dykstra's article "Putting Herself in the Picture: Autobiographical Images of Illness and the Body," *Afterimage* (Sept-Oct 1995): 16-20, which looks to works by Spence, Wilke, Matuschka, and others. As for Jones, his illness-related work is treated alongside that of other choreographers in David Gere's *How to Make Dances in an Epidemic: Tracking Choreography in the Age of AIDS* (Madison: University of Wisconsin Press, 2004).

²⁰ Notable publications on the subject of medicine and representation include Jackie Stacey's *Teratologies: A Cultural Study of Cancer* (London; New York: Routledge, 1997) and Petra Kuppers' *The Scar of Visibility: Medical Performances and Contemporary Art* (Minneapolis: University of Minnesota Press, 2007). Relevant publications from the field of literary studies are detailed in chapter 1, as are the few existing publications on the subject from the field of art history.

Autopathographies pays close attention to the aesthetic nature of self-representational accounts of illness in the visual arts and choreography. My task thus involves establishing a preliminary taxonomy of pathographic forms, and identifying the representational strategies, particularly formulas of pathos, that emerge in specific works. Part of this inquiry consists in deconstructing the operative mechanisms of autopathographies: not only in terms of how the work produces meaning, but also with regards to the means by which it deploys its affective power, and elicits an un/empathetic response.

In essence, the questions to be posed before autopathographic works all involve gaining an understanding as to *how they act*, both in terms of the forms and means of their performative powers. The primary questions to be addressed in this optic are: How do autopathographies function as codified, aesthetic objects? How do they enact a form of survival or recovery? And how do viewers respond to the sight of a subject's mortal fragility?

Performativity, in acting forms and formulas of pathos, is the key structural element tying together all the examined autopathographies. The various shades of performativity implicated in autopathographic expressions are introduced below. Michel Foucault proposes that performativity takes a constitutive form in public confessions, which I contend are structurally comparable to autopathographies. Sharon Sliwiniski puts forward the notion that photographs of atrocity appear to demand a response from their viewers; drawing from her insights, I suggest that the autopathographic art object's performative pull similarly calls upon its viewers to respond. Judith Butler argues that performativity instantiates the "truth" of autobiographical accounts, an affirmation which I transpose to the domain of autopathography. Performativity also emerges in the theatrical poses of artists for the camera or before a live audience in autopathography; Amelia Jones' analyses help to understand the place of the subject in such self-representational gestures. Finally, Jacques Derrida's statement that it is impossible to represent, let alone face, one's own death leads me to understand that autopathographies, like autothanatographies, emphatically perform survival with the intimate knowledge of fallibility and death. A

consideration of these various facets of autopathographic performativity sets the foundations for my proposal that performative autopathographies articulate a constructive aesthetics of failure.²¹

2. Autopathography, Self-Representation, and the Constructive Aesthetics of Failure:

2.1. Autopathography as Public Confessional:

Upon first encountering autopathographic images, viewers may wonder what drives artists to present themselves in such unflattering light: skins bruised by the pricks of needles; bodies distorted by the ingestion of drugs; scars, bandages, and wounds wilfully displayed before strangers' eyes. Given their physiological conditions, these artists' public self-exposures might be regarded as inappropriate, since they make visible that which no one would seemingly ever want to look at. But in considering the potentially positive effects caused by their "hideous" self-displays, the public self-exposures of suffering artists can instead be regarded through the lens of provocative activism. From this perspective, their exposures appear to be less driven by narcissistic exhibitionism, than by a militant impulse that leads to the production of manifest counter-statements of visual stigma.

An activist reading of autopathography suggests that it promotes the empowerment and visibility of those who appear to be "other-than" healthy. When this perspective is combined with the metaphysical dimension of the autopathographic image as a mirror of human vulnerability, it aligns itself in a

²¹ Lisa Diedrich concludes her recent study of literary pathographies with a consideration of the "ethics of failure." Similar to my notion of a constructive aesthetics of failure, Diedrich's embracing of failure reflects the potentially generative aspects that accompany the disruption of the body/self in the face of illness or mortality. An ethics of failure, she explains, is "an ethics that emerges out of, or along with, an experience of failure, be it of the body, of (conventional and alternative) medicine, or of language." An aesthetics of failure, I suggest, is driven by the desire to transmit these failures – and the potential wisdom derived from them – in a constructive, creative effort. Lisa Diedrich, *Treatments: Language, Politics, and the Culture of Illness* (Minneapolis: University of Minnesota Press, 2007), 148.

trend that Hal Foster has characterized as “the return of the real.”²² Both informed by the visibility quests of identity politics, and by the art-world’s hunger, according to Foster, for “authentic” experience, autopathographic productions paradoxically emphasize the uniqueness of individual experiences, while at the same time levelling the prospects of mortality and sickness to a common human fate. On the one hand, the experience of illness is a distinctly situated one, mediated by factors relating to social positioning, wealth, access to healthcare, etc. On the other, failing health and the fact of mortality are perhaps the only elements to which all of humanity can claim a common belonging.

Regardless of the extent to which individual experiences of illness are distinctly located or universally representative, I temper the celebration of autopathography as a liberating form of activism with some mild cynicism directed towards the complex market value of “victimhood” in contemporary culture. With the added value that is brought forth by representations that are tied to the “real,” Foster notes that “the project of an ‘ethnographic self-fashioning’” – such as autopathography – risks “becom[ing] the practice of a narcissistic self-furbishing.”²³ Narcissistic exhibitionism can therefore hardly be dissociated from any autopathographic gesture, no matter how effectively militant or aesthetically sophisticated its form. What’s more, the burden of bearing witness is thrust upon viewers in the most banal and poignant ways these days, taking forms as diverse as reality television and talk show confessionals, to the ubiquitous deployment of images of atrocity. Viewers risk becoming numb to their capacity to receive individual testimonies when they are bombarded with appeals to “awaken” their empathy. Given this hypervisibility of victimhood, and the lucrative industries that drive such exhibitionism, one cannot help but consider the narcissistic or other gain-motivated intentions that might drive a victim’s self-display.

Irrespective of what ultimately fuels the artist’s public “exhibition,” the practice of autopathography can be compared *in its structure* to that of religious confession. In drawing this potentially dangerous analogy between the confessor

²² Hal Foster, *The Return of the Real: Art and Theory at the End of the Century* (Cambridge: MIT Press, 1996).

²³ *Ibid.*, 180.

and the diseased body that shows itself in autopathography, I certainly do not mean to align the figure of the ill artist to that of the sinner, nor to effect a moral judgment; rather, I submit that the gesture of “self-publication,” which is at the heart of autopathography, is structurally reminiscent of the self-revelation that is intrinsic to public confession. My suggestion is that the autopathographic gesture contains an acting power that resembles both the linguistically performative declaration of “I confess,” and the theatrically efficacious power of *exomologesis*, a pivotal transformative moment in public Christian confessions.²⁴

Michel Foucault has hinted at the links between the performatively redemptive force of confession and the psychoanalytic talking cure.²⁵ He also noted that the medical model was an important source of inspiration for the Christian model of self-exposure: one has to show one’s wounds or one’s symptoms in order to be healed.²⁶ The potentially therapeutic dimensions of autopathography can be tied to this characteristic of confession, since the gestures of demonstration or exposure precede the possibility of purgation or healing. Foucault considered the performativity of the confessional act at length in lectures given in 1980 on the subjects of “Subjectivity and Truth” and “Christianity and Confession,”²⁷ where he elaborated on *exomologesis*, the moment that marks the end of a sinner’s penance. In drawing upon this practice in order to better understand that of autopathography, I stress the theatrical and performative qualities of *exomologesis*, where penitents are required to *show* themselves to be sinners before the religious community. With these acts of self-publication,²⁸ sinners are transformed by and before the community. *Exomologesis* can thus be

²⁴ The statement “I confess” is a speech act, in that the act of confessing here consists in speaking or pronouncing the confession. *Exomologesis* is a specific, performative moment in the confessional act, which Michel Foucault considers at length, and which I discuss further below. Judith Butler also addresses *exomologesis* in *Giving an Account of Oneself*.

²⁵ Michel Foucault, “About the Beginning of the Hermeneutics of the Self,” *Political Theory* 21, 2 (May 1993): 198-227, esp. 199.

²⁶ *Ibid.*, 214.

²⁷ Published in Foucault, “About the Beginning...”

²⁸ Self-publication is the literal meaning of *exomologesis*, which has also been translated into Latin by Tertullian as “*publicato sui*.” See Tertullian, “On Repentance,” in eds. A. Roberts and J. Donaldson, *The Ante-Nicene Fathers* (Grand Rapids, MI: Eerdmans, n.d., repr. 1979), 657-68, cited in Foucault, “About the Beginning...,” 214.

constructively read against the practice of autopathography, which also aims to publicly transform both the images and experiences of sick beings.

Foucault cites a fifth-century description of the *exomologesis* of Fabiola, a Roman noblewoman who remarried before the death of her first husband:

During the days which preceded Easter, Fabiola was to be found among the ranks of the penitents. The bishop, the priests, and the people wept with her. Her hair dishevelled, her face pale, her hands dirty, her head covered in ashes, she chastened her naked breast and the face with which she had seduced her second husband. *She revealed to all her wound*, and Rome, in tears, *contemplated the scars* on her emaciated body.²⁹

In this example, *exomologesis* takes the shape of a “representation of death”³⁰ in the body of the sinner, a symbolic embodiment of spiritual death through the recognizable signs of earthly morbidity, where the sinner appears before the religious community as soiled and dishevelled. In Foucault’s interpretation, the sinner represents herself in a theatrical manner, “as [someone who is effectively] dead or as dying,”³¹ by covering herself in ashes and dirt. This performance of *exomologesis* is also, according to Foucault, “a way for the sinner to express h[er] will to get free from this world, to get rid of h[er] own body, to destroy h[er] own flesh, and get access to a new spiritual life.”³²

The description of Fabiola’s confession can aptly be compared to photographic autopathography, where the artist/sitter displays the signs of her illness and “earthly morbidity,” such as tumours, scars, wounds, etc. While the ill artist does not necessarily seek moral redemption through this act, as the sinner does in confession, she expresses an experiential duality which resembles that of the confessor. The ill artist exists somewhere between Sontag’s two kingdoms of the sick and of the well, and the confessor is likewise inhabited by at least two conflicting selves: the sinner, represented as dying or as dead, and the penitent, who longs to be reborn into moral purity. If the act of confession is the

²⁹ Jerome, “Letter LXXVII to Iceanus,” in *The Principal Works of St. Jerome*, trans. W. H. Freemantle, vol. 6 in *A Select Library of Nicene and Post-Nicene Fathers* (NY: Christian Literature Co., 1893), 159-60, quoted in Foucault, “About the Beginning...,” 213, emphasis added.

³⁰ Foucault, “About the Beginning...,” 214.

³¹ Ibid.

³² Ibid.

performance of the truth of a subject, then *exomologesis* enacts a multiple truth, a truth of many coinciding but conflicting selves, one geared towards life (i.e., moral redemption), and another destined for death (the symbolic death of the sinner). Both “truths” coincide within the subject in the moment of *exomologesis*.

A similar doubling of the subject arises in my analyses of the autopathographic pose. While the ill artist cannot change her medical fate by “confessing” her illness in autopathography, she can however aspire to a measure of control over her navigation as a subject through the representational kingdoms of the sick and of the well, the two “truths” of her represented subjecthood. She does so in and through the autopathographic act – orchestrating not only her representation to the world, but also the representations of her illness and its meanings. In autopathographic representation, the subject at once designates herself as ill, but also as separate from her ailment, thereby suggesting that she exists both with and beyond her pathology. The plural identity of the subject that is exposed in the performative moment of *exomologesis* thus finds echoes in performative autopathographies. Considering that the “self-revelation in *exomologesis* is, at the same time, self-destruction,”³³ further resonances can be found in autothanatographic practices as well.

2.2. Receiving and Responding to Autopathographic Confession:

Like the confessional act, the legitimacy and efficacy of autopathographic representation is cemented by the presence of an external witness. In a judicial context, the disclosure of a confession enlists its receiver to bear a judgment upon the confessor. The reception of a legal confession therefore cannot be disengaged: witnessing a confession entails having to act upon it. In the same way, if spoken confessions are always received because they are uttered before an omniscient God, then enacted confessions – whether in *exomologesis* or in autopathography –

³³ Foucault, “About the Beginning...,” 215.

must also be received by a viewer/witness in order to be performative, or in other words, efficacious.³⁴

Sharon Sliwinski notes that representations of diseased or mutilated bodies condition their viewers to shift from a mode of passive reception into one in which they take on the engaged responsibility of bearing witness to suffering.³⁵ In essence, Sliwinski suggests that due to the nature of their subject matter, images of the ill (as well as victims of war or other atrocities) have the potential to transform disinterested viewers into witnesses. Her position runs against Sontag's assertions in *On Photography* and *Regarding the Pain of Others*, who posits instead that the photograph is a site of "absolute ethical failure"³⁶ because it is an "act of non-intervention,"³⁷ both in the moment when the picture is taken, and in the moment when the photograph is viewed.

Sliwinski reads two steps in the apprehension of the image of suffering: first, a moment of recognition, which is marked by horror or revulsion. This is followed by "the work of responding" to the image, which she describes, using Roland Barthes' words, as a "painful labour."³⁸ She writes: "The helplessness and horror of bearing witness to suffering brings with it the demand for a *response*, and yet one's response to photographs can do nothing to alleviate the suffering depicted."³⁹ The structure of the photograph is frustratingly limited for Sliwinski, because it prevents the viewer from "answering the call [that] it seems to emit."⁴⁰ The function of the photograph therefore precisely becomes its devastating revelation of our "utter inability to prevent suffering."⁴¹

This affirmation constitutes a constructive, potentially ethical opening in the autopathographic image on the level of its reception, a notion that will be

³⁴ Judith Butler furthers this claim by stating that autobiography takes place in a linguistic and ethical structure of address. See Butler, *Giving an Account of Oneself*, and section 2.3 below.

³⁵ Sharon Sliwinski, "A Painful Labour: Responsibility and Photography," *Visual Studies* 19, 2 (October 2004), 150-161.

³⁶ These are Sliwinski's words in "A Painful Labour," 150.

³⁷ Susan Sontag, *On Photography* (New York: Picador, [1973] 1977), 11. See also Susan Sontag, *Regarding the Pain of Others* (New York: Farrar, Straus and Giroux, 2003).

³⁸ Sliwinski, "A Painful Labour," 154 and 150, citing Roland Barthes, *Camera Lucida: Reflections on Photography* (New York: Hill and Wang, [1981] 2000), 66.

³⁹ Sliwinski, "A Painful Labour," 154. Emphasis in original.

⁴⁰ *Ibid.*, 155.

⁴¹ *Ibid.*

further developed in chapter 1. As we will see with the works of Wilke and Spence in chapters 2 and 3, the autopathographic photograph does not offer complete closure, but continues to raise the dialectical tensions between illness and health, living and dying, and subject- and objecthood in representation. The photograph not only seems to state, “witness me, in my singularity: I am suffering,” which would suggest narcissistic exhibitionism on behalf of the artist. Nor does it strictly repeat, like the medieval figure of death, “As I am, thou shalt be,”⁴² which would function as a universal *memento mori*. The autopathographic photograph also potentially states: “witness the fact that you are powerless before my pain (which is also your pain). Suffering and mortality are the bases of our human condition.”

The burden of responding to this dual affirmation of powerlessness – powerlessness before mortality, and powerlessness before the image of pathos – rests upon the viewer. Not only by the fact that the viewer is transformed into a witness before the artist’s depicted suffering, but also by the fact that the autopathographic image appeals to the viewer to respond to the fact that she cannot respond, that she is impotent before fate and therefore must make a choice as to how to behave in such a predicament. This is probably the most important characteristic tying autopathography to the confessional mode: in order to be effective, both forms of confessional address require a form of response to their interlocutory statements. Autopathographic communication is thus revealed to be dialogical in nature, in that the receiver is invited to act back in response to the image, just as the witness acts back in response to a confession. This also constitutes one facet of what Amelia Jones refers to as the “not yet” potential of the photograph, which complements Barthes’ notion of “*ça a été*.”⁴³ In Jones’ logic, Barthes’ “corpsed” image becomes enlivened again through the acts of

⁴² Phrase typically spoken by the figure of Death in medieval morality plays and in depictions of the dance of death.

⁴³ Jones writes: “the “having been” [*ça a été*] tense of the photograph [is] transferred into the “not yet” of future possibilities” through acts of reception and interpretation. Jones also notes that certain works “insistently enact the photograph’s capacity to mark the death of the subject; in so doing, they paradoxically open this subject to the ‘life’ of memory and the interpretive exchange.” Jones, “The ‘Eternal Return’,” 976 and 975.

interpretation by which it is met.⁴⁴ Even when a photograph is met with a speechless response, where the viewer is caught between the desire to act and the inability to decide exactly how, autopathographic communication still consists in a dialogue, albeit a suspended one. In this event, the answer to the image consists in the viewer's recognition of her failure to respond, and in her choice to remain metaphorically speechless before it.

2.3. Failure and the Representation of "Self":

Receiving autopathographic "confession" can highlight a viewer's failure to adequately respond to images of suffering. Through its capacity to reveal the viewer's inability to bear witness to the other's represented pathos, the artwork triggers considerations that touch upon broader questions of ethical human relations. The practice of self-representation, whether it is autopathographic or simply autobiographic, also raises matters tied to the subject in representation. Alongside the ethical implications of autopathographic production and reception, therefore, my analyses consider the construction of the subject in/as representation, and the extent to which there can be any agency in its formation. This dimension adds a further layer to autopathographic performativity.

In *Giving an Account of Oneself*, Judith Butler treats autobiographical writing as a narrative structure which by definition takes the form of an interpersonal address. Referring to the writings of philosopher Adriana Cavarero⁴⁵ on the subject, Butler observes that "one can tell an autobiography only to an other, and one can reference an "I" only in relation to a "you": without the "you," my own story becomes impossible."⁴⁶ The account of the self, which takes on the grammatical voice of the personal pronoun "I," is linguistically dependent upon a grammatical "you." Expanding upon her earlier writings that pertain to the

⁴⁴ On the photographic image as corpse, see Barthes, *Camera Lucida*, 78.

⁴⁵ See Adriana Cavarero, *Relating Narratives: Storytelling and Selfhood*, trans. Paul A. Kottman (London; New York: Routledge, 2000), and *Tu che Mi Gardi, Tu che Mi Racconti* (Milan: Giagiacomo Feltrinelli, 1997).

⁴⁶ Butler, *Giving an Account of Oneself*, 32.

performative construction of (the appearance of) identities,⁴⁷ Butler suggests that the notion of a first-person subject existing behind the grammatical “I” is likewise produced and constructed through language. In order to exist, the “I” and its (ungraspable) referent also necessitate a (constructed) “you.” Since the “I,” however, can never be arrested as an independent entity, its account of itself necessarily fails. On some level, in the autobiographical account, the “I” is forced to acknowledge itself, at least by default, as a fiction or failure, as that which cannot be attained:

The “I” is the moment of failure in every narrative effort to give an account of oneself. It remains the unaccounted for and, in that sense, constitutes the failure that the very project of self-narration requires. Every effort to give an account of oneself is bound to encounter this failure, and to founder upon it.⁴⁸

Further, if the structure of address is precisely what “establishes the account as an account” according to Butler, then “the account is completed only on the occasion when it is effectively exported and expropriated from the domain of what is my own.” Thus, she concludes, “[i]t is only in dispossession that I can and do give any account of myself.”⁴⁹ Ironically, while it purports to narrate the story of self, and in so doing, to convey a degree of self-possession, the autobiographical account can in fact only be effected and effective when it is dispossessed by its author. In spite of the gesture of self-disclosure – the passage from the “I” to the “you” through which the account of the self is related – the autobiographical account thus undermines the very notion of self, which it seems, at least on the surface, to be destined to convey.

This brief overview of Butler’s analysis points to some of the complexities involved in linguistic, and by extension, symbolic and representational constructions of the subject. In her analyses of photographs by women artists, Amelia Jones identifies other productive areas of confusion in female subjects’ self-representations. “The ‘Eternal Return’: Self-Portrait Photography as a

⁴⁷ See Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London; New York: Routledge, 1990), and *Bodies that Matter: On the Discursive Limits of “Sex”* (London; New York: Routledge, 1993).

⁴⁸ Butler, *Giving an Account of Oneself*, 79.

⁴⁹ *Ibid.*, 36-37.

Technology of Embodiment” examines the performative exaggeration that characterizes self-portraits by Claude Cahun, Cindy Sherman, Hannah Wilke, and others. For Jones, this acknowledged artifice, which she reads as a key characteristic in their self-portraiture, “foreground[s] the ‘I’ as other to itself.”⁵⁰ In their works, the supposedly represented “I,” according to the conventions of self-portraiture, remains forever ungraspable and irreducible either to the image, or to its referent (which here consists in the artist as both author and subject of her work). This tactic in the approach to self-representation sends up the assumptions that are traditionally attributed to self-portraiture, in particular the authoritative stature of the conventional self-portrait.⁵¹ The exaggerated theatricality adopted by these artists likewise undermines the modernist truth-value typically ascribed to the photographic image. In other words, although these artists employ the formal and ideological language of self-representation, they undermine the values that the traditional self-portrait is expected to convey. By representing the self (or subject) in a conscientiously theatrical manner, Jones proposes that these artists in fact reveal no self, no subject. Just like the autobiographical account, the self-portrait also purports to convey a certain truth about the subject; but in appropriating these forms of (non) self-revelation, these artists ultimately assert the fact that there is no such truth behind their fictions. By bearing all to be seen before the camera, they are in fact both showing everything and nothing at all.

The truth-value of the autobiographical account, like that of autopathography or confession, tends to endow the image with an authority that is difficult to contest. Who can contradict the firsthand account of self, if not a witness to the contrary, and indeed who could such a witness be? But this truth, which the image purports to convey, is endlessly deferred, forever un-, under-, or in the case of Jones’ examples, over-represented, so it is in this sense, also, that the image fails. That this truth evades representation, in the case of autopathography, undoubtedly relates to the fact that the work approaches experiences that are potentially traumatic: ill health, disease, hospitalization,

⁵⁰ Jones, “The ‘Eternal Return’,” 950.

⁵¹ The same tactic can also be aligned with feminist strategies that resist the representational reduction of the female body-subject to that of a body-object.

going under the knife, and brushes with death. Given this particular context, the “truth” of the subject is all the more impossible to represent, because it emerges from an account that is tied to the experience of ungraspable events.

2.4. Failure and the Representation of Mortality:

Representations tied to experiences of pathos are always by definition failed, since the subject cannot fully access the traumatic event itself: she can only represent her attempt to depart from the shadow of trauma, and the eternal return to an attempt at such departure, which sometimes takes the form of compulsive repetition. Surprisingly, Cathy Caruth reads this cyclical return as a sign of the emergence of life within the Freudian death drive:

[W]hat is the story of the mind’s attempt to master the event retrospectively if not the story of a failed return: the attempt, and failure, of the mind to return to the moment of the event? The theory of repetition compulsion as the unexpected encounter with an event that the mind misses and then repeatedly attempts to grasp is the story of the failure of the mind to return to an experience it has never quite grasped, the repetition of an originary departure from the moment that constitutes the very experience of trauma. And this story appears again as *the beginning of life* in the death drive, as life’s attempt to return to inanimate matter that ultimately fails and departs into a human history.⁵²

Just as the apprehension of a traumatic experience is by definition inconceivable, so the subject’s apprehension of her own death remains a logical impossibility. In Martin Heidegger’s terms, death represents the absolute impossibility of *Dasein*. Yet, at the same time, it is the only irreplaceable experience in the subject’s future (as a being-towards-death),⁵³ in spite of the fact that the subject’s death can never veritably be *at hand*.

⁵² Cathy Caruth, “Parting Words: Trauma, Silence, and Survival,” *Cultural Values*, 5, 1 (January 2001): 7-27, esp. 20, emphasis added.

⁵³ Derrida writes: “la mort nomme [...] l’irremplaçable même de la singularité absolue (personne ne peut mourir à ma place ou à la place de l’autre).” Derrida, *Apories*, 49.

Heidegger reminds us that as soon as human beings are born, they are already old enough to die.⁵⁴ But since my own death is both certain and impossible for me to witness, the death of the other becomes my foundational death: it is the only death to which I as subject or *Dasein* have access. The paradoxical phrase “my death” thus refers, in fact, to the death of the other; or, as Jacques Derrida expresses it, to the “death of the other in ‘me’”⁵⁵ – a “me” who cannot be present for “my” death.⁵⁶ The other’s death, meanwhile, is always but a foreshadowing of my own. Like the failed return to a traumatic experience, one can only approach the moment that comes close to the moment of dying, but never death itself; one therefore approximates one’s death via that of the other. Access to my own death is thus failed, while death is the “failure” of my life and my self, since both will end. Nevertheless, the impossible attempt to “face” death may be envisaged through autothanatography. I can approach my own death through that of the other, therefore, but also, in receiving autopathography and autothanatography, through the other’s failure at encountering her self and her death.

Drawing on Heidegger’s *Being and Time*, Derrida relates the many stages that are identifiable in the subject’s approach to death. In *Apories*, he describes three figures of ending (“*figures du finir [enden]*”⁵⁷): death (*mourir; sterben*), demise (*décéder; ableben*), and perishing (*périr; verenden*).⁵⁸ The individual, or more precisely, *Dasein*, cannot entertain a relation to death itself, but only to

⁵⁴ In *Apories* (55-56), Derrida points out that Heidegger is in fact quoting this statement from *Der Ackermann aus Böhmen*, a fifteenth-century literary work by Johannes von Tepl: “Sobald ein Mensch zum Leben kommt, sogleich ist er alt genug zu sterben,” quoted in Heidegger, *Sein und Zeit* (Tübingen: M. Niemeyer, 1960), 245. Derrida (*Apories*, 55) cites the following French translation of the original German text: “L’Être humain est à peine né [...] qu’il est déjà assez vieux pour faire un mort.” The statement is erroneously attributed to Heidegger in Louis-Vincent Thomas’ *Anthropologie de la mort* (Paris: Payot: 1975), 223.

⁵⁵ “mort de l’autre en ‘moi’.” Derrida, *Apories*, 133.

⁵⁶ Moreover, Derrida adds, my relation to the other is always fundamentally tied to grieving: “le rapport à l’autre (en soi hors de moi, hors de moi en moi) ne se distinguera jamais d’une appréhension endeuillée.” Derrida, *Apories*, 111.

⁵⁷ Derrida, *Apories*, 73. For this and the following citations from Derrida, the first term in brackets refers to the French original, and the second, to the German equivalent as employed by Heidegger in *Sein und Zeit*.

⁵⁸ Demise (*décès*) pertains only to the *Dasein*, which never perishes, but dies. It does not apply, according to Heidegger, to other living organisms whose demise is not accounted for, nor attested to, by another subject.

perishing, to demise, and to the death of the other. *Dasein* can only attempt to apprehend death as the possibility of (his or her) impossibility. Derrida explains:

Ce non-accès à la mort comme telle, mais seulement à ce qui de la frontière ne peut être que le seuil, la marche comme on dit des approches d'une frontière, c'est bien aussi ce que Heidegger nomme l'impossible, *l'accès à la mort comme non-accès à une non-frontière, comme possibilité de l'impossible*.⁵⁹

This possibility of the impossible, to which the non-apprehension of death might lead, is also at play in the production and reception of autopathographies. It is in this sense that autopathographic “failure” remains a constructive effort: its repeated attempts to give form to the less graspable facets of existence are indeed the work of life. They are the efforts of a living individual, who is in fact a dying individual *remaining* in life (le “mourant *demeurant* en vie”⁶⁰), just as the repetitive return to the failure of apprehending a traumatic event may inscribe itself as the work of living, rather than morbidity.

The autopathographic artwork simultaneously reiterates all of these enduring failures: the exacerbated failure to grasp the subject, as in Jones’ examples of women’s self-representations; the repeated failure to access a traumatic event, as in Caruth’s description of compulsive repetition; and the fundamental failure to apprehend one’s death, upon which Derrida, following Heidegger, elaborates. The practice of autopathography is filled in this way with meta-theatrical irony, evoking the failure of representation in spite of continued artistic production, the absence of self in spite of the ongoing proclamation of autobiographical experience, and the approach to death in spite of the impossibility of its apprehension. Through the performance of all these failures in the constructive process of autopathography, the subject articulates her survival as a dying individual, remaining in life.

The in-depth examination of the ways in which performative forms of survival take shape in autopathography as a constructive aesthetics of failure is conducted through specific case studies in the following chapters, where I identify

⁵⁹ Derrida, *Apories*, 133, emphasis added.

⁶⁰ *Ibid.*, 96.

the functions and modalities of autopathographic processes and images. Before proceeding to the works themselves, however, I examine the complex and intertwined histories of disease and representation in Western culture, which form the symbolic backdrop against which contemporary autopathographies emerge.

Through a review of critical writings on pathography, primarily from the fields of literature and the medical humanities, the opening chapter, entitled “From Representing Illness to Manifesting *Dis-Ease*: Foundational Perspectives in the Study of (Auto)Pathography,” provides a historical perspective on the intersections between disease and representation, and frames the emergent field of academic interest which I describe as “cultural illness studies.” This is followed by an overview of the aesthetics of representing disease, in which I detail the dominant historical iconologies of illness, as well as the various typologies of illness representations that still circulate today. The second half of the chapter, where I identify the diverse restorative effects that stem from the production and reception of autopathography, investigates the performative efficacy of what I call the “pathographic pharmakon.” I then extend my identification of performativity by arguing that the restorative acting powers of autopathography are not restricted to conventional forms of healing. Bob Flanagan’s performance of *Visiting Hours* serves as a potent example to this end. The examination of Flanagan’s piece allows me to further the claim that autopathographies consist in a constructive aesthetics of failure through their emphatic manifestations of “*dis-ease*.” I close the chapter with remarks on the reception of autopathography, nourished by findings from dialogic philosophy, and propose that the acting powers of autopathography are also transmitted through its capacity to interpellate viewers.

The next three chapters are each devoted to case studies of autopathographic practices. Entitled “Giving Pathos Form: Hannah Wilke’s Autopathographic Pose,” chapter 2 centres on the rhetorical structures that are at play in the artist’s performative imaging of pathos, while a second axis of investigation revolves around the adage *pathei mathos*. Wilke’s apparent conviction that “suffering breeds wisdom” manifests itself in her recurrent display of symbolic wounds affixed to her body, in a variation on the Christian *ostentatio*

vulneris motif. Exhibiting wounds is one of the formulas of pathos Wilke develops in order to indicate her suffering; this practice is measured against comparable formulas of pathos employed in Frida Kahlo's autopathographic depictions. My analysis of Wilke's autopathography begins with her early feminist works and performances, where I argue that the artist poses her experience of gender as one that is wounded. The pose, like the wound, each operate as formulas of pathos in her early productions, a function that extends into her later pathographic, as well as autopathographic, works. I deconstruct the rhetoric of Wilke's auto/pathographic performances with the help of Craig Owens' and Amelia Jones' analyses of the pose, and in a novel take on Wilke's practice, with Aby Warburg's theorisations of "survival" (*Nachleben*) as well. The final section of the chapter is devoted to photographs from the *Intra-Venus* series, produced while Wilke was hospitalised for cancer treatments. For their analysis, the images are divided into four categories that reflect their diverse operational modalities: self-display, self-presentation, self-disclosure, and interpellation. I conclude the chapter by proposing that Wilke's repeated self-representations of sickness may not only be regarded as a form of survival, but also as a preparation for death, in a variation on the traditional *ars moriendi*.

If Wilke's formulas of pathos are geared towards transforming the pain inflicted by the experience of gender as well as by illness, Jo Spence's aesthetic tactics similarly aim to reveal the structural inequities that marginalise individuals who are marked by social difference through their gender, class, or health statuses. While Spence's elaboration of a critical visual culture of disease is traced in chapter 3, "From Autopathography to Autothanatography: Jo Spence's Construction of a Living Archive," the chapter also considers Spence's work in light of autopathographic performativity. Basing myself on Diane Taylor's distinction of the archive from the repertoire, I argue that photography enables Spence to produce a dynamic autopathographic repertoire: one that is not restricted to its visual documentations, but that also includes photo-theatrical performances. I begin the chapter with an examination of photographic language and cultural agency, followed by an investigation into the politics of breast cancer

representations, notably during the rise of the American breast cancer movement. Observing some of the pivotal works and public incidents that arose in this context helps to define both the aesthetic and morally acceptable terrains of breast cancer representations. I then divide the analysis of Spence's breast cancer autopathography, shown in the touring exhibition *The Picture of Health?*, according to her photographs' various representational tactics. The first section is devoted to documentary images and parodies of the medical gaze, while the second investigates Spence's use of Phototherapy and re-enactment in performances before the camera. The third body of works consists in photographs that specifically function as performative acting forms, and the fourth exhibits dialectical imagery generated by the use of "the intruder technique" and *Verfremdungseffekt*. The chapter's final section is devoted to the "crisis in representation" Spence faced when she later confronted leukaemia, and examines works that are critically investigated here for the first time. Most of the photographs Spence produced for *The Final Series* involve an engagement with mortality, whether in the form of theatrical self-entombing and self-corpsing, or in the exploration of death rituals from Mexican and Egyptian cultures. Given their explicit subject matter, I read these last images as photographic autothanatographies, but suggest that in the process of representing death, Spence's continued use of photography also pursues her *ars vivendi*.

Chapter 4 investigates the semiotics of the body in selected choreographic performances of illness, and confronts the formulas of pathos drawn from the case studies of Wilke and Spence to those employed in displaying the live dancer's body. The chapter opens with a discussion of the representational and the "real," a duality that reflects the semiotic plurality emanating from the sight of a live dancing body. In order to better understand how the sick body is received in choreography, I analyse the historical intersections between dance and pathology, and consider the changing aesthetics of the dancing body in the twentieth century. I then turn to an analysis of the bodily semiotics triggered by the sight of "other" dancing bodies, nourished by Ann Cooper Albright's discussion of the disabled dancing body. With the help of David Gere's pioneering study on choreography

in the age of AIDS, I identify how choreographic acting forms specifically exploit the polysemia of diseased dancing bodies. This leads to a closer investigation into choreographic autopathography, beginning with the analysis of Jan Bolwell's *Off My Chest*, which I interpret as an affirmative dance of recovery. I also study the collective auto/pathographic process that went into the making of *Still/Here* by Bill T. Jones. While much ink has spilt on the notorious public reception of this choreography, surprisingly few studies have investigated its creative process in detail. I read the development of the work as a survival technique, noting that participants were asked to conduct an autothanatography of sorts, by walking through and describing their imagined deaths. In my analysis of the aesthetic tactics of pathography employed in the resulting choreography, I distinguish the semiotics of the live body in choreography and in performance. I end the chapter with a discussion of the public reception of *Still/Here*, and argue against the notion that circulated in a critic's response to Jones' work, whereby pathographic subject matter in art is deemed to be critically "untouchable."

I conclude the thesis by reviewing salient findings on autopathographic performativity drawn from my case studies, and contrast them to the symbolic structures employed in an early example of autopathography, a self-portrait drawing by Albrecht Dürer. I revisit some of the principal functions attached to autopathographic representation: the deployment of cultural agency, the use of the artwork as a technology of embodiment, the articulation of *pathei mathos*, and the performance of martyrdom. I also recall the dominant formulas of pathos employed by artists in their performative self-representations of illness: the exhibition of wounds, the adoption of an autopathographic pose, and the exploitation of the body's semiotic plurality. I close my study with reflections on receiving the autopathographic artwork as an address.

CHAPTER 1

From Representing Illness to Manifesting *Dis-ease*: Foundational Perspectives in the Study of (Auto)Pathography

The contemporary movement towards autopathographic production can undoubtedly be attributed to the growing visibility of cancer and AIDS in the last decades. Yet the potent ties between illness and artistic representation can be traced back at least as far as Antiquity. In order to chart more precisely the impact of these representational histories on the contemporary production and reception of pathographic works, I briefly retrace their lineage in this chapter, and review the existing literature on representations of illness.

My field of inquiry belongs to an area that I describe as “cultural illness studies,” which suggests a range in disciplinary interests spanning from the social sciences to cultural studies. In order to amass a body of literature that would constitute the foundational texts for this emergent field, I have gleaned critical works from two areas: on the one hand, the recent re-readings of illness representations in the history of the visual arts, particularly those by Blocker, Burns et al., Fréchuret and Davila, Gilman, and Morgan; and on the other, the more abundant selection of analytical studies undertaken in the field of literature, especially by Brody, Brophy, Couser, Frank, Kleinman, Hawkins, and Sontag.

Drawing upon the work of these authors, I summarize and describe the most relevant genres of illness representations that have been identified to date: the types of illness representations that exist, as well as their formal characteristics and functions. I outline the principal iconologies of illness representations that have emerged from these diverse thematic strands: notably stigma, and its potential deployment through representations of illness; the notion that representations might have the capacity to metaphorically contain the spread of disease; and finally, the historical problems posed by representations of pain in Western aesthetic traditions. Following this analytical grounding, gleaned from studies of pathography conducted to date, I put forward the dominant lines of interpretation that have been adopted in critical receptions of pathographic works

thus far. These include reading pathography as a form of activism, as a vehicle for catharsis, as a performance of identity, and through its function as a *memento mori*. These diverse perspectives all come together in the belief that the practice of (auto)pathography is intrinsically restorative, if not therapeutic.

In order to scrutinize the themes of disease and self-representation as they are addressed by contemporary arts practices, it is necessary to gather information from at least two academic fields, both of which are already interdisciplinary: visual culture studies and the medical humanities. Since the systematic examination of visual and performative pathographies is still underdeveloped today – not to mention the particular case of autopathographic practices – the majority of aesthetic analyses in this area emerge from the field of literary studies. Not only has literature produced the bulk of pathographic works, but literary criticism has provided the most diverse and thorough analyses of the modalities of this emergent genre. The narrative basis of pathographic literature lends itself well to the beliefs of numerous psychologists and medical sociologists who see a recuperative function in the act of story-telling. The ways in which the narrativization of illness is considered to be beneficial for both its authors and readers are closely examined in this chapter. These conclusions are then used as guidelines to frame the potentially analogous benefits to be found in the creation of visual and performative autopathographies.

While the possible restorative or therapeutic functions of the autopathographic process are, to a surprisingly large extent, agreed upon to the point of being almost taken for granted, cultural critics also read pathographic representation from a political, rather than personal, perspective. For these authors, treating illness as metaphor or otherwise representing it carries a dangerous, if unintended, possible consequence: that of transforming the image of the sick person or disease into a harmful stereotype, one that will breed further ill treatment of the sick subject in society. As both Sander Gilman and Susan Sontag suggest in their noteworthy cultural analyses of illness, contemporary representations of disease continue to carry the burden of stigma once attributed to nineteenth-century representations of the syphilitic or mentally ill, for instance.

Given the weight of such cultural inheritance, contemporary producers of autopathographies must bear in mind these historical precedents, wherein the very representation of ill bodies effectively furthered the dissemination of stigma. Moreover, artists must remain attuned to the diverse political sensitivities that govern the reception of disease representations in a contemporary context.¹ Thus, in order to depict ill subjects as well as the subject of illness in full dignity today, artists must avoid proliferating stigmatic attributions to the ill body *in spite of* the dissemination of its image. One of the ways in which to resist this possibility is by critically responding to the aforementioned precedents. Tactics to be used to this end include the parodic citation of contested representational conventions pertaining to the sick body on the one hand, and on the other, the insistence that the diseased body be rendered emphatically visible, as opposed to absent from representation. In light of the diverse strategies of resistance to be adopted against pathographic stigma, I conclude this chapter by suggesting alternative pathways for the theorization of illness self-representations, notably by reading them beyond their conventional therapeutic characteristics. I cite Bob Flanagan's autopathographic production to this end, and propose a generative notion of *disease*, which ties into the "constructive aesthetics of failure" outlined in the Introduction. I then revisit the notion of ethical response to images of illness in greater detail, aided by findings from dialogic philosophy and discourse ethics.

In addition to the aforementioned interdisciplinary perspectives on the study of illness representations, a parallel influence on my readings of autopathographic productions comes from the field of disability studies. While I do not address works pertaining to disability *per se*, it is clear that certain types of physical ailments affect able-bodiedness to a greater or lesser degree. However, since one of the primary goals of disability studies has precisely been the depathologization of disability, I do not include examples from disability studies in the following sections. One can hardly speak of *pathography*, then, when

¹ These pressures can be felt across the political spectrum: right-wingers, for instance, might typically refuse the circulation of images of *certain* types of diseases (to wit, the repeated attempts to censure AIDS-related art during the American culture wars), while leftists might instead stereotypically demand that representations of disease be expressly militant in nature.

addressing representations of disability; one can, however, speak of the performativity of the “other-than-able” body, whether it is diseased or disabled. It is in this vein that reflections from disability studies most influence my understanding of pathography.

In their introduction to the book *Bodies in Commotion*, an anthology of writings on disability and performance, Carrie Sandahl and Philip Auslander note the following:

As in traditional representation, disability inaugurates the act of interpretation in representation in daily life. In daily life, disabled people can be considered performers, and passersby, the audience. Without the distancing effect of the proscenium frame and the actor’s distinctness from his or her character, disability becomes one of the most radical forms of performance art, “invisible theatre” at its extremes.²

The “invisible theatre” to which Sandahl and Auslander refer can also be inhabited by the sick body, which is likewise accompanied by the signs of its everyday “performance.” These include the appendages of the medical world, such as wheelchairs, crutches, catheters, wigs, and other bodily or mechanical prostheses. The presence of such prostheses, and in the case of the disabled body, its visible distinction from able ones, makes “passersby” suddenly take notice of their looking at this “other” body. This is how the “act of interpretation” is launched: passersby become aware of their acts of looking, and become responsible in the process for their responsive acts, deciding, amongst other things, whether or not to stare.³

When disabled or ill persons place themselves into a form of representation, however, such as a theatrical performance or a photographic self-portrait, the “invisible theatre” which they seem to carry in everyday life is replaced by a sudden *a*-theatricality: the perceived inability for the sick or disabled body to transmit any symbolic meaning beyond its specific conditions of

² Carrie Sandahl and Philip Auslander, eds. *Bodies in Commotion: Disability and Performance* (Ann Arbor: University of Michigan Press, 2005), 2.

³ Sandahl and Auslander rightly specify in a footnote that “[t]hese “passersby” are not necessarily able-bodied. Disabled people are not exempt from these cultural codes.” Sandahl and Auslander, eds., *Bodies in Commotion*, 11. For further commentary on the question of gazing at disabled bodies, see Rosemary Garland Thomson, “Dares to Stares: Disabled Women Performance Artists and the Dynamics of Staring” in eds. Sandahl and Auslander, *Bodies in Commotion*, 30-41.

embodiment. Hence, in her analyses of works by disabled performers, Petra Kuppers explains that “[w]hen disabled people perform, they are often not seen as performers, but as disabled people. The disabled body is *naturally* about disability.”⁴ In accordance, the sick body could also be interpreted as “naturally” representing sickness. The hypervisibility of the sick or disabled body suggests that ill or disabled individuals are regarded as performers in everyday life, but have a harder time being recognized as legitimate players within the distinct sphere of the artworld. Such a conclusion could lead to important revaluations of the assumed criteria required for establishing professional standards in the arts, particularly the ways in which disabled or sick artists are too often regarded as amateurs on the grounds of their physical conditions.⁵ Performances and representations by sick or disabled people are moreover generally expected to breed insight into the plights of illness or disability. This suggests that ill and disabled artists are in effect trapped by the conditions of their embodiment, in that they are unable to generate any symbolic meaning beyond that of inhabiting a diseased or disabled body. These notions will be addressed in detail in my fourth chapter, where I discuss the semiotics of the performing body, as it more

⁴ Petra Kuppers, *Bodies on the Edge*, 49-50. To further illustrate the commonality of this notion, I include an excerpt from “We Are not a Metaphor: A Conversation about Representation” in *American Theater Magazine* (April 2000), reproduced on the DisAbility Project website, <<http://www.disabilityproject.com/newsus/theatremag.html>>, last accessed January 19, 2007:

SUSAN NUSSBAUM: [...] Michael Ervin and I are collaborating on a play that he wrote and I directed -- History of Bowling. We got a really bad review from a little tiny paper, where -- this is really so classic -- the critic criticized the play because he didn't learn anything more about the plight of the handicapped [much general laughter].

JOHN BELLUSO: You didn't do your job!

NUSSBAUM: I was very excited about that [more laughter]. I think we should have put that in our ad [even more laughter] “You won't learn anything about the plight of the handicapped, we assure you.”

⁵ A similar ambiguity pertaining to professional status is often projected onto practitioners of art therapy. It is almost as though the presumption of amateurism directed towards ill or disabled artists has also been transposed onto professionals who specifically deal with arts practices that are geared toward therapeutic benefit. This, in spite of the fact that recognized training is required in order to designate oneself as an art therapist, and that the practice is monitored by professional associations. According to the website of the American Art Therapy Association, “The ATR and ATR-BC are the recognized standards for the field of art therapy, and are conferred by the Art Therapy Credentials Board (ATCB). In order to qualify as a registered art therapist (ATR), in addition to the educational requirements, an individual must complete a minimum of 1,000 direct client contact hours after graduation. One hour of supervision is required for every ten hours of client contact.” <<http://www.arttherapy.org/aafaq.html#requirements>> last accessed January 31, 2007. Similar standards are upheld by the Canadian Art Therapy Association.

emphatically straddles the “real” and representational when it is visibly sick or disabled.

In light of the conventional restrictions to the potential meanings of works produced by ill or disabled artists, while my research specifically addresses autopathographic practices, I am also interested in considering what else is to be found in autopathographic works, other than the expression of the plight of illness, the quest for healing, and the condition of inhabiting a sick body. In other words, is it possible to look beyond the sickness of the represented diseased body (or beyond the disabled body’s disability) in order to find a level of meaning whereby the artist’s expression is not reduced to the condition of his or her embodiment? To this question, however, one may aptly retort that no expression is irreducible to the condition of the artist’s embodiment – whether healthy, ill, or disabled – since embodiment in its many forms is simply the condition of existence, and any expression therefore necessarily reflects and depends upon it. In spite of this truism, however, the modalities of the “constructive aesthetics of failure” suggest that it is possible to both address and transcend one’s condition of embodiment through certain strategic approaches to representation. Before embarking on my case studies and examining in more detail the ways in which this may be achieved, I situate the broader context of inquiry that I have established for the study of illness and representation.

1. Cultural Illness Studies:

1.1. Intersections between Disease and Representation⁶:

In order to get a sense of the range of interests encompassed by the term “cultural illness studies,” it is useful to look over some of the reciprocal exchanges that already occur between disease and representation even before considering artistic production. Representation, as we have briefly seen, is at the

⁶ “Representation” here is broadly understood as that which stands as sign or symbol for something else.

heart of the social construction of disease: by disseminating and reinforcing stigmatizing stereotypes, visual and other representations, both popular and artistic, significantly help to shape the lived experience of illness. But representation is also central to the practice of Western medicine, a discipline whose methodology requires the visual identification of symptoms that reveal the hidden nature of a given disease. As such, the processes of finding, naming, and curing diseases are primarily grounded in a scopic understanding of bodily functions. In this sense, diseases are represented by the visual symptoms that manifest them. As Michel Foucault has demonstrated, the birth of the clinic was concomitant with the training of the medical eye in the interpretation of signs of disease, allowing for access to (invisible) illness through its outwardly recognizable symptoms or representations.⁷ Conversely, disease, once rendered visible, allows us to formulate the “opposite” picture of health, in that its symptoms take the shape of what departs from the healthy norm.⁸ Thus, diseases also function as inverse representations.

To further complicate the mutual relations between illness and representation, from a psychoanalytic perspective, certain diseases *are* representations.⁹ Historically, physical and mental illnesses have also been interpreted as signs of spiritual sickness, while pain has often been subliminally understood as an indicator of punishment. As David Le Breton explains in his anthropological study of pain, “la douleur est signe d’une faute. La souillure de l’âme précède et rend possible la souillure du corps: la douleur ou la maladie sont les versions somatiques du péché.”¹⁰ Metaphorically, then, physical pain signifies a moral flaw. Yet, even on a purely physiological level, pain requires an immediate degree of interpretation. In a mentally healthy individual, pain can

⁷ Michel Foucault, *Naissance de la Clinique : Une Archéologie du Regard Médical* (Paris: Presses Universitaires de France, [1963] 1988).

⁸ See Friedrich Nietzsche, *The Will to Power*, trans. Walter Kaufmann and R. J. Hollingdale (New York: Vintage Books, 1968), sec. 533, and Jessica Morgan, ed. *Pulse: Art, Healing and Transformation* (Boston: Institute of Contemporary Art, 2003), 29.

⁹ This is the case with hysteria-induced allergies, for instance. See chapters 2 and 3 in Sami Ali, *Penser le Somatique: Imaginaire et Pathologie* (Paris: Dunod, 1987).

¹⁰ David Le Breton, *Anthropologie de la Douleur* (Paris: Métailié, 1995), 83: “Pain is the sign of misdeed. A stain of the soul precedes and makes possible the bodily stain: pain or disease are the somatic versions of sin,” free translation.

never exist as a strictly sensory experience: it is immediately translated into the experience of suffering, which engages with a particular context and environment. Le Breton distinguishes *sensory pain*, which refers to painful sensory information, from *suffering pain*, which refers to its affective perception: “Il n’y a pas de douleur sans souffrance, c’est-à-dire sans signification affective traduisant le glissement d’un phénomène physiologique au cœur de la conscience morale de l’individu.”¹¹ The experience of pain therefore coincides with (its) representation, both to oneself and to others. Socio-cultural meaning is readily attributed to sensory experience, as Le Breton explains: “le physiologique, sur un plan anthropologique, n’est pas autre chose que du symbolique.”¹²

The ties between the domain of the symbolic and that of the physiological can also be revealed in the opposite direction. To wit, artists have traditionally been perceived as bearing the mark of pain, and deriving their creative power from a mysterious, hidden wound.¹³ This perception tends to read creative “genius” as the mark of hypersensitive excess, which in turn is thought to originate in secret suffering that possibly derives from illness. The privileged connection between disease, either mental or physical, and creativity is not new. Up until the birth of the Florentine painters’ guild in 1378, artists had been working within the guild of doctors and apothecaries.¹⁴ There are also many historical examples of prominent artists and writers who discovered their talent as a result of an incapacitation due to illness or impairment.¹⁵ Disease is even reputed to heighten the creative potential of individuals,¹⁶ and to promote spouts

¹¹ Le Breton, *Anthropologie de la Douleur*, 13: “There is no pain without suffering, in other words, without the affective meaning that translates the passage of a physiological phenomenon to the heart of an individual’s moral conscience,” free translation. It is worth noting, however, that certain diseases, including congenital pain insensitivity and occasionally, schizophrenia, strikingly reduce an individual’s sensitivity to pain.

¹² Le Breton, *Anthropologie de la Douleur*, 65: “From an anthropological perspective, the physiological is nothing other than symbolic,” free translation.

¹³ Philip Sandblom, *Creativity and Disease: How Illness Affects Literature, Art, and Music* (Philadelphia: G. F. Stickley, 1987), 18-19.

¹⁴ See Erwin Panofsky, *L’Oeuvre d’Art et ses Significations: Essai sur les “Arts Visuels”* (Paris: Gallimard, 1969), 125, cited in Maurice Fréchuret and Thierry Davila, *L’Art Médecine* (Paris: Réunion des Musées Nationaux, 1999), 55.

¹⁵ E.g., amongst others, Sam Francis, Henri Matisse, Marcel Proust, Antoni Tàpies.

¹⁶ Melancholy, for instance, has often been associated with artistic temperaments. Melancholy often infiltrates representations of other diseases such as syphilis and AIDS, thereby helping to

of prolific artistic production between periods of rest or dysfunction.¹⁷ In light of these many commonplace attributions, it is clear that the associations between illness and creativity are replete with both positive and negative connotations.

Given this background of tacit exchanges between diseases and their multiple representations, cultural productions that explicitly tackle the subject matter of illness should be addressed not only in terms of their aesthetic characteristics, but also in relation to the socio-cultural history of medicine. The combination of these two approaches forms what I designate as “cultural illness studies.” At this fairly early stage in the development of these studies, it is useful to delimit the salient typologies of disease representations, and to extract the general stylistic trends that emerge from self-representations of illness in various artistic disciplines. Such an approach has already been adopted with regards to pathography in the field of literary criticism.¹⁸ It has resulted in a thorough analysis of the literary (auto)pathographic motif, its principal genres, and its dominant structural characteristics. To date, however, texts that address illness and representation in the history of art are usually non-exhaustive and take on a mosaic-like format, with diverse assortments of examples and case studies.¹⁹ Medical historian Sander Gilman has devoted a significant portion of his research to the vicissitudes of illness representations. He neatly sums up the general assumptions about disease and representation that have been identified thus far. “The claims are clear,” he writes: “seeing or producing art can cure illness. The ill are better artists than the healthy. Indeed illness is a form of creativity. Creativity is the result of illness. The social status of the artist is the social status of the

reinforce the traditionally marginal status of artists. See Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988), 11.

¹⁷ E.g., Vincent Van Gogh’s *hypergraphia* between epileptic outbursts, or Aubrey Beardsley’s prolific output before dying of tuberculosis.

¹⁸ See in particular Couser, *Recovering Bodies*; Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette: Purdue University Press, 1998); and Sarah Brophy, *Witnessing AIDS: Writing, Testimony and the Work of Mourning* (Toronto: University of Toronto Press, 2004).

¹⁹ See, for example, Gilman, *Disease and Representation*, as well as his *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: John Hopkins University Press, 1995), and Jessica Morgan, ed. *Pulse: Art, Healing and Transformation* (Boston: Institute of Contemporary Art, 2003).

insane.”²⁰ Before fleshing out further dimensions that might complement and extend Gilman’s summary of stereotypical attributions towards disease and representation, I recount a brief history of illness studies as they pertain to the study of art history and visual culture.

1.2. Overview of Illness Studies:

The first forays into illness studies are attributed to sociologist Talcott Parsons, whose formulation of the “sick role” in the 1950s effectively launched the field of medical sociology.²¹ Whereas until then the biomedical model addressed disease in mechanical or biological terms, the identification of the sick role allowed for the inclusion of human behaviour into the equation of health and illness. Primary characteristics of Parsons’ sick role include the “exemption from normal role obligations,” the “lack of responsibility for illness,” the “desire to get well, and the seeking of technically competent help.”²² A decade later, the next significant publication in the sociology of medicine was Erving Goffman’s oft-cited *Stigma: Notes on the Management of a Spoiled Identity*.²³ The combined notions of the sick role and the stigmatization of the ill provided the cornerstones for further development in the fields of medical sociology and anthropology. To this must be added Foucault’s extensive research in *Naissance de la Clinique*, outlining the changing practices of medical interpretation in eighteenth-century France that set the foundations for contemporary medical practice, as well as his elaboration of the concepts of biopower and biopolitics, chiefly developed in *Madness and Civilization* and *The History of Sexuality*.²⁴ Foucault’s large body of cultural analysis is complemented by Susan Sontag’s reflections on the myth-

²⁰ Sander L. Gilman, “Art, Healing, and History” in ed. J. Morgan, *Pulse*, 47.

²¹ See Talcott Parsons, *The Social System* (Glencoe, ILL: Free Press, 1951).

²² Simon J. Williams, *Medicine and the Body* (London: Sage, 2003), 182, emphases removed.

²³ Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ: Prentice-Hall, 1963).

²⁴ Broadly speaking, biopower refers to a political technology of power, such as Capitalism, that uses various technologies, disciplines, and controls in order to regulate populations via their bodies. See Foucault, *Naissance de la Clinique*, as well as *Folie et Dérison: Histoire de la Folie à l’Âge Classique* (Paris: Plon, 1961) and *Histoire de la Sexualité* (Paris: Gallimard, 1976).

making around illness, and her warnings against the dangers of rendering illness as metaphor (in particular, tuberculosis, cancer, and AIDS).²⁵ Sontag's theories are further investigated by Jackie Stacey, who in *Teratologies* weaves in her own autopathographic account into a cultural study of cancer in the fields of traditional and alternative medicine, popular culture, and high art.²⁶ Finally, the most pertinent body of work, making an inventory of illness representations and deconstructing their social repercussions, is that of Gilman.²⁷ His studies provide numerous instances whereby representations effectively further the stigmatization of the ill, notably with regards to mental illness, syphilis and AIDS, in both high and popular culture. Gilman interprets medical representation as the mark of its socio-cultural context, responding to and furthering the existing prejudices associated with illness. He aligns this tendency to the ways in which visual representations also help to perpetuate racial prejudices. Gilman develops the notion of an "iconography of medicine,"²⁸ which studies the roles of images in the development of nosology, or the classification of diseases. One of the most significant examples of medical iconography is early photography's contribution to Physiognomy, and to the identification of physical types that were thought to be "prone" to mental illness or other "deviant" behaviours.²⁹ In the following chapters, we will see how contemporary autopathographic practices, such as Jo Spence's photography, critically refer back to these determining precedents.

Broadly speaking, it can be said that the social sciences (in particular anthropology, sociology, and medical history) approach the theme of illness representations by assessing their impact on society at large, and by evaluating the effects of visually propagated stereotypes on individual experiences of disease. Disciplines in the cultural studies, including literature, philosophy and art history, often approach the question of illness representations from a slightly different angle. In these areas, representations are assessed for their adequacy in communicating the intimacy of experience. These disciplines also take into

²⁵ See Sontag, *Illness as Metaphor*.

²⁶ Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (London; New York: Routledge, 1997).

²⁷ See in particular Gilman's *Disease and Representation* and *Picturing Health and Illness*.

²⁸ Gilman, *Picturing Health and Illness*, 17.

²⁹ See in particular chapters 1 and 2 in Gilman, *Picturing Health and Illness*.

consideration the politics of patienthood and self-representation, sometimes even referring to the sick body as one that is “colonized” by medicine.³⁰ In these approaches, illness representations are considered both from the angles of production and broader reception. On the one hand, they are interpreted as part of a larger process of symbolization or narrativization of individual experience, which is intrinsic to most (auto)biographic processes.³¹ On the other, they are read as documents or testimonials that bear witness to lived challenges or traumas from an exclusive, firsthand perspective. For the purposes of this research, the majority of considerations on illness and representation are gleaned from the latter disciplines.

1.3. Self-Representation and the Phenomenology of Illness:

In order to further examine the diverse interplays between illness and representation, it is important to understand how chronic or severe illness can affect everyday life. In addition to findings from disability studies, which suggest that the disabled body (like the visibly sick one) is inherently performative in everyday life, the most frequently recurring claim, voiced by sufferers, social scientists and philosophers alike, is the notion that illness effects a “biographical disruption.”³² In other words, illness is thought to interrupt a sufferer’s “life plan”³³ and to fragment his or her sense of self. Simon J. Williams contests this understanding of “chronic illness as biographical disruption,” on the grounds that such an interruption of the life plan is “a more or less pervasive feature of life and living in conditions of late modernity, where reflexivity and risk mean few (if any) of us can take our bodies/selves for granted.”³⁴ Williams also questions how useful this concept is, “given the diversity of experience which characterizes

³⁰ Arthur W. Frank, *At the Will of the Body*, 52 and 56.

³¹ On the healing properties of narration, see in particular Howard Brody, *Stories of Sickness* (New Haven, CT: Yale University Press, 1987); Frank, *The Wounded Storyteller*; and Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988).

³² See Williams, chapter 5 in *Medicine and the Body*.

³³ Brody, *Stories of Sickness*.

³⁴ Williams, *Medicine and the Body*, 95.

chronic illness and disability in contemporary Western society.” In spite of these objections, however, other sociologists, including Michael Bury, Anselm L. Strauss, and Irving Kenneth Zola, wholly embrace the relevance of the notion of biographical disruption in helping to explain the lived experience of illness.

The main aspects of biographical disruption resulting from the experience of illness can be summarized as follows:

- 1) the “disruption of *taken-for-granted assumptions and behaviours*”
- 2) a “fundamental rethinking of the person’s biography”
- 3) “the *practical* response to this disruption, which involves the *mobilization of resources* in the face of an altered situation.”³⁵

Howard Brody likewise affirms that the experience of illness most often constitutes a break in one’s personal narrative – the story of one’s life. In order to mend this break and regain personal self-respect – i.e., “mobiliz[e] resources in the face of an altered situation” – a new life plan must be conceived so that illness might be integrated into one’s life story. Thus, narrative practices – the stories one tells oneself, as well as the stories intrinsic to medicine³⁶ – contribute to making the experience of illness understandable, and thus, potentially less painful. In effect, according to many medical sociologists, framing illness within a larger story amounts to attributing meaning to its experience, which in turn helps to alleviate the suffering it provokes. In this light, all autopathographic practices, even in non-narrative forms, can be understood to have similar effects, since they also situate the experience of illness within a larger symbolic structure of meaning.

Parallel to the notion of biographical disruption, Brody remarks upon the “dual nature of sickness—the way it can make us different persons while we still remain the same person.”³⁷ Brody’s comment opens unto larger questions of embodiment, identity, and (self-)representation. As philosopher Jean-Luc Nancy similarly recounted in his autopathography, *L’Intrus*, the “I” who suffers simply

³⁵ Ibid., 96-97, emphases in the original text.

³⁶ As an example of such stories, Brody writes: “conversation among physicians is surely central to medicine, and this conversation frequently takes the form of telling stories. From Hippocrates until fairly recent times, the case history has dominated medical thinking and has been the cornerstone of the medical literature.” Brody, *Stories of Sickness*, 2.

³⁷ Ibid., x.

cannot be reconciled with the “I” who is accustomed to not suffering, yet both simultaneously coexist.³⁸ From a phenomenological perspective, this entails a sudden focus on bodily experience (albeit dysfunctional), where the body was once taken for granted and, to a certain extent, remained “absent” for many of us. René Leriche has noted, “la santé, c’est la vie dans le silence des organes.”³⁹ In ill health, however, the body renders itself loudly present. Illness precipitates a sudden shift of attention towards corporeal embodiment. But since the body appears to be “betraying” its bearer by falling prey to illness, the experience of sickness can provoke a loss of confidence in one’s body and self.⁴⁰ Experiencing illness can moreover incite a reactive folding-in onto oneself and closure from the world, nor does it help that being a patient generally implies “passivity, near-nakedness, obedience, anonymity,”⁴¹ and a willingness to succumb to painful, invasive procedures.

On top of the radical adjustments forced upon one’s state of embodiment, severe illness is often accompanied by physical, psychological, and even moral pain. Physical pain is pre-objective,⁴² pre-linguistic,⁴³ and thus necessitates translation (i.e., *re-presentation*) in order to be communicated, as we have seen above. The experience of pain, in other words, is always already a mediated one, and the ways in which it is experienced depend upon a myriad of factors that are

³⁸ See Jean-Luc Nancy, *L’Intrus* (Paris: Galilée, 2000), 39. The book recounts Nancy’s reflections on his heart transplant.

³⁹ René Leriche, quoted in Georges Canguilhem, “Essai sur Quelques Problèmes Concernant le Normal et le Pathologique,” *Le Normal et le Pathologique, augmenté de Nouvelles Réflexions Concernant le Normal et le Pathologique* (Paris: Presses Universitaires de France, [1943] 1966). “Health is life in the silence of the organs,” free translation.

⁴⁰ See Kleinman, *The Illness Narratives*, 45: “Chronic illness also means the loss of confidence in one’s health and normal bodily processes[...] The fidelity of our bodies is so basic that we never think of it—it is the certain grounds of our daily experience. Chronic illness is a betrayal of that fundamental trust. We feel under siege: untrusting, resentful of uncertainty, lost. Life becomes a working out of sentiments that follow closely from this corporeal betrayal: confusion, shock, anger, jealousy, despair.”

⁴¹ Hawkins, *Reconstructing Illness*, 86.

⁴² Jean Jackson, “Chronic Pain and the Tension Between Subject and Object” in ed. Thomas J. Csordas, *Embodiment and Experience: The Existential Ground of Culture and Self*, Cambridge Studies in Medical Anthropology (Cambridge: Cambridge University Press, 1994), 201.

⁴³ “Physical pain does not simply resist language but actually destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned.” Elaine Scarry, *The Body In Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), 4.

specific to a given time and place. Thus, the experience of pain is both exclusive and fundamentally incommunicable. Yet, at the same time, pain is the body's way of talking to itself, signalling its own ailment (to) itself: pain is already its own self-representation.⁴⁴ The notion that making sense of pain requires an immediate level of (self-)representation is fundamental to understanding the functions of depicting illness firsthand. The level of mediation that is required in the act of communicating pain via an artwork echoes the primary mediation that already takes place within the suffering individual. The externalization of this communication through the work of art can help the artist to better grasp his or her own pain. Thus, this "understanding" of pain, and its symbolic communication in the creative process, parallels the functions of narrativization and story-telling described above. It is also possible that the artwork's external mimesis or repetition of the internal mediation of the body's pain creates a certain distance between the artist and his or her suffering experience. This could allow the artist to address the experience of pain from a more detached perspective – a welcome respite that is undoubtedly difficult to attain in the midst of experiencing physiological pain.

Finally, on a more pragmatic level, it should be noted that the various discomforts produced by illness and its treatments can bear a significant impact on a person's general productivity. Certain conditions also affect the technical execution of artworks more directly, even by experienced hands.⁴⁵ Physical ailments can likewise change the direction of an artist's practice, the media they employ, as well as how they use them. One example is Edgar Degas, who increasingly moved from painting to sculpture as his eyesight declined. For his contemporary, Claude Monet, failing eyesight similarly affected his later use of form. More recently, painter and filmmaker Derek Jarman's declining sight, attributed to his AIDS-related Cytomegalovirus, unwittingly helped to construct his own autopathographic film, a soundpiece on monochrome background entitled

⁴⁴ "Pain is my body signalling that something is wrong. It is the body talking to itself, not the rumblings of an external god. Dealing with pain is not war with something outside the body; it is the body coming back to itself." Frank, *At the Will of the Body*, 31.

⁴⁵ Countless painters suffer(ed) from arthritis, for instance, including Raoul Dufy, Henri Matisse, Pierre Renoir, and more recently, Nancy Spero.

Blue.⁴⁶ The work's visual abstractness, attributable to Jarman's loss of sight, allowed him to solve the problem of making "an autobiographical film about AIDS without filming himself."⁴⁷ In his case, Jarman's new physical condition brought forward a formal and conceptual solution to the potential pitfalls of narcissistic exhibitionism, which he could have risked in exposing himself as an ill subject. Jarman's is not an iconoclastic response, however, in that he does not altogether refuse the visual representation of his illness experience; but it is certainly a measured depiction, one in which the lushness of the soundtrack – both literary and accoustic – conveys the narrative with full affect, tempered by the deep royal blue projected onto the screen. Unlike the strategies of the women artists described by Jones in her analysis of their performative modes of self-display,⁴⁸ Jarman does not over-theatricalize his self-representation. By avoiding the "spectacular horror" of placing the viewer before his diseased body, Jarman ensures that his experience is conveyed, but not assimilable, never fully in reach. With this brief look into how the phenomenology of illness can inform both the process and the aesthetics of self-representation, I turn more specifically to the dominant themes and forms adopted in representing illness.

2. The Aesthetics of Representing Illness:

2.1. Principal Illness Iconologies:

Since the late 1980s, a vast portion of the multidisciplinary work on illness representations has been tied to AIDS, thereby involving stakes much broader than the individual experience of sickness. The representational construction of AIDS is enmeshed with other social "diseases," such as homophobic prejudice, violations of human rights, economic and political power plays, and so on. A second significant body of work on illness representations comes from the field of

⁴⁶ Derek Jarman, dir., *Blue* (Basilisk Communications, UK, 1993, 79 min.)

⁴⁷ Tim Laurence. "AIDS, the Problem of Representation, and Plurality in Derek Jarman's *Blue*" *Social Text* 52/53 (Fall/Winter 1997): 241-264, 249.

⁴⁸ See A. Jones, "The 'Eternal Return'..." and my Introduction.

literature, where critics have acknowledged pathography as a significant new genre of writing, one that is tied to but distinct from biography, memoirs, and self-help books. Finally, a few recent exhibitions, in addition to many devoted to AIDS-related art, have focused on medicine, health, healing, or pathology in the visual arts.⁴⁹ While a detailed examination of the findings from each of these strands of illness representations is beyond the scope of this chapter, their principal intersecting themes – notably stigma, localization, and pain – are discussed in greater detail.

2.1.1. Stigma:

If but one thing bears repeating with regards to depictions of disease in history, it is that the majority of traditional illness representations un/wittingly contribute to the propagation of stigma. The cultural markings of illness – the social meanings of a given disease – become the invisible symbolic stigmata that accompany the movements of the sick body. “That exoskeleton,” Arthur Kleinman explains, “is the carapace of a culturally marked illness, a dominant societal symbol that, once applied to a person, spoils radically that individual’s identity and is not easily removed.”⁵⁰ As Gilman has often demonstrated, representations of disease reinforce the internalization of stereotypes by linking illness to feelings of guilt or intrinsic evil, and designating disease as taboo. Kleinman likewise observes that “[s]tigma often carries a religious significance—the afflicted person is viewed as sinful or evil—or a moral connotation of weakness and dishonour. Thus, the stigmatized person is defined as an alien

⁴⁹ These include: *Silent Health* (Camerawork, London, UK, 1991), *Rx: Taking Our Medicine* (Agnes Etherington Art Centre, Kingston, Canada, 1995), *Care and Control* (Hackney Hospital, London, UK, 1995), *The Edge of Awareness* (WHO Headquarters, Geneva, Switzerland; PS1, NY, USA; SESC de Pompéia, São Paulo, Brazil; WHO Regional Office, New Delhi, India, 1998-1999), *L’Art Médecine* (Musée Picasso, Antibes, France, 1999), *Blood: Perspectives on Art, Power, Politics and Pathology* (mak.frankfurt and Schirn Kunsthalle, Frankfurt am Main, Germany, 2001), and *Pulse: Art, Healing and Transformation* (ICA, Boston, USA, 2003). While there are few writings (or exhibitions) specifically devoted to performative autopathographies, Petra Kuppers recent book, *The Scar of Visibility*, addresses multiple examples of medical performances in contemporary art.

⁵⁰ Kleinman, *The Illness Narratives*, 22.

other.”⁵¹ Gilman concurs in concluding that the “mark of the unhealthy body is the sick soul,” whereupon he reverses the famous adage, “*mens non sana in corpore insano*.”⁵² From this perspective, the stigmata caused by physical illness symbolically reveal a hidden pathological state: wounds, lesions or tumours are thought to represent an otherwise unseen *moral* disease. The diseased body is thus both morally abject, as well as physically ambiguous: visibly between life and death (more emphatically so than in health), and also between subject and object. Gilman extends his analyses to make a bridge between the perceptions of diseased bodies and the meanings attributed to rac(ializ)ed bodies. While the healthy body is considered to be beautiful, and the beautiful body, healthy, Gilman’s analyses reveal that the depicted sick body is at times regarded not only as ugly, but also, as racially inferior.⁵³ If, as we have established, an individual’s physical deformity acts as the mark of his or her moral difference, Gilman further concludes that racial difference functions in a similar way to set apart physically marked individuals on moral grounds.⁵⁴ Drawing from his analyses, it is easy to imagine how eugenic ideologies were also perpetuated through representations of diseased bodies up until the early twentieth century.

2.1.2. Localization:

In addition to their stigmatizing function, Gilman asserts that visual illness stereotypes are featured in representations because they immediately identify, localize and separate individuals marked by sickness.⁵⁵ Within this logic, the representation itself acts as a vessel of containment for disease, mysteriously ensuring that illness will not spread out of its frame. “It is in this world of representations,” Gilman informs us, “that we banish our fear of disease.”⁵⁶ In the

⁵¹ Ibid., 159.

⁵² Gilman, *Picturing Health and Illness*, 74. Emphasis added.

⁵³ Ibid., 173.

⁵⁴ Ibid., 81.

⁵⁵ Here, Gilman is writing specifically about physical stereotypes that mark the insane, such as the melancholic pose of resting one’s chin in one’s hand with a downcast gaze. Nevertheless, the same logic can be applied to depictions of physical illness. See Gilman, *Disease and Representation*, 48.

⁵⁶ Ibid., 271-272.

planning of a city, hospitals and asylums are likewise pragmatically destined to hold diseases and those who fall prey to them within their walls, in order to abate the threat of an epidemic. In this light, it is interesting to note that representations of illness serve a similar topographic function in delineating and distinguishing sick versus healthy spaces. In such instances, images of illness can moreover carry an apotropaic function, which serves to ward off the threat of disease. As an example for this apotropaic function, Thierry Davila cites the particular use of ancient propylaia raised at city walls.⁵⁷ Images of the plague were depicted upon propylaia in order to protect the city against affliction. By representing the disease before the city was hit, it was thought that the potential menace of contagion could be disarmed. A similar function is found in the blue eye represented in many Mediterranean, Middle-Eastern and South-Asian cultures, which is meant to ward off the malicious gaze of the evil eye or spirit. The evil eye is in a sense “looked at” by the talismanic object, thereby cancelling the cursing eye’s ability to look at (and to curse) the talisman’s bearer.⁵⁸ Like the depiction of the plague on ancient propylaia, the blue eye similarly serves a preventive apotropaic function: it secures the domain in its vicinity as one that is guarded from curses and pestilence.

In describing the seemingly topographic effects of symbolic illness representations, it is worth noting that the task of localization is already inherent

⁵⁷ Thierry Davila “Esthétique et Clinique: Brève Introduction à l’Art Médecin,” in Maurice Fréchuret and Thierry Davila, *L’Art Médecine* (Paris: Réunion des Musées Nationaux, 1999): 34-63, esp. 51.

⁵⁸ The abortive power of the gaze is a familiar motif from Antiquity, which can be retraced to the myths of Medusa as well as Narcissus. In *L’Image Peut-Elle Tuer?*, Marie-Josée Mondzain relates the example of magic scrolls used during Ethiopian rites to cure the ill. In these practices, illness is understood as resulting from possession by evil spirits. The magic scrolls are made of the skin of the animal that corresponds to the evil spirit. They are inscribed with symbolic figures, the most prominent of which being an eye, which in effect returns the gaze of the demon. Frightened by its surprising reflection through the depicted eye, the demon escapes the body of the possessed, who is instantly cured. Mondzain concludes as follows: “c’est donc l’incarnation iconique de son mal qui délivre le corps du malade” (28) (“it is thus the iconic incarnation of his ailment that releases the body of the diseased,” free translation). In this example, as in the case of ancient propylaia, the ability to secure a healthy space depends upon the refractive power of the talismanic representation. In the case of the ancient city, it is the representation of the illness itself (the plague) that operates the preventive, apotropaic function. In the case of the Ethiopian magic scrolls and the evil eye, it is the mirroring effect of the gaze that wards off evil and illness. This refractive effect can be used either as a prophylactic or as a cure. Marie-Josée Mondzain, *L’Image Peut-Elle Tuer?* (Paris: Bayard, 2002).

to the medical process: the challenge of diagnosis is to correctly attribute general characteristics to a particular site, or as Foucault more eloquently phrases it, “le malade c’est la maladie ayant acquis des traits singuliers.”⁵⁹ Localization is the process whereby generic disease takes on a particular face: “disease anthropomorphized,” as Gilman describes it.⁶⁰ Yet this raises a significant contradiction: while disease representations often portray generic stereotypes, as in examples from Physiognomy, they are also emphatically particular. Diseased bodies are distinctly situated bodies, in that they are different from the healthy norm. These bodies therefore provide sites of representation that bear a distance to the standard expectations of healthy bodies at any given time. As such, they can potentially make room for a certain representational freedom.⁶¹ Yet, like any recognizable portrayal of the human form, diseased bodies at once stand for a singular depicted individual, and for the archetypal or stereotypical image of a diseased body. It is in this way, too, that the *memento mori* function of disease representations is transmitted, since the receiver can draw an analogy between his or her distinctly located body and the sick, perhaps dying, person depicted, which for the viewer becomes a universal figure of suffering or mortality. Given their dual standing as portraits of singular individuals and as generic portraits of the sick, representations of diseased bodies might both perpetuate stigma (through the dissemination of stereotypes) and also offer possible resistance to it (through the depiction of exclusive or singular experience) *at the same time*. This duality potentially breeds fertile ground for a productive confusion: viewers might question their assumptions about diseased individuals and reevaluate the extent to which they are deemed to be so different from the healthy.

⁵⁹ Foucault, *Naissance de la Clinique*, 14: “The ill person is an illness that has acquired singular traits,” free translation.

⁶⁰ Gilman, *Disease and Representation*, 2.

⁶¹ See Gérard Danou, *Le Corps Souffrant: Littérature et Médecine* (Seyssel: Champ Vallon, 1994), 12.

2.1.3. Pain:

The final salient motif in iconologies of illness representations is that of pain, a dominant subject in the arts since Antiquity. Pain has always signified moral, as well as physiological, turmoil, so once again, as with disease, the representation of pain actually points to a discomfort of the soul. Like tumours and other stigmata, pain acts as the sign of spiritual inadequacy. Jane Blocker describes the “centrality of pain to aesthetics,” suggesting that conflicting interpretations of aestheticized pain reflect deep-seated cultural ambivalences towards the body.⁶² If, for Aristotle, the direct representation of violence was deemed to be unacceptable, then it could be said that represented pain acts as a trace of the irrepresentable or the obscene.⁶³ As such, pain is preferably sublimated in traditional Western images. In Catholic art, for instance, the motif of transcendence of the flesh translates as a virtuous soul rising above worldly sins.⁶⁴ Only self-mortification is a pain worthy of uncensored representation: the more it hurts, the *better* it is. Given this heavily connoted background, it is interesting to consider the marked absence of pain in certain contemporary representations.⁶⁵ Subtle discomfort seems to remain when facing representations of pain, perhaps because it is a phenomenon that still escapes reasonable explanation. We tend to make sense of life and death as simple, Manichean, biological facts. Suffering and dying, however, are such sinister processes that they can hardly leave us untroubled when featured in representation. In the rare cases when they do leave us untouched, representations are deemed problematic

⁶² Jane Blocker, *What the Body Cost: Desire, History, and Performance* (Minneapolis: University of Minnesota Press, 2004), 20. See in particular her first chapter.

⁶³ See Aristotle, *Poetics*, trans. S. H. Butcher, 10 April 2000, <<http://classics.mit.edu/Aristotle/poetics.html>> (10 October 2005). The French *règles de bienséance*, developed after Aristotle in theatrical literature of the seventeenth century, likewise laid specific guidelines as to what was inappropriate to be shown on stage (notably, violence).

⁶⁴ See Johanne Sloan, “Spectacles of Virtuous Pain” in eds. Bill Burns, Cathy Busby and Kim Sawchuk, *When Pain Strikes* (Minneapolis: University of Minnesota Press, 1999), 119-129.

⁶⁵ Sander Gilman’s and John O’Neill’s analyses of popular images of AIDS reveal that while the frequency of death is acknowledged in these images, the representation of pain or dying is quite rare. See Sander Gilman, “The Beautiful Body and AIDS: The Image of the Body at Risk at the Close of the Twentieth Century,” in *Picturing Health and Illness*, and John O’Neill, “Two Cartographies of AIDS: The (In)describable Pain of HIV/AIDS” in eds. Burns et al., *When Pain Strikes*, 27-41.

precisely for that reason. By pulling at the heartstrings of compassion or demonstrating our common fragility, pain and its representations could be read, if nothing else, as the signs of our stubborn humanness in a genetically-designable, so-called “posthuman” world.⁶⁶

2.2. Typologies of Illness Representations:

2.2.1. Medical Representations:

The iconologies described above all transpire through different modalities of the combined notions of illness and representation. A first, basic typology of illness representations has to do with the larger field of medicine. Since the 1990s, historical analyses of medical representations have flourished, most notably through the work of Gilman, as well as the extensive research undertaken by Barbara Maria Stafford, particularly in *Body Criticism*.⁶⁷ More recently, Petra Kuppers has investigated intersections between the medical world and contemporary performance in *The Scar of Visibility*, a book that complements her earlier extensive research on disability and performance.⁶⁸ Through a series of case studies, Kuppers draws a portrait of medical performance practices that span from pop culture to high art, with pathographic subjects ranging from cancer, AIDS and Cystic Fibrosis to Outsider Art.

The academic fascination with visual anthologies of bodily dissections, such as anatomy books, might have found a pop-cultural counterpart in Gunther von Hagens’ infamous displays of real, but staged, *écorchés* in his *Körperwelten/Bodyworlds* exhibitions, and their numerous touring spin-offs.⁶⁹

⁶⁶ See eds. Burns et al., *When Pain Strikes*, xxii.

⁶⁷ Barbara Maria Stafford, *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (Cambridge, MA: MIT Press, 1993).

⁶⁸ Petra Kuppers, *The Scar of Visibility: Medical Performances and Contemporary Art* (Minneapolis: University of Minnesota Press, 2007). Amongst other case studies, Kuppers examines the collaborative work of Bob Flanagan and Sheree Rose, and discusses his treatment of pain through S/M performance. Flanagan’s performance of *Visiting Hours*, to which I make reference in the second part of this chapter, is not however addressed.

⁶⁹ Kuppers discusses this exhibition in the first chapter of *The Scar of Visibility*, entitled “Visions of Anatomy: Space, Exhibitions, and Dense Bodies,” 25-54.

Addressing the full range of social, symbolic, and ethical issues raised by von Hagens' exhibitions is beyond the scope of this thesis. I restrict myself to remarking that the subtitle for the original German exhibition reads "Die Faszination des Echten," or the fascination of the real. Scientific representations, including medical ones, as well as those whose forms imitate scientific visual language, are invested with the authority of depicting the true and the real, the objectively positive and factual. Critics are now examining the ways in which the visual language of science has been adopted in contemporary popular medical representations, in order to manipulate how information about disease is communicated, notably in representations tied to AIDS.⁷⁰

From another perspective, the easy and now familiar access to interior bodily landscapes, made available through medical imaging technologies like MRIs and x-rays, invokes what Kim Sawchuk has described as "biotourism."⁷¹ Today, patients can imaginatively navigate their corporeal landscapes through the help of visual and sensory aids drawn from their very bodies. Doctors can conduct both virtual and remote real-time operations with the help of cutting-edge communications technologies that link their hands to bodies that are miles away, or even to bodies that are non-existent. In addition to these technological developments, I also consider the far-reaching theoretical writings on genetic research and engineering, and their implications for the physiological and philosophical evolutions of humankind.⁷²

As a counterpoint to the increasing technologization of medicine, Western hospitals are starting to recognize the serious shortcomings they have exhibited in terms of the relational dimensions of their patient care. As part of a broader

⁷⁰ For example, See O'Neill, "Two Cartographies..." in eds. Burns et al., *When Pain Strikes*, 27-41.

⁷¹ Biotourism is the "transformation of bodies into landscapes, their re-creation as a bioscape for imagined travel, and the establishment of regimes of truth and knowledge by rendering the invisible visible." Kim Sawchuk, "Parables of a Biotourist," *HorizonZero* 6 (January 2003) <<http://www.horizonzero.ca/textsite/see.php?is=6&file=10&tlang=0>> Last accessed 16 October 2005. See also Kim Sawchuk, "Biotourism, *Fantastic Voyage*, and Sublime Inner Space," in eds. Janine Marchessault and Kim Sawchuk, *Wild Science: Reading Feminism, Medicine and the Media* (London; New York: Routledge, 2000), 9-23.

⁷² See Donna Haraway, *The Haraway Reader* (London; New York: Routledge, 2003), as well as N. Katherine Hayles, *How We Became Posthuman: Virtual Bodies in Cybernetics, Literature, and Informatics* (Chicago: University of Chicago Press, 1999).

movement towards the humanization of healthcare, therefore, Western medical institutions are revising their relationship to the arts by incorporating various “representational strategies” into their everyday activities. These range from the inclusion of art therapy⁷³ as a legitimate activity to promote healing, to an exposure to various other forms of extra-medical interventions, such as therapeutic clowning,⁷⁴ in order to productively “upset” the hospital structure, and finally, to occasional invitations for artists’ residencies within the hospital establishment.⁷⁵

2.2.2. Representations tied to Mental Illnesses:

A second, common typology of disease representation is tied to mental illness. Many of the stakes involved in representing mental illness can be productively transposed onto representations of physical disease. Mental illness in fact dominated the majority of discourses on illness and representation until the mid-1980s, when AIDS became increasingly visible in the productions and lived experiences of members of the artworld.⁷⁶ On one hand, there is an important history in the representation of physical types associated with different mental illnesses: the writings and drawings on Physiognomy by Johann Kaspar Lavater, inspired by the work of Giambattista della Porta and Sir Thomas Browne; a series

⁷³ An adequate discussion of art therapy and its role in the representation of disease/disease-as-representation is unfortunately beyond the scope of this study.

⁷⁴ My own experience as a therapeutic artist working in hospitals with the organisation Dr Clown in Montreal since 2003 confirms the extent to which disease and representation are quite pragmatically enmeshed. I allow myself to include one example from the field in order to attest to this fact. A child who was immobilised in bed after a cranial trauma once asked the hospital clowns to reproduce the scene of his accident, and to repeat over and over the moment of impact between his bicycle and the oncoming truck, and his ensuing fall into a coma. In this example, the reproduction/representation of the traumatic incident via mirror-clowns clearly had a therapeutic value for the child, who instead of being trapped in the fear of his accident, rather managed to “exorcise” it through its representation (example related in an unpublished artist’s report, Dr Clown archives, Montreal). There are countless other such examples to be encountered while clowning in the hospital.

⁷⁵ See for example the work of Pam Hall, an artist-in-residence at the Faculty of Medicine of Memorial University, CITY, in 1997: “An Artist in the Halls of Science” (28 September 1999), <<http://www.med.mun.ca/artistinresidence/>> Last accessed 11 October 2005.

⁷⁶ A recent study on the intersections between mental illness and contemporary art practice is Christine Ross’s *The Aesthetics of Disengagement: Contemporary Art and Depression* (Minneapolis: University of Minnesota Press, 2006).

of paintings by Théodore Géricault; and documentations from early photography, such as those examined in Didi-Huberman's *Invention of Hysteria*.⁷⁷ On the other hand, there has always been a keen interest in the presumed relationship between madness and creativity. The sustained attention given to l'Art Brut is a case in point. The Prinzhorn Institute's collections continue to be visited and studied at length, and have been included in important recent exhibitions on Outsider Art.⁷⁸ Both Gilman and Sontag have critically examined the persistent interest given to the art of the insane in the visual arts and literature.

2.2.3. Activism:

A third typology of illness representation involves its ties with activism. Representations of illness have served to promote and disseminate activist stances on breast cancer and AIDS in particular, as well as disability. These representations often take the literary form of (auto)pathography. Hawkins and Couser note the recurrence of illness narratives that seek to inform and educate readers, and to give them the benefit of previous experience. Hawkins even suggests that pathographies serve as a kind of subtle medical activism: "All pathographies," she writes, "are situated within the social praxis of modern medicine; therefore, they all can serve as commentaries on it."⁷⁹

Social and medical activism can also be fostered by making "other-than healthy" bodies publicly visible. The growing presence of "disabled" dance companies,⁸⁰ or the recent Marc Quinn sculpture erected on Trafalgar Square,⁸¹

⁷⁷ Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* (Cambridge: MIT Press, 2003).

⁷⁸ Selected recent Outsider Art exhibitions include: *Outsider Art* (London, Tate Britain 2005/06); *Beyond Reason* (London, Hayward Gallery, 1996/97); and *Parallel Visions: Modern Artists and Outsider Art* (Los Angeles, Madrid, Basel, Tokyo, 1992/93).

⁷⁹ Hawkins, *Reconstructing Illness*, 18.

⁸⁰ E.g., Axis Dance Company and Dancing Wheels (U.S.A.), AMICI, CandoCo, StopGAP Dance and Integrated Dance Company (U.K.). I choose the example of "disabled dance" because it involves promoting visibility in an area where it was traditionally thought impossible for physically-impaired people to participate.

⁸¹ Marc Quinn's 12-foot marble sculpture is a portrait of 8-month pregnant Alison Lapper who, as a result of phocomelia, has truncated legs and no arms. It was displayed on Trafalgar Square until April 2007, and sparked much controversy since its unveiling in September 2005.

all signify, by their very existence, the promotion of the visibility of the disabled. The notion of visibility is tied to efforts in popular education as well, which have increased with the spread of AIDS, most notably through the efforts of organizations such as ACT UP and SILENCE=DEATH from the late 1980s onwards.⁸² Political acts of visibility are also carried through monuments and public art. The debated Names Project quilt is but one example of how communal memory and identity politics make uneasy bedfellows.⁸³ Finally, the combined notions of illness and representation can even be linked to activism when employed in order to raise funds for healthcare research, or in aid of suffering patients. One can think in particular of the many AIDS and cancer benefits across the artistic disciplines, where artists' works are commissioned and consumed in order to make charitable donations.

2.2.4. Pathography:

A fourth typology of illness representation has to do with pathography in all its forms, whether visual, performative or narrative. Consistent artistic output during the course of an illness can unwittingly perform a documentary function. Such is the case, for instance, when tuberculosis patients paint as an occupational therapy, and each painting is in hindsight seen to bear the mark of the illness's progression.⁸⁴ This is an indirect form of representational documentation. Such is also the case with the more conscious efforts of autobiographical illness writing. Hawkins identifies pathography as a new genre of (auto)biography, virtually inexistent before the 1950s. G. Thomas Couser and Sarah Brophy likewise analyze literary pathographies, Einat Avrahami investigates both literary and

⁸² The SILENCE=DEATH project, a coalition of six New York activists, joined ACT UP (AIDS Coalition To Unleash Power) in 1987. Their tactics include using strong logos and publicity-like images posterized across the city.

⁸³ For a detailed discussion of the politics of AIDS memorialisation and representation, as well as a critical review of the Names Project quilt, see Marita Sturken, *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering* (Berkeley: University of California Press, 1997). Brophy also discusses the quilt's tendency to "inevitably flatten the fragments it incorporates," and its levelling of difference for the benefit of a "national diorama of grief and guilt," in *Witnessing AIDS*, 48.

⁸⁴ See Sandblom, *Creativity and Disease*, 15.

visual illness autobiographies, while Arthur W. Frank, Arthur Kleinman, and Howard Brody consider the healing dimension intrinsic to the process of illness writing. From another perspective, Gérard Danou examines the nature of literary works emerging from doctors who moonlight as writers.

Hawkins discerns three groups of pathographies from her systematic analyses of the genre: testimonials, angry pathographies, and pathographies advocating alternative modes of treatment. The second and third types of pathography overlap with the aforementioned representational typology of activism. The first genre, testimonial pathography, relates the story of an illness, but also carries a didactic function and generally promotes a positive attitude towards medicine. Hawkins also identifies the salient metaphorical paradigms of literary pathographies: “the paradigm of regeneration, the idea of illness as battle, the athletic ideal, the journey into a distant country, and the mythos of healthy-mindedness.”⁸⁵ Many of these thematic structures are unwittingly reproduced by contemporary autopathographic artists working in disciplines other than literature. Although literature is without a doubt the area in which pathography has been given the most thorough attention thus far, the conclusions of literary critics can be usefully borrowed for analyses of visual and other representations of illness.

In its narrative form, pathography is thought to offer a neutral space for self-representation, in that it deflects the gaze from the diseased body.⁸⁶ This, however, does not preclude it from exploiting the voyeurism of witnessing other people’s struggles. And whereas photography might reluctantly be destined to perpetuate visual stereotypes of the ill, Couser believes that the narrative form resists them.⁸⁷ As mentioned in the Introduction, however, literary pathographies pose the problem of narrative closure: it is always uncertain whether writers will

⁸⁵ Hawkins, *Reconstructing Illness*, 27. As a complement to these formal paradigms of illness narratives, I include the following list of character stereotypes in representations of disabled persons, as gleaned from various sources by Sandahl and Auslander: the “obsessive avenger” who seeks revenge against those who caused his or her disability; the “sweet innocent,” who “acts as a moral barometer of the nondisabled”; the “comic misadventurer,” who is the frequent “target of comic violence”; the “inspirational overcomer”; the “charity case,” who elicits pity; the “freak”; and the “monster” who “arouse[s] fear and horror.” Sandahl and Auslander, *Bodies in Commotion*, 3.

⁸⁶ Couser, *Recovering Bodies*, 182.

⁸⁷ *Ibid.*, 89.

have sufficient time to complete what they have begun when their days are numbered. A reader's relationship to a real-life tale of battling illness is undoubtedly informed by the knowledge that its author may be dead, which in itself undermines the possibility of a "comic plot" ending.⁸⁸ Nevertheless, verbal and literary forms have a privileged relationship to medicine as a whole. Conversation and storytelling are already built into the medical process, for instance, when doctors transmit their case histories to an incoming shift.⁸⁹ Similarly, as the construction of a symbolic story, narrativization closely parallels the structure of psychoanalysis.⁹⁰ Couser even interprets the treatment of an illness as a "narrative collaboration between doctor and patient—the creation of a new 'life text.'"⁹¹ And even before considering medicine and healing as fundamentally discursive processes, they can be recognized as consisting in basic tasks of nomenclature: diseases, like pains, must be named in order to heal.⁹² Their mere identification contributes to a sense of soothing, in addition to establishing the basis for a course of treatment. As Le Breton confirms, "une douleur identifiée à une cause, à une signification, est plus supportable qu'une douleur restée dans le non-sens, non diagnostiquée, non comprise par l'acteur."⁹³

The task of this thesis is in part to expand the narrative-centred definition of autopathography, in order to observe its characteristics in other forms and media. This will be the undertaking of the following chapters. For the moment, I list some of the broad distinctions between visual, performative, and literary pathographic forms. Following Hawkins' categorizations of written pathographies, visual and performative pathographies can also be identified through the labels of "testimonial pathography" and "angry pathography," though

⁸⁸ Couser asserts that the "master plot of autobiography (and of autopathography) is a comic plot: according to some evident standard, the protagonist is better off at the end than at the beginning," Ibid., 91. This stylistic device can however be contradicted by the reader's knowledge of the author's death.

⁸⁹ See Brody, *Stories of Sickness*, 2.

⁹⁰ Ibid., 10.

⁹¹ Couser, *Recovering Bodies*, 10.

⁹² See "Introduction" in Burns et al., *When Pain Strikes*, xi-xxv.

⁹³ Le Breton, *Anthropologie de la Douleur*, 69: "pain that is identified to a cause, to a meaning, is more bearable than pain remaining in non-sense, undiagnosed, incomprehensible for the actor," free translation.

they are seldom strictly limited to these descriptors. For obvious semantic reasons, visual forms are more likely to be polysemic than their counterparts in narrative: a picture, as we know, is worth a thousand words. Yet, while their meanings are not always fixed, words are usually more specific than images in conveying precise information. This explains why it is unlikely to find non-narrative pathographies that “advocate alternative forms of treatment” – Hawkins’ third narrative pathographic genre – since such a clear didactic message would be difficult to communicate with non-verbal means.⁹⁴

Beyond these basic semantic questions, however, the medium employed by the artist plays a significant role in the deployment of meaning that is attributed to a pathographic work. As we have seen, photography comes with a heavily-connoted history in the representation of deviant or “abnormal” bodies, for instance. Its use in pathography must therefore be situated against the form’s own cultural history. But there are also properties specific to the photographic medium that ring with particular irony in the representation of a dead or dying subject. I am thinking in particular of the temporal play intrinsic to photography: the capture, which seizes and deadens a moment, as well as its apprehension in the form of a print, which suspends and stretches that seized moment in time so that the viewer might later receive it.

In the same way, pathographies that take shape through a live medium, such as dance, should be examined in relation to the form’s specific codified standards. Dance has always celebrated the agility and versatility of the human body, both of which are likely to be compromised when experiencing physical illness. The notion of making dance, then, with an otherwise-able body, goes a long way in reevaluating the foundational premises of the discipline. Likewise, the immediate presence of a live, sick body on stage is potentially more confrontational for a viewer than the reception of that body’s image in a story, a picture, or even a film. Understanding the particular meaning of live presence in the context of autopathography is therefore critical to grasping the specificity of

⁹⁴ However, as we will see in chapter 3, Jo Spence nonetheless managed to produce images that specifically “advocate alternate forms of treatment.”

the medium employed, and how it resonates with the meaning transmitted by pathographic subject matter. With regards to the documentary value of pathographic testimony, for example, live presence may go one step further than photography's indexical picturing of the "real." Yet even a live image remains a theatrical representation. Such an embodied image is moreover aware of its own deployment. Thus, because of its inherent theatricality, the supposed "truth value" of the live image can be as contested as that of photography.

Finally, a non-representational object derived from autopathography carries a very different relationship to its producer and receiver than a representational portrait, sculpture, picture, film, or a live performance. In other words, seeing a live or reproduced image of an ill person is not the same as coming into contact with an object that she or he made. While the object still carries an indexical relationship to its maker, the author is not necessarily directly reflected in the object's appearance, and the affective impact is therefore likely to be significantly different.

2.2.5. Medicine Art:

A fifth and final typology of illness representations is tied to "medicine art,"⁹⁵ which broadly refers to art in which the processes of creation or reception gain a therapeutic value. The relationship between art and therapy is complex, even without taking into consideration its clinical dimensions. In recent years, a handful of exhibitions have paid greater attention to this relationship, often citing Joseph Beuys and Lygia Clark as the foundational medicine art figures of the twentieth century.⁹⁶ But it must be noted that the curative function of art harkens back to the birth of aesthetics, with Aristotle's *Poetics*. For Aristotle, dramatic representation could heal the moral ails of society by stimulating pity and fear in the spectator and invoking catharsis, followed by a detached reflection on the

⁹⁵ This term is borrowed from Maurice Fréchuret and Thierry Davila's concept of "l'art médecine," the title of their exhibition and catalogue: *L'Art Médecine* (Paris: Éditions de la Réunion des Musées Nationaux, 1999).

⁹⁶ In particular, the exhibitions *L'Art Médecine* (1999) and *Pulse: Art, Healing and Transformation* (2003).

moral significance of the drama. In the twentieth century, Bertolt Brecht updated the curative understanding of the theatre, stating that it must banish all passive identification with the fictional action in order to promote an active, critical and political reflection on behalf of the viewer.⁹⁷

In the visual arts, there is also a long-standing tradition for the representational embodiment of a cure. The ex-voto, for instance, acts as the incarnation of a prayer or wish, and tangibly commemorates ensuing health improvements. Its role is to intercede between the person making demands and the divinity. In his description of the ancient potency of icons, Thierry Davila introduces the notion of an “acting form” (*“forme agissante”*) which he elucidates as follows: “il s’agit pour l’image de dépasser le cadre exclusif de la pure contemplation ou vénération distanciée afin d’accéder à un domaine où *l’action directe sur les événements et les corps* constitue sa véritable raison d’être.”⁹⁸ The ex-voto can likewise be regarded as an acting form, both in its status as an object *per se*, and through the psychic investment that is projected onto it. Indeed, the ex-voto actually performs what is being prayed for: it acts as both the sign of a prayer and of its accomplished result, but also as a repository for faith and psychic investment dedicated towards healing. Another modality of curing in representation has been described as its “talismanic function” (*“fonction talismanique”*).⁹⁹ This refers both to art that promotes the healing of a spectator, as well as to art that is practiced in order to heal oneself.¹⁰⁰ Maurice Fréchuret and Davila cite painters Sam Francis and Antoni Tàpies as benefiting from this function, since they each used their artistic practices in order to physically and psychologically get through the pain caused by debilitating accidents.

⁹⁷ See Bertolt Brecht. *Brecht on Theatre: The Development of an Aesthetic*. trans. John Willett. (New York: Hill and Wang, 1964).

⁹⁸ Davila, “Esthétique et Clinique...” 51-52: “[T]he image must go beyond the exclusive scope of pure contemplation or distanced veneration in order to reach a realm in which *direct action onto bodies and events* constitutes its veritable *raison d’être*,” free translation, emphasis added. It is also interesting to note the abundance of ex-votos (*retablos*) painted and collected by Frida Kahlo, who suffered severe pain most of her life. They are exhibited in her house in Coyoacán, Mexico.

⁹⁹ Thierry Davila, “Les Oeuvres Agissantes” in Fréchuret and Davila, *L’Art Médecine*, 259.

¹⁰⁰ With regards to art that can “heal” a spectator, Davila refers to the appeasing quality of Henri Matisse’s work as well as Fernand Léger’s use of colour therapy. See Maurice Fréchuret, “Henri Matisse: L’Art comme un Bon Fauteuil,” in Fréchuret and Davila, *L’Art Médecine*, 91-102.

These authors also affirm that art provides a context for the transmission of a “shamanic function” (“*fonction chamanique*”).¹⁰¹ In this case, either the artist or the art object enables the spectator to undergo a therapeutic transformation. The fundamental principle of the shamanic function in art lies in the replication and transformation of a traumatic process through a creative one. The spectator becomes an active participant in the creative process within the safe confines of the art context, instead of succumbing as a passive victim in random, insecure circumstances.¹⁰² In the catalogues accompanying the exhibitions *Pulse: Art, Healing and Transformation* and *l’Art Médecine*, Lygia Clark is understood to use her art objects as ciphers that facilitate a transformation in the participating spectators. Clark’s works could also be described as “relational”¹⁰³ objects, whose functioning requires spectatorial manipulation, and whose “shamanic potential” is only activated through participants’ interactions. Joseph Beuys, on the other hand, embodies the shamanic role himself, and personally transmits this transformative power to his viewers. His concept of “social sculpture” invokes “a change in the public as great as that undertaken by the artist and artwork,” but one which ultimately depends upon the presence of the artist as a facilitator or transformative trigger.¹⁰⁴ In addition to the shamanic function of art, Davila also cites some emerging creative practices in France that blend both these and other therapeutic tactics, which he designates as a “homeopathic approach” (“*approche homéopathique*”).¹⁰⁵ To these, I would add the fact that many somatic techniques are increasingly being integrated into the daily training of performing artists, and

¹⁰¹ See Davila, “Les Oeuvres Agissantes,” 259.

¹⁰² This resembles the Aristotelian notion of cathartic viewership, which can be attributed to the vicarious experience of the mimetic action performed in the stage drama. The Aristotelian understanding of aesthetic catharsis will be further discussed below. The description of the shamanic function is also reminiscent of the therapeutic effect of hospital clowns as described in the example above.

¹⁰³ Nicolas Bourriaud, *Esthétique Relationnelle* (Dijon: Les Presses du Réel, 1998).

¹⁰⁴ Morgan, *Pulse*, 17.

¹⁰⁵ Davila, “Les Oeuvres Agissantes,” 260. Davila designates French artists Marie-Ange Guilleminot, Fabrice Hybert, and Claire Roudenko-Bertin as practitioners of homeopathic art.

as a result, undoubtedly affect not only the health of performers, but also the aesthetics of their creations.¹⁰⁶

In summary, the medicine art typology of illness representations operates either through the art object itself, or via the artist as shaman-healer. According to Davila, both approaches meet in the processual dimension of creativity, which mimes the living processes of health and illness, and through this re-presentation, potentially effects a degree of healing.¹⁰⁷ In this optic, the experience of a source trauma must be reproduced as an “active representation,” as opposed to a simple repetition, in order for the creative process to gain a therapeutic function.¹⁰⁸ This is how many interpret Beuys’ work, for instance: as the continued effort to “show [his] wounds.”¹⁰⁹ From this perspective, Beuys’ artistic process can be read as coinciding with a process of healing.

All these examples drawn from the notion of medicine art suggest that the creative process, like lived disease, might be the repository for a hidden *pharmakon*.¹¹⁰ In other words, art can enable finding a cure within a poison, which here takes the form of creativity within disease.¹¹¹ For Frank, this is the “dangerous opportunity” afforded by illness, and the very reason for which illness writing in particular can be morally curative.¹¹² In the next sections, I describe the various restorative functions that illness representations are thought to fulfill, as

¹⁰⁶ I am thinking, amongst many others, of techniques such as Alexander Technique, Body-Mind Centering, Feldenkrais, Mouvement Authentique, Pilates, Table Penchenat, Tai Chi, Yoga, Qi Gong, etc., which have made their way into the standard training programs at many dance, theatre, corporeal mime, and circus arts schools. Not only has this integration benefited the safety of performers and increased the subtle quality of their movements, it has also most likely impacted the phenomenological responses of viewers (though this to my knowledge has yet to be systematically studied).

¹⁰⁷ Davila, “Esthétique et Clinique,” 41. Again, the resemblance to Aristotelian theory is striking.

¹⁰⁸ Thierry Davila, “L’Artiste Guérisseur et l’Homme Médecine,” in Fréchuret and Davila, *L’Art Médecine*, 182.

¹⁰⁹ *Show Your Wounds* is the title of a 1974-75 installation by Beuys that refers to the universal social trauma of World War II, as well as to his own well-known traumatic experience as an airforce soldier.

¹¹⁰ In Greek, *pharmakon* can refer to both “remedy” and “poison.” In “Plato’s Pharmacy,” Jacques Derrida discusses *Phaedrus*, focusing on the deterministic translations of Plato’s use of the word *pharmakon* in this text, which effectively obliterate its polysemic potential. See Jacques Derrida, “Plato’s Pharmacy,” in *Dissemination*, trans. by Barbara Johnson (Chicago: University of Chicago Press, 1981), 63-171.

¹¹¹ See Thierry Davila, “Esthétique et Clinique,” 41.

¹¹² Frank, “Illness as a Dangerous Opportunity” in *At the Will of the Body*, 1-7.

well as how they do so. The curative role of the pathographic process is first addressed from the perspective of its producers, after which I consider the transmission of a curative function to receivers of pathographic works. Following these descriptions, I put forward critical arguments that nuance and expand upon the conventional readings of autopathography as a pharmakon.

3. Pathographic Pharmacopoeia:

3.1. The Production of Autopathography as a Pharmakon:

Many of the thematic motifs pertaining to illness and representation at large also apply more specifically to autopathography. Like the acting forms described above, the representation of illness carries certain practical, beneficial effects, which can be inventoried as follows. To begin, pathographic creation puts forth a response to the social roles projected onto those who become ill. On the one hand, such creation can reveal an internalization of the sick role inadvertently devised by dominant, (currently) healthy society; on the other, art can equally constitute “a key site of (embodied) ‘resistance’ to prevailing modes of discourse with their ‘normalising’ assumptions.”¹¹³ As explained above, it is likely that the production of pathography, when it results in the dissemination of images of sick bodies, at once reinforces and critically responds to stigmatic attributions to the diseased body. For these and other reasons, some might presume that the experience of illness inhibits self-representation, since the sick artist’s appearance is generally deemed to be socially, if not aesthetically, marginal.¹¹⁴ Given the borderline status of the diseased body in representation, autopathographies might instead be regarded as performances of situated visibility, disseminated specifically in opposition to the generalized stigma that is deployed in popular

¹¹³ Simon J. Williams and Gillian Bendelow, *The Lived Body: Sociological Themes, Embodied Issues* (London; New York: Routledge, 1998), 205.

¹¹⁴ See Couser, *Recovering Bodies*, 6-7.

representations of the ill.¹¹⁵ In this optic, autopathographies can be regarded as militant works, even though their effectiveness as activist forms might be mitigated by the trappings that are intrinsic to the dissemination of images of sick bodies.

A second function tied to the production of illness representations involves the transformation of a traumatic experience into a significant one, as in the classic case of Beuys. Hawkins writes that “the ‘pathographical act’ is one that constructs meaning,”¹¹⁶ while Sawchuk asserts that it helps to “make sense of the intangible.”¹¹⁷ Williams and Bendelow see illness as a life-affirming opportunity, stating, “when illness is told, its ‘lack’ becomes ‘producing.’”¹¹⁸ Taking this notion one step further, Frank perceives illness as a cause for “celebration”¹¹⁹: an event whose significance must be marked, and in his case, through writing. As we have seen, autopathographic creation can counter and compensate for the biographical disruption or “ontological assault” caused by illness.¹²⁰ Making art thus becomes a “status shield,” protecting the self from such an assault and restoring lost confidence.¹²¹ Not only does illness writing, for example, turn the object-patient into a subject-patient, it also renders untenable the medically-induced cleavage between body and soul.¹²² Indeed, the very “phenomenology of sickness,”¹²³ the immediate experience of disease, is radically transformed in and through the act of representing it, in the same way as the phenomenology of pain is altered in/by its communication.

The third reconstructive task of representing illness is tied to catharsis and recovery. I have already addressed how catharsis is built into the plot structure of Aristotelian poetics. Likewise, in the Introduction, I made reference to the fact

¹¹⁵ This is how Sarah Brophy reads the function of AIDS writing, for instance, in *Witnessing AIDS*.

¹¹⁶ Hawkins, *Reconstructing Illness*, 18.

¹¹⁷ Kim Sawchuk, “Wounded States: Sovereignty, Separation, and the Quebec Referendum” in eds. Burns et al., *When Pain Strikes*, 111.

¹¹⁸ Williams and Bendelow, *The Lived Body*, 164.

¹¹⁹ Frank, *At the Will of the Body*, 11.

¹²⁰ Brody, *Stories of Sickness*, 29.

¹²¹ Williams and Bendelow, *The Lived Body*, 51.

¹²² Danou, *Le Corps Souffrant*, 239.

¹²³ Brody, *Stories of Sickness*, 94.

that Christianity invokes storytelling as catharsis through its tradition of confession and absolution.¹²⁴ As an intrinsic part of the process of rebuilding a new life plan, catharsis has an important hand in recovery.¹²⁵ Citing trauma theory, Hawkins states that recovery is “composed of three elements: establishment of safety (empowerment), remembrance and mourning (the “work of reconstruction”), and reconnection with ordinary life.”¹²⁶ For Hawkins, the act of “mythologization” in particular turns a traumatic event into a standardized, predictable narrative, and therefore also constitutes a significant strategy in the process of recovery.¹²⁷ Further, the process of narrativization, of which mythologization composes but one facet, is automatically accompanied by historicization, i.e., a relegating of the narrated events to the past. As such, narrativization provides a distance from the immediacy of traumatic experience¹²⁸: “To tell the story of one’s affliction becomes a way to distance it from oneself, to move beyond it,” Hawkins explains, “to repair its damages and return to the living community—in a word, to heal.”¹²⁹ Le Breton concurs: “La verbalisation de la souffrance a valeur de délivrance, elle brise le verrou retenant le sujet dans le ressassement du traumatisme.”¹³⁰

A fourth restorative role played by representing illness involves the performance of identity. Affirmative acts of representation reclaim both bodies and stories from the medical field,¹³¹ and actively respond to cultural discourses surrounding disease.¹³² As such, these are acts of devictimization,¹³³ which both “validate the experience of illness” and bear testimony to healthy society.¹³⁴ They

¹²⁴ Burns et al., *When Pain Strikes*, xv.

¹²⁵ The concept of the changing life plan is central to Brody’s understanding of the usefulness of storytelling in the process of healing.

¹²⁶ Hawkins, *Reconstructing Illness*, xix.

¹²⁷ Ibid.

¹²⁸ See Brody, *Stories of Sickness*, 14.

¹²⁹ Hawkins, *Reconstructing Illness*, xix.

¹³⁰ Le Breton, *Anthropologie de la Douleur*, 201: “To verbalise suffering relieves it, and breaks the lock that constricts the subject in the constant reworking of trauma,” free translation.

¹³¹ Couser, *Recovering Bodies*, 11.

¹³² Ibid., 44.

¹³³ Ibid., 291.

¹³⁴ Ibid., 293.

offer a means by which to personally “aestheticize pain,”¹³⁵ and assert the notion that identity is primarily constituted through autobiography.¹³⁶ In other words, as we have briefly seen through Butler’s performative discourse analyses in the Introduction, narration and representation actually perform the functions of telling/producing identity. From a sociological perspective as well, the act of telling the story of self is read as an equivalent to constructing and performing a life plan: conceiving and relating such stories effectively becomes their doing and “being.” For Hawkins, then, “the process of autobiographical recollection is part self-discovery and part self-creation.”¹³⁷ Thus, the representations of self that emerge from autopathography must to a certain extent be taken at face value.

The final function of illness representations, from the point of view of their production, involves their interpersonal dimension. While Butler sees the structure of address as intrinsic to any autobiographic communication, self-representations of illness can further be interpreted as calls for “empathic witnessing” from their readers, as advocated by Kleinman.¹³⁸ They also contribute to “restor[ing] connectedness”¹³⁹ between the sufferer and those surrounding him or her, and likewise effect symbolic reparation between the body, self, and society.¹⁴⁰ Nancy Mairs describes pathography as “hold[ing] hands with an imaginary reader in similar distress,”¹⁴¹ while Hawkins suggests that it “provides a kind of vicarious support group.”¹⁴² Couser characterizes it as a healing ritual, a sharing of bodily experience,¹⁴³ and Frank is convinced that it benefits others as much as it does the author.¹⁴⁴ When autopathographies include a popular educational function, such as many breast cancer narratives, they join the political

¹³⁵ Nancy Mairs, “Foreword” in Couser, *Recovering Bodies*, xi.

¹³⁶ Brody, *Stories of Sickness*, 41.

¹³⁷ Hawkins, *Reconstructing Illness*, 15.

¹³⁸ Kleinman, *The Illness Narratives*, 10. Kleinman’s book advocates for the “empathic witnessing” of illness narratives: “[empathic witnessing] is the existential commitment to be with the sick person and to facilitate his or her building of an illness narrative that will make sense of and give value to the experience” (54). Artistic production by chronically ill individuals could then be read as a call for much-needed empathic witnessing.

¹³⁹ Brody, *Stories of Sickness*, 30.

¹⁴⁰ Williams and Bendelow, *The Lived Body*, 163.

¹⁴¹ Mairs in Couser, *Recovering Bodies*, xi.

¹⁴² Hawkins, *Reconstructing Illness*, xi.

¹⁴³ Couser, *Recovering Bodies*, 293.

¹⁴⁴ Frank, *The Wounded Storyteller*, 17.

to the personal, thereby widening their outreach to society at large. Hawkins describes this as the “movement from catharsis to altruism” that characterizes autopathography, where “the need to *tell* others so often becomes the wish to *help* others.”¹⁴⁵ And while people who are suffering must be cared for, Frank similarly insists that, as storytellers, “they care for others.”¹⁴⁶

A number of recent performative practices have directly integrated the interpersonal facets of auto/pathography in their expressive structures: for example, in the collaborations of Bob Flanagan and Sheree Rose, and in the performances and images produced by Angela Ellsworth and Tina Takemoto of the Her/She Senses collective.¹⁴⁷ Interpersonal autopathographic performance also transpired in the making of the documentary film *Silverlake Life: The View from Here* (1993), directed by Tom Joslin and Peter Friedman, which features Joslin and his partner Mark Massi who each suffered from HIV/AIDS, and the testimonials of their surviving family and friends. In these works, as well as in those of Hannah Wilke and Jo Spence, the active participation of others in firsthand accounts of illness – others who are often healthy individuals – ensures that the auto/pathographic project will be realised even when its primary author(s) can no longer complete it. A widely disseminated literary auto/pathography by Jean-Dominique Bauby, who suffered from Locked-In syndrome, makes the pivotal role played by his collaborator clear: were it not for the patient assistance of his “translator,” Bauby’s account of his life and current state in *Le Scaphandre et le Papillon* simply could not have been communicated.¹⁴⁸ A recent screen adaptation of the book shows the arduous process of “writing” that took place in the exchanges between Bauby’s assistant, who repeatedly recited the alphabet,

¹⁴⁵ Hawkins, *Reconstructing Illness*, 25.

¹⁴⁶ Frank, *The Wounded Storyteller*, xii.

¹⁴⁷ For their collaborative projects in the *Imag(in)ed Malady* series, a healthy Takemoto collaborated with Ellsworth, who was diagnosed with Hodgkin’s disease. In her doctoral dissertation, Takemoto analysed her own auto/pathographic productions with Ellsworth, situating it against the related practices of Wilke, Spence, and Flanagan. See Tina Takemoto, “Traumatic Repetition: Mimicry, Melancholia, Performance” (PhD Diss., University of Rochester, 2001). Ellsworth’s solo works are discussed in Petra Kuppers’ *The Scar of Visibility*, in a section subtitled “The Public Dance of Cancer,” 66-73.

¹⁴⁸ Jean-Dominique Bauby, *Le Scaphandre et le Papillon* (Paris: Pocket, 1998).

and the winking of Bauby's left eyelid to indicate which letter he chose next.¹⁴⁹ Thus, in many of the examples cited above, interpersonal collaboration held a pragmatic function in the dissemination of auto/pathography.

As we will see throughout this study, interpersonal collaboration and dialogism are philosophically coherent with the basic premises of autopathography and autothanatography. The reader will often be reminded of the directionality of the autobiographic impulse on the one hand – that autobiography performatively affirms itself as the statement of an “I” only when it is directed to (and constituted by) a “you” –, and on the other, of the fundamental impossibility of attending to one's own death, which means that one can only approach mortality through that of the other. In certain cases, one's own experience of illness is better understood by examining interpersonal interactions with others who are either sick or healthy. Literary critic and theorist Eve Kosofsky Sedgwick has written two auto/pathographies along these lines. In “White Glasses,” she reflects upon her own self-perception after experiencing breast cancer via the mirror of her friend's Michael Lynch's experience of AIDS, and in *A Dialogue on Love*, she observes her perspectives on cancer and depression through her growing friendship and exchanges with her therapist.¹⁵⁰ One of the choreographies to be discussed in the last chapter, *Still/Here*, similarly functioned as an interpersonal auto/pathography. Participants in its creative process verbally and gesturally recounted their illness experiences to one another, while the movements of dancers in the finished work also refracted the choreographer's personal ties to illness.

The interpersonal dimension of autopathography fundamentally has to do with its efforts in experiential transmission. While the experience of disease, suffering, and stigma tends to cast the sick person out, the expression of a sick state seeks instead to reach back towards others. For Le Breton, “la douleur est un

¹⁴⁹ *Le Scaphandre et le Papillon*, dir. Julian Schnabel (2007).

¹⁵⁰ Eve Kosofsky Sedgwick, “White Glasses,” in *Tendencies* (Durham, NC: Duke University Press, 1993), 252-266, and *A Dialogue on Love* (Boston: Beacon Press, 1999).

échec radical du langage,”¹⁵¹ in that it is inherently unnameable, often unspeakable, and effectively incommunicable. Likewise, for Frank, “[p]ain that is inexpressible isolates us; to be mute is to be cast out from others.” However, he pursues, “[e]xpression implies the presence of others, and we begin again to share in humanity.”¹⁵² If there is but one common ground to humanity, it is the knowledge that we will all most likely suffer, and most certainly, die. In spite of these universal prospects, we have seen that the experience of pain needs to be translated for others, whether through images, metaphors or narrative.¹⁵³ Multiple voices are often required to transmit its incoherent facets, and to reach the sensibilities of those who are not presently in pain. In the next section, I examine how these multivocal calls can be understood by their receivers.

3.2. The Reception of Pathography as a Pharmakon:

Illness representations can be received on four intersecting levels that overlap with the general iconologies of illness representations described in section 2 above. They can be interpreted as documents of intimate experience, as manifest responses to stigma, as pretexts for vicarious catharsis, and as fundamental reminders of human mortality. The documentary function of illness representations straddles the uneasy boundary between witnessing and voyeurism, particularly when these representations take shape in visual rather than literary forms. Photographic pathographies above all, with their auras of scientific objectivity, offer a “visual point of reference for the medically ill body,”¹⁵⁴ subliminally tying these images to nineteenth-century documentations of the “abnormal.” Yet, the objective, documentary dimension of pathographic photographs is precisely what provides their presumed truth-value. They act as the “proof” that confirms the veracity of reported testimonies of illness

¹⁵¹ Le Breton, *Anthropologie de la Douleur*, 39: “pain is the radical failure of language,” free translation.

¹⁵² Frank, *At the Will of the Body*, 34.

¹⁵³ See Burns et al., “Introduction” in *When Pain Strikes*.

¹⁵⁴ Brophy, *Witnessing AIDS*, 156.

experiences.¹⁵⁵ Whilst potentially supplying this authentication, however, all pathographic representations necessarily fail to transmit the full sensory experience of pain or illness, which can only be broached by analogical approximation. In this way, just as the purported objective truth of pathographies is revealed to be a false one, so their supposed transmission of subjective experience is likewise shown to be but partial.

If the production of illness representations can perpetuate the stigma attributed to ill persons, then so can their reception. Rather than tap into viewers' empathy, representations of illness might instead "widen the ontological gap between self and other,"¹⁵⁶ since the depicted experience appears to be so very different from that of a healthy viewer. For Le Breton, "la douleur crée une distance en ce qu'elle immerge dans un univers inaccessible à tout autre."¹⁵⁷ Representations of pain cannot always bridge the gap to this inaccessible universe. Gilman's conclusions suggest that instead of eliciting empathy, such representations can on the contrary help to reassuringly contain death or disease within a distant image or book, neither of which necessarily needs to be gazed at or opened by a viewer or reader:

For the images themselves become the space in which the anxieties are controlled. Their finitude, their boundedness, their inherent limitation provide a distance analogous to the distance the observer desires from the 'reality' of the illness portrayed. For here we can 'see' and 'sense' the abyss between the 'healthy' and the 'ill.'¹⁵⁸

Davila has likewise suggested that contemporary illness representations have the potential to function like the ancient propylaia described earlier, raised at the doors of a city in order to fight against the plague.¹⁵⁹ In this light, from the perspective of a healthy spectator at least, pathographic representations can unwittingly act as apotropaic talismans that ward off the threat of disease – and in

¹⁵⁵ Brophy refers to a photographic portrait of Eric Michaels in his autopathography, *Unbecoming*, which effectively establishes the visual "authenticity of Michaels's [written] testimony." *Witnessing AIDS*, 155.

¹⁵⁶ Sawchuk, in Burns et al., *When Pain Strikes*, 110.

¹⁵⁷ Le Breton, *Anthropologie de la Douleur*, 39: "pain creates distance, in that it submerges you into a universe inaccessible to anyone else," free translation.

¹⁵⁸ See Gilman, *Picturing Health and Illness*, 34.

¹⁵⁹ Davila, "Esthétique et Clinique," 51. Davila refers to these propylaia as examples of "acting forms."

so doing, maintain its stigmatic status – by protectively distinguishing, as propylaia once did, the spaces of immunity from those of disease.

When they are not regarded as apotropaic talismans, however, illness representations can instead be perceived as stimulants for catharsis, by invoking pity and fear,¹⁶⁰ attraction and repulsion,¹⁶¹ disgust and compassion, or “fascination, horror, and pity.”¹⁶² Judging by these responses, we are not far from the classical effects of Aristotle’s *eleos* and *phobos*.¹⁶³ Following his logic with regards to Tragedy, we might conclude that there are also therapeutic effects to be gained from witnessing traumatic experiences in pathographic works,¹⁶⁴ and that these effects are transmitted through vicarious catharsis at the sight of other people’s suffering. At the very least, Brophy suggests that pathography aggressively “refuses to allow us to evade confronting our fears,”¹⁶⁵ so that if a cathartic purgation does not follow our “empathic witnessing,” as Kleinman would have it, then at least our presumed denial of mortality or suffering is disturbed.

Danou adds another level of significance to the push-pull sensation that is felt when receiving images of the ill body. For him, the ill body is in and of itself already spectacular, much in the same way as the disabled body is perceived as “naturally” theatrical. As an anomaly, an entity that necessarily stands apart by its contained location in the hospital, or by the signs of illness that surround it (wigs, I.V. tubes, catheters, etc.), the ill body marks itself as *in representation*: in other words, as intrinsically performative in everyday life. The diseased body thus carries a *de facto* scenography, one that apparently does not provoke a detached response from onlookers: “Le spectacle du corps malade dévoile la mise en scène du dégoût. Ce spectacle fait ‘travailler,’ il remue du refoulé, du caché, du *secret*

¹⁶⁰ Burns et al., *When Pain Strikes*, xiv.

¹⁶¹ Danou, *Le Corps Souffrant*, 14.

¹⁶² Brophy, *Witnessing AIDS*, 159.

¹⁶³ Translated from the *Poetics* as pity, mercy, or compassion (*eleos*), and fear (*phobos*). These are the emotions Aristotle considers to be the most representative responses to Tragedy. They are ideally followed by catharsis. Aristotle, *Poetics*, Section I, Part VI.

¹⁶⁴ Couser, *Recovering Bodies*, 40.

¹⁶⁵ Brophy, *Witnessing AIDS*, 161.

en nous: de l'excrémentiel."¹⁶⁶ Yet, while the spectacle of the ill body stimulates a veritable parade of inner abjection – the dimension of fear – it can also realign the viewer to this body's humanity, and its resemblance to the witness's own corporeality and concomitant subjectivity – the dimension of compassion or empathic identification. No longer foreign, animal, or excessively material, the sick body can in this way be recognized as *also* human. The vicarious, cathartic dimension of receiving illness representations involves such a movement towards and away from the ill body. In its best invocations, it is followed by a broader movement away from generalized stigma, and towards a respect for individual experience.

Such mitigated movements in the reception of illness representations can ultimately be attributed to their actions as reminders of human finitude. To the claim that illness representations might keep death at bay, Danou would likely retort with these words: "Comme si la mort de l'autre mettait à l'abri de la sienne propre. Alors qu'en fait toute mort de l'autre est une avant-première de la sienne."¹⁶⁷ In the same way, just as religious objects have been qualified as "acting forms" in representation, so too are images of death. Brophy describes her response to Eric Michaels' sarcoma-laden photograph in his autopathography, *Unbecoming*: "each one of us, in looking at him, looks, in fact, at ourselves, at a projection of our own fears and desires."¹⁶⁸ Through such pathographic images, the *vanitas* mirror is immediately held up to the fragility of our existence between life and death, jostling us into reconsidering the secure distinctions we maintain between states of illness and health. The mirror of representation also confronts us to the reality of its author, in an effort to determine whether or not she or he is still alive in the moment when we witness their pathographic representation. How to describe the ensuing contrast between the reception of an image imbued with visceral presence and the knowledge of its creator's absence? To simply claim

¹⁶⁶ Danou, *Le Corps Souffrant*, 98: "the spectacle of the ill body unveils the staging of disgust. This spectacle torments us, it stirs up what is repressed, hidden, *secret* within us: the excremental," free translation.

¹⁶⁷ Ibid., 185: "As if someone else's death protected us from our own. When in fact every other death is a preview of our own," free translation.

¹⁶⁸ Brophy, *Witnessing AIDS*, 166.

that the dead live on through their work does not suffice. Following upon Derrida and Danou, the witnessing and recognition of another person's death via a pathographic work becomes an avenue for apprehending our own mortality. As we saw, for Derrida, the death of the other is also *my* death, and for Danou, it is at the very least a foreshadowing of my own. The simultaneous cohabitation of presence/absence and life/death, transmitted in the pathographic image, becomes refracted in our own recognition of the contiguous presence/absence and life/death intrinsic to our beings. By depicting the "kingdom of the sick,"¹⁶⁹ that ambiguous territory between the living, dying, and dead, representations of illness thus have the potential to reach the metaphysical sensibilities of their viewers. The great hesitance we display in the West in approaching mortality today helps to explain the general insecurity with which these images are often met.¹⁷⁰

4. The Pathographic Pharmakon and Beyond:

There is no doubt that pathographic images of all sorts have been invested with a noted "acting power" for centuries, making them effective for use in both secular and religious, as well as private and communal rituals. Acknowledging their acting power also helps to explain these images' efficacy in establishing and maintaining social conventions pertaining to the taboo status of ill health. My intent here is not to discredit this power, which has been corroborated and abundantly described by anthropologists, sociologists, and visual culture theorists alike. Rather, my purpose is to extend the discussion of images of illness beyond their potentially dangerous or restorative power – the hideous or spectacular potential we tend to see in them – in order to treat them more fundamentally as expressions that are punctually transmitted from one human being to another; expressions that seek more precisely to aesthetically and politically negotiate –

¹⁶⁹ Sontag, *Illness as Metaphor*, 3.

¹⁷⁰ Anthropologists like Bernard Arcand consider mortality to be the last taboo in the West nowadays, surpassing even the erstwhile notoriety of sex. Jean Baudrillard makes a similar comment: "le sexe est légal," he writes, "seule la mort est pornographique." Jean Baudrillard, *L'Échange symbolique et la mort* (Paris: Gallimard, [1976] 2005) 279. "Sex is legal, only death is pornographic" free translation. See also Bernard Arcand, "Entrevue (propos recueillis par B. Trudelle)," *Revue Notre-Dame* (March 2006): 16-26.

though not necessarily to “heal” – a particular state of embodiment and being that is brought on by the experience of illness.

In the previous section, the pragmatic functions of pathographic representations were briefly described from the perspectives of both their producers and their receivers. The conclusions listed above, gleaned from cultural illness studies at large, are summarized in the following table:

| CONVENTIONAL FUNCTIONS OF THE PATHOGRAPHIC PHARMAKON | |
|---|--|
| <u>Angle of Production</u> | <u>Angle of Reception</u> |
| <ul style="list-style-type: none"> • Militant act of situated visibility | <ul style="list-style-type: none"> • Documentary “proof” / truth-value of testimony |
| <ul style="list-style-type: none"> • Transformation of trauma into meaning | <ul style="list-style-type: none"> • Widening of ontological gap between illness sufferer and healthy witness |
| <ul style="list-style-type: none"> • Catharsis and recovery | <ul style="list-style-type: none"> • Vicarious catharsis (through pity and fear) |
| <ul style="list-style-type: none"> • Performance of identity | <ul style="list-style-type: none"> • Sick body as implicitly performative |
| <ul style="list-style-type: none"> • Relational outreach towards others | <ul style="list-style-type: none"> • Relational <i>memento mori</i>: death of the other = “my” death |

Table 1. *Conventional Functions of the Pathographic Pharmakon*

None of the conclusions listed in Table 1 should be regarded as exclusive, nor independent from any other pragmatic effects tied to the representation of illness. Instead, they all most likely overlap with each other to a greater or lesser degree, depending upon the contexts of production and reception of a given pathographic work. What’s more, this list by no means consists in an exhaustive inventory of all the restorative functions tied to representing illness, but summarizes the most conventional conclusions made by scholars in fields relating to the medical humanities.

4.1. Beyond Therapy: Manifesting *Dis-ease*:

While all of the functions listed in the table above certainly have merit, I find it limiting to conceive of pathography as necessarily participating in a codified healing process. And while the promise of a pathographic pharmakon is both convincing and uplifting, it is also a decidedly optimistic take on the experience of living with illness – one which I would not presume to be a universal response. Further, in almost all of the (primarily literary) analyses of pathography conducted, the notion of “healing” is equated with a recovery from trauma, thereby implying that the experience of illness, and perhaps even its witnessing, are necessarily traumatic. In my eyes, such a perspective discloses a culturally-specific bias towards experiences of disease and adversity. Indeed, not all cultures or faiths consider illness and suffering to be exceptional or even unexpected conditions of life.¹⁷¹

Analyses of pathography generally refer to forms of healing that seem to follow specific patterns, such as the three phases of trauma recovery described earlier by Hawkins. But what of the “angry pathographies” that Hawkins also lists in her study, or the visceral rage that can be sensed in David Wojnarowicz’s autopathographic account, *Close to the Knives*, to name but one? Must they, too, be resolved into predictable patterns of self-mourning, e.g., “Phase Two: Anger,” according to Elisabeth Kübler-Ross, to be followed by “Bargaining,”

¹⁷¹ While this study limits its scope to Western attitudes towards illness and representation, the assumption that illness is intrinsically “bad” does not necessarily reflect the beliefs of all westerners. For example, the primary tenet of Buddhism, a religion increasingly practiced in the West, is the notion that “life is suffering,” and that all living creatures aspire to “the cessation of suffering.” From a Buddhist perspective, then, significant personal challenges such as physical illness are not interpreted as intrinsically negative, but are rather seen to be basic, inevitable, facts of life. However, such events can be transformed into positive opportunities if they enable the individual to become more compassionate or humble, for instance. This Buddhist perspective illustrates the extent to which cultural presumptions infiltrate our attitudes not only towards disease, but also towards the catchall conception of healing as a return to the “silence of the organs,” with the concomitant silencing of the potentially productive ethical and metaphysical questionings that encounters with illness might raise. As a counter-example to this tendency, the motivation behind Arthur W. Frank’s writing of *At the Will of the Body* was to “remain with illness a little longer,” even after its physical effects had gone, in order to benefit further from its possible teachings. Frank, *At the Will of the Body*, 1.

“Depression” and “Acceptance”?¹⁷² Is there a space for interpreting autopathography beyond the scope of “authorized” healing, or does this determine *a priori* the only possible valid meaning for the self-representation of illness? If such, indeed, is the case, how then should we interpret the work of artists who experience terminal or chronic illnesses, and for whom healing is in fact not an option, but continued life with illness, is?

While sociology has benefited from the harmonisation of human behaviours into typical response patterns, many individual aesthetic responses to illness fail to conform to such linear paradigms. Some individuals refuse to succumb to the social pressure for a clear behavioural resolution to living with disease when a cure is not available. They oppose what amounts to the silencing of their suffering body for the purported comfort of the rest of the population.

In his masochistic embrace of the pain caused by Cystic Fibrosis, Bob Flanagan’s work offers a potent counter-example to normative pain management. Unlike the “good patient” identified by sociologists, Flanagan did not suppress his quotidian suffering by integrating it into a conventional script whereby it was either appeased or forgotten. Instead, Flanagan exploded his pain to such an extent that it almost took on the very meaning of his continuing life. As someone suffering from CF, Flanagan “should have died” years before he did in 1996, according to statistics.¹⁷³ CF is a hereditary disease, characterized amongst other things by the accumulation of mucus in airways, which makes it difficult to breathe, and sometimes leads to lung failure. In order to prevent this outcome, the mucus must be periodically broken up through hard hits on the patient’s back. Strangely, then, with Flanagan’s disease, some forms of pain – hard hits on the back – offered a pragmatic solution to his suffering. Rather than subdue his experience of suffering, as one conventionally expects of a “good patient,” the experience of pain came to transmit the symbolic sting of being alive. It served as

¹⁷² Elisabeth Kübler-Ross, *On Death and Dying* (New York: Touchstone, [1969] 1997).

¹⁷³ The majority of people who have CF die in their teens or early twenties. Flanagan lived until the age of 44. In his installation “Video Coffin,” which was included in the exhibition *Visiting Hours*, the following statement is written: “I was promised an early death, but here I am, some forty years later, still waiting...” <http://www.shereerose.com/see_video/see_video_coffin.html> Last accessed January 25, 2007.

a corporeal reminder that Flanagan was still living in his body, and also offered a paradoxical remedy for the discomforts caused by his illness. Flanagan is reported to have stated, “I have learned to fight sickness with sickness,” and likewise, pain with pain.¹⁷⁴ From a young age, his self-infliction of pain “helped him cope with the chronic pain of CF.”¹⁷⁵ The contradictions intrinsic to Flanagan’s experiences of pain were transferred into his literary and artistic practices. They were poignantly evoked in a performative installation entitled *Visiting Hours* (fig. 1.1), made with his professional collaborator and life-partner, Sheree Rose, and presented in the United States from 1992 to 1995.¹⁷⁶

Visiting Hours was staged in a children’s hospital room, which was reproduced in three different museum environments. As part of the installation, visitors could observe a number of seemingly independent works: an x-ray of Flanagan’s chest in which his nipple rings are apparent, a sculptural piece consisting in an anatomical doll replete with bodily fluids, a wall made up of children’s woodblocks inscribed with alternating sequences of the acronyms SM and CF, as well as video and photographic pieces featuring the sadomasochistic imagery for which Flanagan was also renown. In the live component of the installation, Flanagan received and interacted with museumgoers as if they were visitors to his hospital sickbed. At various intervals, his body, lying on the bed, was hoisted upside-down from his ankles, in what amounted to a reverse and premature ascension.¹⁷⁷ Flanagan was left suspended, naked, hovering upside-down in the air above the hospital room installation. During this ordeal, Flanagan’s face reddened with the rush of blood as he became short of breath. Rather than contain his suffering in this performative installation, it was fully

¹⁷⁴ Bob Flanagan, quoted in C. Carr, “On Edge: The Pain Artist,” *The Village Voice* (November 12-18, 1997) <<http://www.villagevoice.com/news/9746,carr,478,4.html>> Last accessed January 24, 2007. Flanagan was also notorious for his masochistic sexual practices, which he frequently referred to in his literary and artistic work.

¹⁷⁵ C. Carr, “On Edge...”

¹⁷⁶ *Visiting Hours* was presented at the Santa Monica Museum of Art (December 1992), the New Museum in New York City (September – December 1994) and the School of the Museum of Fine Arts, Boston (February 1995).

¹⁷⁷ A video document of that moment is entitled *Ascension*.

<http://www.shereerose.com/see_video/see_video_ascension.html> Last accessed January 25, 2007.

exposed to viewers through Flanagan's adoption of a masochistic ritual. Flanagan displayed his "real" pain for viewers and performed it at the same time, turning both his pain and himself into deliberately manipulated symbolic objects.¹⁷⁸ Flanagan's suffering experience was made visible through a symbolic bodily action, which took place in a body that was both "victim" of pain and "author" of its representation. Through the authority he displayed in his corporeal reversal not only of space, but also of expectations, Flanagan evoked the experience of pain as the "making and unmaking of the world" on multiple levels, to borrow Elaine Scarry's description.¹⁷⁹

To a certain extent, *Visiting Hours* expresses a resistance to the conventional presumption that the experience of suffering must be harmonized or pacified – not to say sublimated – for the comfort of the sufferer and those around him, who most likely also suffer at the sight of his anguish. Flanagan's action thus makes us question who is best served by the implicitly prescribed sublimation or transformation of pain. As he explains in one entry from his *Pain Journal*, "[w]hen my mother calls and tells me I sound like I'm getting better I tell her no, not really, not yet. I'm almost rude to her about it. No, I'm not. I'm not better. I'm not ready to be better, so stop making me better already."¹⁸⁰ Like this exchange with his mother, Flanagan's work confronts us to what we would rather not see: that his illness is chronic, incurable, and terminal; that his pain cannot and will not go away; and that things will not be better in the end. In other words, his autopathography is structured as quite the opposite of the "comic plot" endings Couser identified in literary pathographies. Rose emphasizes this distinction by

¹⁷⁸ Sheree Rose describes these paradoxes as follows: "We're playing with the idea of what's real. People say, 'This is so *real*, this is really Bob,' but it isn't exactly. When people see Bob in the hospital bed, it's Bob Flanagan they're seeing, but it's also Bob Flanagan *playing* Bob Flanagan. And it's only the part of him that he's revealing at that moment, not the totality. When Bob goes up in the air, he goes motionless and quiet, and so does the room. He's a real person, but at the same time he's also this object hanging there, and playing with that concept makes people really uncomfortable." Sheree Rose, interviewed by Deborah Drier in "Rack Talk: Deborah Drier Interviews Bob Flanagan and Sheree Rose" *Artforum* 34, 8 (April 1996): 78-81 and 126, esp. 79, emphases in original.

¹⁷⁹ Scarry, *The Body in Pain*.

¹⁸⁰ Bob Flanagan, *Pain Journal* (January 1994), <<http://vv.arts.ucla.edu/terminals/flanagan/01jan.html>> Last accessed January 24, 2007.

explaining that “Americans like happy endings. That’s why they’re so upset about this unhappy, victim-type art. They don’t want to think about it.”¹⁸¹

Visiting Hours confronted viewers to their denials of illness, suffering, and mortality, by showing them that Flanagan, as a supposed “victim” of disease, refused to hide or to deny his experience in any way. On the contrary, he found a means by which to exalt it. Inspired by Flanagan’s distinct take on living with illness, rather than strictly conceive of autopathography in restorative terms – or at least, in restorative terms that follow a conventional script – I propose to read autopathographic works as emphatic manifestations of *dis-ease*,¹⁸² which refute the desire for a harmonious resolution (and eventual disappearance) of suffering. From this perspective, autopathographic works can constructively reclaim and disseminate the multi-layered experiences of *dis-ease* that are derived from living with illness. In so doing, they position themselves critically against the absence of non-medical illness representations on the one hand, and on the other, they help to discredit disease-related stigma and stereotypes.

As can be seen in Flanagan’s performance, autopathography can still be accompanied by some form of restorative transformation, even when this “healing” does not adhere to a conventional script: after all, pain is in part what seems to have made Flanagan feel better. With his example, it becomes clear that autopathography does not have to reach a restorative end through the sublimation or denial of the experience of suffering, nor through its omission from representation. Similarly, the performative process of self-representation does not have to lead to the resolution of the subject’s experience of suffering; instead, it

¹⁸¹ Rose in Drier, “Rack Talk,” 80. In using the term “victim art,” Rose is specifically referring to the notorious debate on that subject launched by dance critic Arlene Croce in her review of Bill T. Jones’ *Still/Here*. This debacle is discussed in detail in chapter 4.

¹⁸² I make reference here to Jo Spence and Tim Sheard’s collaborative series, *Narratives of Dis-Ease* (1990), in which the use of the term “dis-ease” also evokes reclaiming lived experience – what Spence calls “the beginning of a ‘subject language’” – with all its irresolvable complexities. Spence explains: “I am not suggesting that making these pictures has solved all my problems, nor do I want to create a new mythology, dwelling only in the active role, I still oscillate between going subject and object/victim, but am no longer ‘stuck’ and have begun to learn to live with my own totality.” The state of *dis-ease*, then, becomes a productive state of ambiguity, rather than a sentence on the subject. Jo Spence and Tim Sheard, “Narratives of Dis-Ease: Ritualised Procedures” in Jorge Robalta et al., *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism* (Barcelona: MACBA, 2005), 374.

can attest to the enduring trials that are embedded in the process of living *on*. This nuance is well worth underlining in determining the precise functions of autopathography and autothanatography. A distinction must be drawn between the expressive act of creativity and the transformative, restorative process that is thought to accompany it. Without such a distinction, any expression could be interpreted as having a therapeutic effect; such a broad definition of “therapeutic” is hardly useful, since it cannot be applied in a detailed analytical manner. Rather than reduce every autopathographic act to an implicitly goal-driven therapeutic process, therefore, I hold onto the generative ambiguity and productive irresolution that is evoked by the notion of *dis*-ease. The purpose of autopathography, in this light, is not strictly determined by the presumed imperative of healing; instead, it remains open to the possibility of lingering constructively in the manifestation of *dis*-ease.

4.2. Dialogical Ethics and the Reception of Autopathography:

From Response to Responsibility:

By giving value to the irresolvable aspects that remain in experiencing illness, the notion of *dis*-ease helps to better understand how autopathographic images can be received. In Table 1 above, I noted that the conventional readings of the functions of pathography see a “widening of the ontological gap” between the receiver of a pathographic work and its author. If we go back to Sliwinski’s interpretations, however, which were brought up in the Introduction, we can instead conclude that the viewer’s inability to respond to images of suffering is in fact inductive of an ethical opening.

It is conventionally understood that viewers of pathographic works are taken aback by the image’s radical otherness: its abjectness and fearsome qualities. Viewers therefore maintain a certain resistance towards the image, and as a result, the “ontological gap” between producer and receiver is thought to grow. Following Sliwinski’s logic, however, it is also possible for viewers to take notice of their initial adverse reactions to the pathographic image. When this is the

case, the second stage in receiving the pathographic work involves responding to the image *per se*, as well as to the viewer's own initial reaction. Viewers are thus placed in a position of negotiation both with themselves and with the image. In this way, too, they are confronted to a potentially productive state of *dis*-ease: a malaise vis-à-vis the image, which can produce a fertile discomfort within themselves.

In light of these considerations, the steps involved in receiving pathographic images can be broken down as follows¹⁸³:

- 1- Does the viewer acknowledge the image? In other words, does the viewer take the time to observe the image, to give it its fair credit as a communicative object?
- 2- Does the viewer "let the image in"? Is the viewer open to the image, and does s/he allow her- or himself to be affected by it?
- 3- a – Does the viewer "move towards" the image, metaphorically speaking, or does the viewer "turn his or her back" on it?
b – Or is the viewer still caught up in the negotiation that follows the second step, namely deciding whether or not to respond?
- 4- Finally, if the viewer moves toward the image, does the image elicit an empathic response?

With regards to the reception of photographs of atrocity and suffering, Sliwinski's argument suggests that even when a viewer is limited to the second step in receiving the image – which I describe as deciding whether or not to "let the image in" – the image already potentially effects an opening in the viewer. It is precisely at this point when the viewer must decide, either deliberately or intuitively, whether or not to respond to the image, and if so, how (step 3a, and eventually, step 4). Response, here, need not be equated with visible action, since we are only addressing the reception of an image, not "participation" in any outwardly recognizable way. Yet, in Sliwinski's words, images of suffering *demand a response*, even if this response only amounts to the viewer's recognition of his or her *inability to respond*.¹⁸⁴ In other words, non-response also amounts to a response to the image. Sliwinski's logic reveals that no matter what

¹⁸³ Note that I am not necessarily referring to a live image, whose reception is rendered more complex by multiple factors, as will be seen in chapter 4.

¹⁸⁴ Sliwinski, "A Painful Labour," 154.

the nature of the response to the image – whether it is active and positive, or on the contrary, whether the spectator chooses to look away – the fact remains that the photograph performatively “calls forth” upon the viewer to make a decision. This decision consists in some form of action upon what the image might come to mean; indeed, it determines whether or not the image may come to have any meaning whatsoever for the viewer.

Once past step 1 in the reception of the image, it is already too late for the viewer to claim that he or she has never seen it. In other words, as soon as the viewer grants the image its status as a communicative object – as something that must be looked at, read, or decoded in order to convey meaning – then the foundations for a response to the image are already laid. My argument, pertaining to the reception of pathographic works in particular, is that even when the work does not bring about a specifically empathic response, it nonetheless gives rise to a basic decision-making process. And it is in this basic decision-making process that we find the kernel of an ethical response towards the experiences of other human beings: to look, or not to look; to give credit to the experience of another, or to disregard it. Acknowledging the other’s existence is the first step in a relational ethics. If there can be no acknowledgment of the other, then there can be no ethical relation, let alone an ethical response.

In order to better describe the ethical nature of the response to autopathography, I draw upon findings from the field of dialogic philosophy and discourse ethics, as interpreted by Lisbeth Lipari. Inspired by the writings of Martin Buber and Emmanuel Levinas, Lipari puts forward a proposal for what she terms an “ethics of listening.” Drawing primarily on Buber’s notion of the “I-Thou” relationship, and Levinas’s descriptions of “saying” (*le dire*), Lipari details the connection between listening and responsibility.¹⁸⁵ Listening occurs through the “gifts of reception, attention, and presence to the other,” while responsibility involves a “concomitant renunciation of attempts to “control and master” the

¹⁸⁵ See in particular Martin Buber, *I and Thou*, trans. Walter Kaufman (New York: Scribner, 1970), and Emmanuel Levinas, *Autement qu’Être; ou, Au-delà de l’Essence* (La Haye: M. Nijhoff, 1974).

other.”¹⁸⁶ In order to construct her argument for an ethics of listening, which I will here align to an ethics of reception, Lipari summarizes the primary “contributions of dialogic philosophy to communication ethics” in four points: “(a) acknowledging of radical alterity, (b) decentering egoistic subjectivity, (c) privileging the ethical obligation, and (d) emphasizing the constitutive over the symbolic dimensions of communication.”¹⁸⁷ I will review these points according to the theories of reception evoked in response to autopathographic representations.

With regards to the question of alterity, it is primordial for both Buber and Levinas that we fully acknowledge the other’s *radical* otherness. As Lipari explains, this acknowledgment also entails that we should never “impose our meaning and understanding upon the other, never [...] attempt to absorb, assimilate, or appropriate the other into ourselves.”¹⁸⁸ Referring back to Jones’ article,¹⁸⁹ it could be argued that such indeed is the goal of certain women artists’ self-representations: by accentuating theatricality in their self-portraits, these artists seek to avoid being reduced to their images. They challenge presumptions that the image (or the artist/sitter represented in it) might ever be fully “grasped” by a viewer. The notion of radical alterity, however, problematizes the belief that the pathographic image might invite an empathic response. Recognizing radical otherness limits the extent to which we can responsibly relate our experiences to those of the depicted other. If, in our empathy towards the depicted subject, we presume to fully understand their experience, then we are in fact not likely to be doing them full justice. For Buber, Levinas and Lipari, the other’s experience always exceeds that which can be grasped from an external perspective – this is one aspect of the “failure” of representation presented in the Introduction. Likewise, to return to autopathography, the individual experience of disease is always in excess of its representation. It is thus an ethical imperative to recognize the other’s excess, and to realize that the grounds for empathising with the other

¹⁸⁶ Lisbeth Lipari “Listening to the Other: Ethical Implications of the Buber-Levinas Encounter,” *Communication Theory* 14, 2 (May 2004): 122-141, esp. 123.

¹⁸⁷ Ibid., 127-128.

¹⁸⁸ Ibid., 128.

¹⁸⁹ Jones, “The ‘Eternal Return’.”

will always be but partially understood. Nevertheless, this should not be taken as a reason to reject the possibility of empathy altogether; instead, this suggests that the empathic leap towards the other, perhaps like faith, remains at least partially blind.

Buber's and Levinas's approaches to understanding alterity also lead to a decentering of the traditionally autonomous and imperial subject. This is most evident through both philosophers' claims that "the self does not exist (for Buber as a "person" and for Levinas as a "free subjectivity") until encountered by the other."¹⁹⁰ For Levinas, the self "owes it basic existence to the call of the other,"¹⁹¹ while for Buber, "the person "becomes" by "saying Thou"."¹⁹² Radical alterity, then, for Levinas, has an ontological bearing upon the subject. For Buber, however, it suggests that the self emerges performatively in a movement towards the other. Both positions can be reconciled with Butler's assertion that the "I" is contingent upon a structure of address that necessitates a "you," and furthermore, that the "I" is in effect constituted by the existence of a "you." Yet it is clear that a direct substitution cannot be made between a person who makes an address and a work of art, which would act as the instantiation of such an address. Unless it is dedicated to someone, the work of art does not, of course, *address* a specific other *directly*; rather, it transmits the potentiality of such an address until it is met by a receiver. The case of autopathography, however, is particular, because it is tied to the autobiographical mode. As we have seen, following Butler, the autobiographical mode orients itself in a structure of address. So the autopathographic or autobiographic art object maintains the following paradox: it is structured in a form address, but only potentially reaches its receiver. It is therefore an open-ended address, hanging in mid-air – perhaps *saying* Thou, but not necessarily reaching a "you" – unless of course it is a performance, in which case it is directly met by spectators.

Yet the non-performative art object is not contingent upon a synchronic meeting between emitter (artist) and receiver (viewer). The work only potentially

¹⁹⁰ Lipari, "Listening to the Other," 128.

¹⁹¹ Ibid.

¹⁹² Ibid., 129.

allows for a deferred meeting, a meeting occurring on at least two time schemes, that of the producer and that of the receiver. Likewise, even when spectators are present at a performative event, there is no guarantee that they are actually *attending to* the performance, i.e., “letting the image in,” or what I described as step 2 in the process of reception. Given these many variations, is the analogy between dialogic and artistic practices properly founded? As for the recognition of alterity, can we really envisage that the autopathographic artist suspends his or her ego in producing a work of art, given that the autobiographic artwork also contributes to constructing his or her identity? Are we mistaken, then, in attributing the ethical dimension of autopathography to the side of its production? Might the potential “decentering” of the ego rather occur in pointed acts of reception? If so, can we understand certain viewers’ responses to autopathographic images as preceding a form of ethical listening? These questions, and many more, are raised by the practices examined in this study. The next paragraphs offer some preliminary insights with which to negotiate these unsettled questions.

Lipari describes the third element of dialogic philosophy as an ethical obligation, which might be understood more precisely as the responsibility that accompanies the act of response. For both Buber and Levinas, it is clear that this responsibility is not abstract or theoretical in nature; rather, it is eminently tied to the *presence* of the other, and the meeting *between* the other and I. It is clear, in this light, that the artwork cannot logically be regarded as an *instance of ethical relation*, since it does not necessarily involve the synchronic presences of two people – and even when it does, a true “meeting” cannot be guaranteed. However, as the locus of or for an intersubjective event, the artwork can be regarded as something of a relational *prosthesis*, one which also carries, in fact, an ethical potentiality.

Lipari describes Buber’s notion of the intersubjective encounter as follows: “[o]ne does not surrender to the other, rather *one surrenders to the presence of the intersubjective*, a space wherein the self submits to epiphenomenal *emergence of the between* – the space created by two others engaged in a dialogic

I-Thou encounter.”¹⁹³ Is it fair, in this light, to read the artwork as a space for such dialogic encounter, or in other words, as a space suspended precisely *between*? In this case, even when two subjects are not co-present at the same time, the artwork, as a space of the intersubjective, might continue to invite a certain surrendering on behalf of those who receive it. Such a surrendering, in fact, is a pre-requisite to reception: an opening towards the work, even before “letting the work in.” Although the artwork might fail at providing a space for immediate relation, it nonetheless evokes, or at least indexically stands for, a space of intersubjectivity. Thus, in its definition of a space for intersubjective relation, we find that the autopathographic artwork can set the stage for an encounter that is also ethical in nature. While this encounter is seldom clearly articulated in the everyday contacts between artworks and receivers, this study can be regarded as my own interpretive analysis of interpersonal encounters with autopathographic works.

The final point raised by Lipari is the fact that regardless of content, and indeed, even before content, communication involves a process of opening towards the other – a process that also resembles reception. For Buber, this communicative opening is described as “presence,” and for Levinas, as “saying.”¹⁹⁴ In both cases, the performative process of communication takes precedence over its content: the emphasis is “not on the content of signification per se, but on the exposure of opening to the other.”¹⁹⁵ Here again, an analogy can be drawn with the performativity of the art object: its standing for intersubjectivity, and for an “exposure [or opportunity] of opening to the other,” regardless of its exact content. In the particular case of autopathography, however, I argue that the thematic content in fact further reinforces the performative power of the object. We have seen the extent to which representations tied to illness continue to hold the power of acting forms. The present insights from dialogical philosophy help to further identify the nature of this acting power. This power is not strictly “therapeutic,” but is also tied to the constitutive dialogic dimension that is intrinsic to autobiography and self-representation: the fact that the structure

¹⁹³ Ibid., 130, emphasis added.

¹⁹⁴ Ibid., 131.

¹⁹⁵ Ibid.

of address, the performative mode of address, also instantiates the “I.” This instantiating power is made all the more potent by the autopathographic image’s pathographic content, and the talismanic, shamanic, transformative or therapeutic effects that this subject matter entails. The next chapters provide the case studies to anchor these claims.

CHAPTER 2

Giving Pathos Form: Hannah Wilke's Autopathographic Pose¹

An analysis of contemporary autopathographies cannot be undertaken without a parallel investigation into the historical conventions by which pathos, a motif that has dominated the disciplines of Western art since Antiquity, is represented. Although Hannah Wilke made her professional career in New York City during the second half of the twentieth century, many of her works refer to canonical representations of pathos-imbued figures in the history of art. Wilke's performances and photographs in particular cite conventions in the representation of religious figures; they also routinely explore the persistence of what art historian Aby Warburg has termed "pathos formulas." Although to date, Warburg's theories have never been applied to analyses of performances or objects produced by Wilke, his findings are particularly relevant to the sustained attention that has been given to posing in Wilke's work.

Amelia Jones' critical analyses of Wilke's oeuvre have had an authoritative impact on the reception of the artist's production.² Drawing on Craig Owens' interpretations of works by the artist Barbara Kruger, Jones identified Wilke's use of the "rhetoric of the pose"³ in her performances, videos, and photographs. Subsequent analyses of posing in Wilke's work are often presented in tandem with a discussion on narcissism,⁴ a characteristic readily attributed to

¹ My early research on Wilke's autopathography was published in "Exposed Wounds: The Photographic Autopathographies of Hannah Wilke and Jo Spence," *RACAR* 33, 1-2 (2008): 87-101.

² See in particular Amelia Jones, "The Rhetoric of the Pose: Hannah Wilke and the Radical Narcissism of Feminist Body Art," in *Body Art: Performing the Subject* (Minneapolis: University of Minnesota Press, 1998), 151-195; Amelia Jones, "Everybody Dies...Even the Gorgeous: Resurrecting the Work of Hannah Wilke" <<http://www.markszine.com/401/ajind.htm>> Last accessed 21 November 2006; Amelia Jones, "Intra-Venus and Hannah Wilke's Feminist Narcissism," in Hannah Wilke, *Intra-Venus* (New York: Ronald Feldman Fine Arts, 1995), 4 – 13.

³ Term used by Craig Owens in "The Medusa Effect, or, the Spectacular Ruse," in Owens, *Beyond Recognition: Representation, Power, and Culture*, eds. Scott Bryson, Barbara Kruger et al. (Berkeley: University of California Press, 1992), 191 – 200. Jones applies Owens' analysis to the work of Wilke in "The Rhetoric of the Pose."

⁴ See A. Jones, "The Rhetoric of the Pose" and "Intra-Venus and Hannah Wilke's Feminist Narcissism," as well as Jo Anna Isaak, "In Praise of Primary Narcissism: The Last Laughs of Jo

the artist due to her penchant for self-representation. That her performances and images should be read as narcissistic is also tributary of the fact that Wilke was regarded as a very attractive woman. Wilke's beauty, ubiquitously deployed in her performances and photographic works, led some of her contemporaries to challenge her intentions: her self-declared feminist motivations could difficultly be distinguished from the narcissistic satisfaction engendered by her self-displays.

Throughout her career, Wilke managed to combine the personal gains of a self-reflective art practice with the public allure of her intimate exposures. In the 1970s, she posed nude in her works, attempting to both critically parody and cunningly exploit the image of her model-like beauty. In the early 1980s, she took abundant photographs of her ailing mother. The many hours spent lovingly caring for her parent were reinvested into a validating output for the artist, who displayed these pictures in solo exhibitions. In the early 1990s, while suffering from lymphatic cancer, Wilke had herself photographed in the hospital in order to capture her now "grotesque" body, and renew it once more into an artistic statement of self-affirmation.

Contrary to many of her critics, who reassessed Wilke's early works after seeing her posthumously exhibited autopathographic pieces, the purpose of this chapter is not to make an apology of Wilke's practice, re-read through the redemptive lens of her documented experience of illness.⁵ Rather, the aim is to identify both the structural modalities as well as the ideological stakes at play in Wilke's representations of pathos – more specifically, of pathos invoked by emotional and physiological pain, as well as by physical illness. In examining a range of works that preceded Wilke's illness, then documented her mother's

Spence and Hannah Wilke," in *InterFaces: Visualizing and Performing Women's Lives*, eds. Sidonie Smith and Julia Watson (Ann Arbor, Michigan: The University of Michigan Press, 2003).

⁵ See the exhibition review by Carol Diehl, who states that *Intra-Venus* "cancels out the narcissism of [Wilke's] earlier work, imbuing it with more purpose than could be seen at the time," in "Hannah Wilke," *ARTnews* (April 1994): 164. Elyse Cheney similarly writes, "In the past Wilke was criticized for her narcissism and self-indulgence. 'Intra-Venus' should dispel such notions," in "Hannah Wilke: Intra-Venus," *Art Papers*, (July/August 1994): 60. Finally, David Humphrey explains that these "images have a retroactive effect on interpretations of her earlier body-performance photographs, functioning as an epilogue to what is now starting to acquire an almost narrative structure." David Humphrey, "New York Fax," *Art Issues* 33 (May-June 1994): 32-33, esp. 33.

cancer, followed by her own, this chapter investigates the aesthetic, rhetorical, and stylistic devices by which the artist managed to figure pathos, or in other words, to give pathos form.

No matter how deplorable or debilitating a sickness, the stakes at play in the self-representation of its experience invariably include a modicum of sensationalism, voyeuristic appeal, or what I have earlier termed “narcissistic exhibitionism.” Even before she explicitly treated any pathographic subject matter, Wilke’s production already invoked a push-pull between attentive self-exploration and vain self-display. Given the strong penchant for private life sensationalism and public confessionals nowadays, and the favourable influence they have had on the receptivity towards autopathographic productions in general, it is particularly apt to begin an investigation of contemporary autopathographies with Wilke’s disclosure-driven work.

Whether the images produced are touching or troubling, or even both at once, it is the alluring promise of dramatic self-exposure that draws viewers in to pathographic pictures. By exploiting the voyeuristic appeal of pathographic subject matter, artists like Wilke encourage spectators to willingly confront themselves to a stranger’s experience of sickness. In other words, a certain attraction to the stranger’s singular pain makes the onlooker hospitable to its witnessing. In this light, the act of rendering disease or pain “seductive” through (auto)pathography is part and parcel of a more provocative agenda that seeks to make illness present on the scene of cultural representation, and by extension, of political inquiry.

The chapter is divided along two poles of thematic investigation into Wilke’s works. The first has to do with the exhibition of wounds, in a variation on the Christian motif of *ostentatio vulneris*, redeployed in the twentieth century through forms as diverse as Beuys’s process-based performances and installations (e.g., *Show Your Wound*, 1974-75), to the pop media culture of televised confessionals. In Wilke’s practice, the exhibition of wounds is intimately tied to her use of the pose as a stylistic, rhetorical, and critical device. On a formal level, Wilke’s adoption of a wounded motif can be traced to her early works on beauty

and femininity in the 1970s. It persists in her treatments of the subject of illness, as experienced by both her mother and herself, in the 1980s and early 1990s.

Wilke adopted the wound as a symptomatic symbol that points to the presence of suffering – it does not express pain directly. Her particular use of the wound as a representational device for communicating various kinds of pains are examined here in light of Warburg's analyses of pathos formulas (*Pathosformeln*). Warburg's life-project was the study of recurrent formal conventions in Western representations of pathos since Antiquity. Although Warburg's theories were developed in the early twentieth century, and his discussions of *Pathosformeln* were never published in an exhaustive manner, there is still no other comparable methodological tool within the discipline of art history that is explicitly dedicated to the analysis of pathos figures.⁶ As one of the purposes of this chapter is to circumscribe the rhetorical structures at play within Wilke's performative imaging of pathos, it is especially fitting to adopt Warburg's analytical method. On the one hand, Wilke's images often quote from the history of art; on the other, Warburg's methodology was not exclusively devoted to a given art historical period, but rather sought to reveal recurring structural patterns in the form and rhetoric of pathos-images. As such, it is not contrary to Warburg's project to apply his analyses to contemporary incarnations of pathos formulas. And conversely, Warburg's understanding of pathos formulas brings further insight into Wilke's citations from the art historical canon, a practice which constitutes another form – albeit less frequently examined – of performative posing in her work.

The second pole of thematic investigation in this chapter stems from the adage "*pathei mathos*," or wisdom coming out of suffering. In a video performance of *So Help Me Hannah* (1982), Wilke quotes the following passage by Henry Miller: "Perhaps in opening the wound, my wound, I closed other people's wounds. Something dies, something blossoms. To suffer in ignorance is

⁶ Of particular interest in Warburg's project is the fact that the forms of pathos-images are analyzed independently of the subject matter represented. My understanding of Warburg's unpublished study of pathos formulas is primarily founded upon Georges Didi-Huberman's analysis in *L'Image Survivante: Histoire de l'Art et Temps des Fantômes selon Aby Warburg* (Paris: Minuit, 2002).

horrible. To suffer deliberately in order to understand the nature of suffering and abolish it is quite another matter.”⁷ This citation suggests that for Wilke, the aesthetic treatment of suffering serves an enlightening purpose. The artist personally profits by addressing her illness in the creative process, but also enables others to benefit from the teachings of her suffering by exhibiting her pathographic work.⁸

The notion that suffering can teach (*mathos*) is not unrelated to the redemptive faith that is placed in the pathographic pharmakon, as seen in the previous chapter. Wilke’s works present an unexpected confluence between the hosting and display of symbolic wounds (*ostentatio vulneris*) on the one hand, and the project of deriving wisdom out of suffering (*pathei mathos*) on the other. These streams, along with the transformative power of pathography as a pharmakon, come together in the artist’s particular elaboration of (auto)pathographic posing: whether it be in posing while wearing the symbolic wounds of socio-political identity markers, as will be seen in her *S.O.S.* works; in posing while metaphorically adopting her mother’s post-mastectomy wounds; or in repeating familiar poses towards the end of her life, when she was visibly marked by illness.

Throughout these experiences, Wilke’s body remained a performative host: it self-reflexively staged its suffering by displaying its real and symbolic wounds, and by adopting archetypal and stereotypical poses. The key particularity to Wilke’s work is that she figured her pathos in both a direct and theatrical manner. With the artifice of the pose, she continuously highlighted the irresolvable duality between reality and representation, between experience that is at once lived and performed. Wilke’s pictures of suffering are therefore “authentic,” in that they stem from her firsthand experiences of pain, but they are

⁷ *So Help Me Hannah* (1982), video performance, 29 min, color, sound. Text reprinted in Thomas H. Kochheiser, ed., *Hannah Wilke: A Retrospective* (Columbia: University of Missouri Press, 1989), 154.

⁸ In a similar vein, Arthur W. Frank describes his experience of pain and illness as a “dangerous opportunity” from which to learn. This “dangerous opportunity” can be productively seized with autopathographic practice. Frank urges illness sufferers to communicate their experiences of sickness to others, so that they might also benefit from its potential teachings. Frank, *At the Will of the Body*, 1.

also explicitly staged: in this way, they bring to the fore the representational conventions by which Wilke gave form to her pathos.

1. Posing the Experience of Gender as Wounded:

Wilke's early feminist works addressed the specificity of her gendered experience. Whereas her sculptural works reclaimed the physicality of female forms as a source of celebratory pride, her performances addressed the construction of gender, rather than the biological properties of sex. Many of her sculptural series, reproduced regularly throughout her career, formally and thematically corresponded to trends in essentialist feminist art.⁹ Her euphemistically designated "flower pieces," for example, constructed with latex, resembled a blossoming of labial forms (e.g., *Venus Cushion*, 1972, and *Rosebud*, 1976).¹⁰ Her multiple "fortune-cookie" or "box" sculptures, made out of single folded clay disks in various colours, similarly evoked a pullulation of minimalist, vaginal forms (e.g., *159 One-Fold Gestural Sculptures*, 1973-74, as well as *Generation Process Series*, 1980-82).¹¹

In moving to the medium of performance, Wilke inhabited various poses, now treating her own body as the matter to be manipulated like a sculpture. In *Super-T-Art* (1974) (fig. 2.1), she embodied attitudes drawn from Christian iconography and classical imagery, progressing from an evocation of Mary Magdalene to a crucified Christ. Her performance consisted in presenting herself

⁹ It is of note that Wilke produced these sculptures before Judy Chicago developed her practice and theory of central core imagery. On Wilke's place in the history of feminist art, see Sandra Goldman, "Heresies and History: Hannah Wilke and the American Feminist Art Movement," in *Hannah Wilke: Exchange Values* (Vitoria-Gasteiz: Artium, Centro-Museo Vasco de Arte Contemporáneo, 2006), 159-162.

¹⁰ "Flower pieces" was a euphemism Wilke used in order to evade censorship, particularly at the art school where she taught at the time, where any explicit figuring of genitalia would have been deemed inappropriate. Wilke's account in *Oasis d'Neon Video Magazine Talks with Artist Hannah Wilke* (New York: Oasis d'Neon Video Magazine Production, March 21, 1985).

¹¹ "Fortune-cookie" and "box sculpture" are the terms Wilke employed in reference to her recurring use of the fold pattern as a sculptural building process. In her dissertation on Wilke, Sandra Goldman notes that Wilke's technique for building these sculptures was inspired by the baking of traditional Jewish *Hamentaschen*, triangular cookies made from folded circles of dough. Sandra Louise Goldman, "Too Good Lookin' To Be Smart: Beauty, Performance, and the Art of Hannah Wilke," (PhD Diss., The University of Texas at Austin, 1999), 228.

– the artist / body – as a living sculpture on a pedestal, where she incarnated poses that were documented by a camera. She wore only high-heeled sandals and a white sheet, which she manipulated while moving through various gestural quotations. Wilke ended the sequence in a chiastic pose, the white sheet wrapped around her like a loincloth, leaving her bare-chested, arms outstretched with her elbows slightly bent, her head resting on her left shoulder: a crucified Christ turned female. In her incarnations of these various poses, Wilke simultaneously put forward many of the areas of critical investigation that would come to mark her career: the cult of the artist and of beauty, the exhibitionism/display of women, the figure of the martyr, and the arbitrary construction of value in a symbolic exchange economy.

Although Wilke used posing in her early performances as a means to state that the social construction of femininity was itself nothing more than a pose – a set of behaviours and attitudes one assumes – her performances were not necessarily given the credit of containing such a critical message. Being an attractive woman, Wilke could narcissistically benefit from her exposed self-displays and spectators' attentions. In 1976, Lucy Lippard famously accused Wilke of confusing “her roles as beautiful woman and artist, as flirt and feminist.”¹² Judging by Lippard's response, Wilke's posing must have been read as the flat reproduction, rather than informed critique, of pin-ups and other cult images. The implicit allegation behind Lippard's declaration was that Wilke merely flaunted her attributes in these performances, instead of reflecting upon the dynamics of spectatorship and self-display.

Confronted with the ambiguous response that her performances elicited, Wilke claims to have been “crucified for [her] looks.”¹³ Not just limiting her analyses of the stakes of female representation to the patriarchal bias in society, Wilke turned her critique against the feminists who discredited her practice. She

¹² Lucy Lippard, “The Pains and Pleasures of Rebirth: Women's Body Art” *Art In America* 64, 3 (May/June 1976): 75-76, reprinted in Lucy Lippard, *From the Center: Feminist Essays on Women's Art* (New York: E.P. Dutton, 1976), 126.

¹³ Wilke, cited in Kochheiser, ed., *Hannah Wilke: A Retrospective*, 52, and in Bonnie Frinberg, “Body Language: Hannah Wilke Interview,” *Cover* (September 1989), reprinted in Stefanie Kreuzer, ed. *Hannah Wilke 1940 – 1993* (Berlin: Neue Gesellschaft für Bildende Kunst, 2000), 143.

staged her protest in 1977 with a poster entitled *Marxism and Art: Beware of Fascist Feminism* (fig. 2.2), which featured a self-portrait photograph from her *S.O.S. Starification Object Series* (1974-82) (fig. 2.3). Bare-chested, but for an open shirt and broad tie hanging between her breasts, and the little gum sculptures that had already become signature wounds upon her body, Wilke coyly stared down her objectors like a pouty glamour queen. She would not stop performing feminist body art on her own terms, and those terms would beguilingly include seductive tactics.

Perhaps in order to temper the prejudicial effects of her beauty upon the reception of her image, Wilke affixed these symbolic wounds onto her body, artificially breaking its perfection. With the gum sculptures placed on her skin in *S.O.S. Starification Object Series*, she turned the negative wounds that are attributed to the “castrated” female body into visible, symbolic marks. Resembling miniscule vaginas, these sculptures were orally and haptically produced by chewing, stretching and then folding pieces of gum. Like her larger “box” and “flower” sculptures, her small gum sculptures also featured the use of central core imagery. Stuck onto Wilke’s body, they repeatedly marked it by the sign of her sex, thereby multiplying her body’s capacity to be read as wounded.

Wearing curlers in her hair, adorning her nails with gum instead of polish, and exposing her wound-riddled but beautiful chest to the camera in *S.O.S.*, Wilke toyed with popular assumptions about the “impotence” of a woman who plays the game of femininity, attempting to reverse them with the strength of her wit. She used the visual vocabulary of superficial culture, emulating the poses and glossy sheen of fashion magazines, but interrupted each of these figures with the tiny gum scars that peppered her body. As Owens has pointed out with regards to the work of Barbara Kruger, Wilke likewise adopted the pose as an embodiment of stereotype.¹⁴ She reproduced the pose in order to exploit its allure, but also to expose its insufficiencies: beneath the stereotype, there is always a wound, an excision – there is always the pain of being reduced to a projection that is less-

¹⁴ Craig Owens, “The Medusa Effect.”

than-human, less-than-individual. In *S.O.S.*, the wound beneath the pose was rendered explicit.

According to psychoanalytic theory, the female sex is fundamentally the site/sight of a primordial scar, one whose wound is both physiological (castration) and symbolic in nature (indicating the absence of a signifying Phallus). With the gum sculptures in *S.O.S.*, Wilke figured the female sex as a wound that repeatedly kept on wounding her. She was depicting her experience of feminine beauty in particular as a double-edge sword – on the one hand, her beauty brought her positive attention, but at the same time, it also “crucified” her. On a broader level, the *S.O.S.* series addressed the challenges that all women face in trying to live up to the social standards of feminine self-presentation, both in terms of appearance and behaviour. With the title of the work, Wilke played on the dialectical tension between “starification” – commodity culture’s glorification of popular media heroines, turning them into stars – and “scarification” – the invisible wounds that invariably emerge from belonging to a rigidly defined social group, e.g., “feminist” or “woman,” and the physical markers, particularly of sex and race, that situate individuals within society.¹⁵ In associating the status of becoming a star with that of bearing a scar, Wilke was also reflecting her own experience in the artworld, caught between sensationalism and marginalisation.

The ways in which the gum scars are affixed onto Wilke’s body in her photographic *S.O.S.* self-portraits recall the beautifying processes of scarification in certain African and Polynesian cultures, a ritual whose purpose serves to re-inscribe visible differences between the sexes.¹⁶ Reading the gum ornaments in tandem with Wilke’s seemingly playful posturing for the camera in a 1970s North-American context, they have been taken as the stigmata of women as

¹⁵ Wilke often made puns about “marks-ism” in her experience. She states: “Marx relates to the marks on my body,” and more specifically, the political identity markers of sex and race. Hannah Wilke, “My Art Has the Same Complexities as my Life,” in Kreuzer, ed. *Hannah Wilke 1940 – 1993*, 145. Elsewhere, Wilke ties the notion of being marked (“branded”) by Jewish identity. In the performance *Intercourse With...* (1977), she states: “To also remember that as a Jew, during the war, I would have been branded and buried had I not been born in America.” Transcript of the performance reprinted in Kochheiser, ed., *Hannah Wilke: A Retrospective*, 140.

¹⁶ Annette Kubitz, “Die Tyrannei der Venus,” in ed. Kreuzer, *Hannah Wilke 1940 – 1993*, 103-113, esp. 104.

“others” in a patriarchal society.¹⁷ *S.O.S.*, whose abbreviated title knowingly conveys a call for help, has furthermore been tied to a critique of commercial beautifying practices such as cosmetic surgery.¹⁸ All these readings of the gum pieces as the symbolisation of wounds come together to signify that the price of beauty and femininity is all too often pain, whether it is moral or physical, hidden or visible.

On a formal level, the *S.O.S.* gum pieces in their various incarnations (adorning her body, or independently framed) resemble Wilke’s clay fold or “box” sculptures on a smaller scale: each is the product of a simple folding construction.¹⁹ The color palette of the gum sculptures, which was surprisingly diverse thanks to the enterprise of the candy industry, provided noticeable variations within their serially repeated forms. Like Agnes Martin’s and Eva Hesse’s reworkings of the regular, “masculine,” minimalist grid, Wilke also injected minute differences in shape – the product of a singular chewing and folding event – into her infinitely reproduced gum sculptures, making each of them distinct bodies within a population of seemingly uniform, disposable objects. She enlisted others to participate in the masticating process, then touched, stretched, and folded their regurgitated pieces when they attained the right consistency. Once chewed, these gum pieces would normally have lost their consumptive purpose, a sugary worth that Wilke wittingly converted into their “value” as art objects.²⁰

In the orality and mastication intrinsic to the gum medium, Wilke saw “the perfect metaphor for the American woman – chew her up, get what you want out of her, throw her out and pop in a new piece.”²¹ The gum pieces, therefore, can be regarded as gendered wounds not only in terms of their formal appearance, but

¹⁷ See Kubitz, “Die Tyrannei der Venus,” 104-105. As Joanna Frueh notes, the use of gum as stigmata in this work also suggests that the beautiful woman is a martyr. See Kochheiser, ed., *Hannah Wilke: A Retrospective*, 52.

¹⁸ Kubitz, “Die Tyrannei der Venus,” 105.

¹⁹ A simple folding construction was also employed in Wilke’s *Needed-Erase-Her Series* (1974).

²⁰ Wilke employed a similar strategy in her chocolate self-portraits as *Venus Pareve* (1982): she presented her sculpted image as a body and artwork to be consumed visually, but also potentially orally, as well as symbolically and economically, in one fell swoop.

²¹ Wilke quoted in Frueh, “Food,” 72-77, esp. 73, originally cited in Avis Berman, “A Decade of Progress, But Could a Female Chardin Make a Living?” *Artnews* 79, 8 (October 1980), 77.

also in terms of the consumptive process that went into fabricating them. The violence and profound cynicism evoked in Wilke's statement were transformed into surprisingly playful gestures at times, including a do-it-yourself game set (complete with cards of Wilke's self-portraits, new packs of gum, and individually framed gum sculpture pieces), entitled *S.O.S. Starification Object Series: An Adult Game of Mastication* (1974-75), which made a pun, as Wilke was prone, on the word masturbation and the sweet, usually solitary pleasure of gum chewing.²² There is no doubt that Wilke was light-heartedly winking at the spectator, all the while making hard-edged statements about her experience as a beautiful woman in the artworld. But even the most playful incarnations of Wilke's cynicism remained articulated around her gum-wounds, themselves misleadingly innocent. Wilke drew a parallel between the pleasure-oriented consumption of sweet candy and that of a desirable woman's body: in a strictly pleasure-driven economy, both activities leave nothing more behind than the empty refuse of a chewed up gum piece and a used up woman. But with her exposure of these already consumed gum pieces as wounds upon her body, a body which furthermore repeatedly deployed gender-identified poses, Wilke in fact recycled both these sets of "expended commodities," and granted them a renewed symbolic use value through her artistic transformation. The formula of posing acknowledged the potentially unavoidable scopophilic trap that came with being a beautiful woman/object for the viewing pleasure of a male/gaze, but the gum wounds partially broke that trap by interrupting the facile intake of her image. Combined together, the gum wounds and the pose became critical weapons in Wilke's hands, strategic devices for figuring pain which also asserted the artist's agency in her acts of self-representation.

²² Wilke frequently made linguistic puns, anagrams (e.g., *Hannagrams*), and double entendres in the titles of her works. This practice reflected her admiration for Marcel Duchamp, an artist whose production is frequently quoted in Wilke's works.

2. The Pose as a Formula of Pathos:

The rhetorical structures underlying Wilke's attempts to figure pathos through recognizable forms, such as wounds and poses, can be better understood with the help of Warburg's study of pathos formulas.²³ According to the art historian, cultural works since Antiquity have represented recurrent expressive motifs in images, in an attempt to transmit the vital energy (*Lebensenergie*) of pathos. This hidden or latent energy, which Warburg refers to in German as *Pathosformeln* (pathos formula), is only partially conveyed through the use of pointed stylistic devices in images: a certain dynamism in the flow of drapery, in the depiction of a wave, or in the curl of a lock of hair, for example. Above all, Warburg located the attempt to transmit the energy of *Pathosformeln* in expressive gestures or poses that he observed in representations from Antiquity to the Renaissance. Warburg's enduring project was to make an inventory of these "bodily attitudes and compositional patterns"²⁴ originally developed by Classical artists in order to convey the energy of pathos. Key to his analysis is the fact that the energy of pathos cannot be figured directly: the vital energy of pathos formulas is only fleetingly glimpsed at in "the extremes of physiognomic expression in the moment of the highest excitement" when experiencing "pain, fear, longing and delight."²⁵ As such, specific devices are employed in images to trigger the memory of these pathos formulas. Warburg's broad repertoire of pathos-images, assembled in his unfinished *Mnemosyne Atlas* project, enables

²³ Although Warburg never published a definitive or complete explanation of pathos formulas, E.H. Gombrich surveyed his notes and published the monograph *Aby Warburg: An Intellectual Biography* (London: The Warburg Institute, 1970). His interpretation of Warburg's understanding of *Pathosformeln* is, however, contested. As a counterpart to Gombrich's reading of Warburg's project, Georges Didi-Huberman wrote *L'Image Survivante*. The main criticism Didi-Huberman put towards previously published accounts of Warburg's *Pathosformeln* has to do with the fact that Gombrich did not sufficiently distinguish the pathos formula, as an energy that cannot be represented, from the techniques that render pathos visible through the use of codified forms. Consequently, in applications of Warburg's concept, the pathos formula is often mistaken for the techniques (poses, etc.) that are meant to conjure up the vital energy of pathos.

²⁴ Aby Warburg, cited in Nigel Spivey, *Enduring Creation: Art, Pain and Fortitude* (London: Thames and Hudson, 2001), 118.

²⁵ Spivey, *Enduring Creation*, 118.

scholars to approach representations of pathos in a systematic manner, and to examine these stylistic devices in greater detail.²⁶

In order to distinguish Warburg's notion of the pathos formula as a vital energy (*Lebensenergie*) from the various forms by which this energy is signalled in pathos-images, I refer to the representational techniques that are employed in images of pathos as "formulas of pathos." In Warburg's understanding, poses in particular function as formulas of pathos that attempt to connote the vital energy of *Pathosformeln*. For the purpose of this analysis, then, "*Pathosformeln*" or "pathos formulas" refer to the aspects of pathos, such as *Lebensenergie*, which escape the image, while "formulas of pathos" identify instead the specific techniques within the image that conjure up the un-figurable aspects of pathos formulas.

Although the formulas of pathos assembled by Warburg in his *Mnemosyne* project are characterised by the recurrence of common figurative patterns in images, the meanings attributed to these formulas change along with the contexts out of which they emerge. For example, a representation featuring the pose of a female figure with an arched back and a hand held to her forehead might either convey melancholic exhaustion or sexual availability, depending on the context in which the image is produced and received. Thus, while certain formulas of pathos, such as poses, are consistently employed in order to convey the energy of pathos or *Pathosformel*, the meanings attributed to these gestures are not consistent through time. The pose itself might remain the same in various images, but its significance does not. In Wilke's practice of posing as the citation of stereotypical and archetypal attitudes, the displacement of meaning that occurs in her re-embodiments is essential to their renewed function as critical and transformative images. In this light, it is consistent with Warburg's diachronic analysis of pathos formulas to include Wilke's more recent incarnations of poses, and through them, to extend Warburg's findings to the context of contemporary art production.

²⁶ In this expansive, unfinished picture-atlas project, Warburg made a heterogeneous collection of images invoking *Pathosformeln*. They are conserved in the archives of the Warburg Institute in London.

Philippe-Alain Michaud draws an analogy between Warburg's pathos formula poses and the *mié*, or "frozen pose," of Japanese Kabuki theatre, an art form which had reportedly impressed the art historian.²⁷ The *mié*, "a movement frozen in time in the instant of its greatest intensity," as described by Eugenio Barba and Nicholas Savarese in their *Dictionary of Theatre Anthropology*, refers to an action that is "cut" in time and blocked as a "living immobility."²⁸ Warburg's "frozen" pose, as it is tied here to the *mié*, adds a dimension of liveliness in comparison to Owens' understanding of the rhetoric of the pose, which, as we will see, is typically read as being deadening. Whereas Owens and Jones have characterized the pose as a repetition of absence/morbidity, Warburg's interpretation of poses describes moments of intensified vitality instead. Thus, the inclusion of Warburg's understanding of the pose to a reading of Wilke's work can help to nuance the existing analyses of her practice of posing. This is especially relevant in an autopathographic context, where posing before the camera invokes an anticipated morbidity on the one hand, due to the capture's "deadening" effect; but on the other hand, posing also projects the potential for a symbolic posthumous survival through photographic "embodiment."²⁹ These nuances will be examined in greater detail in the second half of the chapter.

Three further characteristics, each relevant to the study of Wilke's work, stand out in Warburg's studies of *Pathosformeln*: 1) the notion that *Pathosformeln* are endowed with a "survival" or "afterlife" (*Nachleben*) that explains their recurrence throughout the history of art,³⁰ 2) the aesthetic *displacement* of a pathetic movement in the depiction: while the *Pathosformel* (as energy of pathos) cannot itself be figured, certain representational techniques (formulas of pathos) can conjure up pathos formulas in the minds of viewers, and 3) the fact that "two

²⁷ Philippe-Alain Michaud, *Aby Warburg and the Image in Motion* (New York: Zone Books, 2004), 271-72.

²⁸ Eugenio Barba and Nicholas Savarese, "Face and Eyes," in *A Dictionary of Theatre Anthropology: The Secret Art of the Performer* (London; New York: Routledge, 1991), 110.

²⁹ On photography as a "technology of embodiment," see A. Jones, "The 'Eternal Return'."

³⁰ See Georges Didi-Huberman, "Knowledge: Movement (The Man Who Spoke to Butterflies)" in Michaud, *Aby Warburg and the Image in Motion*, 7-19; *L'Image Survivante*; and "Artistic Survival: Panofsky Vs. Warburg and the Exorcism of Impure Time," trans. Vivian Rehberg and Boris Belay, *Common Knowledge* 9, 2 (2003): 273-285.

emotions generally considered to be antithetical”³¹ frequently end up cohabitating within the artwork.

Georges Didi-Huberman’s writings on the work of Warburg stress his notion of survival.³² The word *Nachleben* suggests that the spirit of a *Pathosformel* remains alive (“survives”) in different punctual incarnations. Wilke’s work similarly rests upon a certain “survival” of representational conventions in the attitudes and expressions of the female body. Throughout her “performalist”³³ practice, she cited poses not only from popular media, but also from high art. In order to be read accurately, then, Wilke’s citational work depends upon the “survival” of her poses and their meanings as imprints in the minds of her viewers, and their coming to bear new meanings in her “re/incarnations” of them.

Warburg further describes the characteristic of survival as the *engrammic* quality of pathos formulas. Engrams – “physical manifestations of human memory”³⁴ – take shape as formulas of pathos, in the attempt to depict pathos formulas. As Weigel, Gaines and Wallach explain:

[Warburg’s] most prominent concept, the “pathos formula,” pinpoints the expressive gestures [poses or “formulas of pathos”] depicted in paintings and other visual media, which he considered to be *memory symbols* of fears and excitements that purportedly had been overcome.³⁵

³¹ Free translation of “deux emotions généralement considérées comme antithétiques” in Didi-Huberman, *L’Image Survivante*, 268.

³² In *L’Image Survivante*, the word *Nachleben* is translated as “*survivance*,” a noun derived from the gerund form *survivant* (surviving), which is not adequately rendered by the English translation “survival.” Didi-Huberman’s translation of *Nachleben* into a quasi-gerund form maintains the active function of a verb, and is therefore not restricted to the identifying function of a noun (which in French would be *survie*). This active function, although it is lost in the English translation, should nonetheless be read into my usage of the words “survival” and “afterlife.”

³³ “Performalist” is a term used by Wilke to describe all her self-portraits. It emphasizes the wilfully performative and formalist aspects of her practice. Wilke also applies the word to her self-portraits that are produced with a collaborator. Goldman writes that Wilke used the term “to describe any photograph for which she had deliberately produced an image of herself for the camera, thus claiming the manipulation of her image as the artistic act.” Goldman, “Too Good Lookin’,” 75-76.

³⁴ “Engram,” *New Century Unabridged English Dictionary* (2007), <http://motd.ambians.com/quotes.php/name/linux_definitions/toc_id/1-1-6/s/289> Last accessed July 12, 2007.

³⁵ Sigrid Weigel, Jeremy Gaines, Rebecca Wallach, “Aby Warburg’s Schlangenritual: Reading Culture and Reading Written Texts,” *New German Critique* 65 (Spring / Summer 1995): 135-153, esp. 137-138, emphasis added.

According to Warburg, then, the attempt to depict pathos formulas produces engrams or memory-stamps of pathos. Warburg further suggests that there is a *symptomatic* quality to these representations, which, in Antiquity at least, were originally the residues of pagan ritual:

It is in the region of orgiastic mass-seizures [*Massengriffenheit*] that we must look for the original die which stamps upon the memory the expressive movements of the extreme flights of emotion – as far as they can be translated into gestural language – with such intensity that these “engrams” of the experience of passionate suffering persist as a heritage stored in the memory.³⁶

In a Warburgian context, therefore, the source referent for a pose, as a formula of pathos, is likely to belong to the domain of shared cultural memory: either the mutual frenzy experienced in group ritual, or the communal imaginary that is the archetype. In the context of Wilke’s production, however, the source referents for her poses are the readily accessible representations of those archetypes, which belong to the realm of visual culture: iconic poses from the history of art and stereotypical poses derived from fashion and popular media. In this sense, Wilke’s pose functions as the stereotype (serial repetition) of Warburg’s initial engrammic pose. Her pose effects a further displacement from the original pathos formula: it is the copy of a formula of pathos, which is itself but the partial engram of a pathos formula.³⁷

Although Wilke’s poses, as citations, are one step removed from Warburg’s understanding of engrammic poses, they reproduce key structural elements of pathos-images nonetheless. What they share with the Warburgian pose, besides their reliance upon survival and memory, is the characteristic of displacement. For Warburg, the displaced original in pathos-images is the *Lebensenergie* of the *Pathosformel*, which is indicated in the image by a formula of pathos. Wilke’s work likewise maintains a tension between the vital energy of pathos, and the rhetorical means by which it is represented. She displays artificial

³⁶ Warburg, cited in Gombrich, *Aby Warburg*, 244-45, and quoted in Spivey, *Enduring Creation*, 258.

³⁷ Similarly, Warburg considered that Renaissance pathos-images revealed the survival of pathos formulas originally depicted in the Classical Art of Antiquity. In this sense, Warburg’s reading of Renaissance images also turns them into copies or residues of source pathos-images.

wounds and poses on the one hand, but juxtaposes them to indications of actual suffering on the other. This juxtaposition highlights the fact that Wilke's wounds and poses are formulas of pathos, or designations of suffering. As a result of these displacements, Wilke's posed photographs conjure up antithetical emotions in the viewer, just like Warburg's pathos-images. Even when displaying her own physiological pain, as she did in the *Intra-Venus* series (1992-93), the detachedness with which it is depicted contradicts the many indications of pathos within the images. In order to understand more precisely how this pathetic displacement occurs within Wilke's images, I examine her recurrent use of the wound as a formula of pathos in greater detail.

3. The Designation of Pain with Wounds:

Diagnosed with lymphoma in 1987, Wilke articulated her final *Intra-Venus* series around her experience of disease, which proved to be fatal in 1993. Although the pose, rather than the wound, is the most prominent formula of pathos to be displayed in her later works, the motif of symbolic woundedness holds a significant place in her earlier career, particularly in her intimations on the specificity of gendered experience. As we have seen, the visual association of womanhood with woundedness is tied to the basic psychoanalytic connection between the female body and (the threat of) castration. But in Wilke's experience, this kinship also stems from witnessing her mother's breast cancer. It is claimed that Wilke only began to perform nude in 1970, after her mother underwent a mastectomy.³⁸ Wilke documented her mother's recurring illnesses in numerous works thereafter. Wilke's attentive exposure to her mother's "real wounds" is thus likely to have inspired the analogy she drew by turning the hidden, psychic wounds of femininity into visible, physical marks.

As described in the previous chapter, the experience of suffering is inherently changing and ungraspable in nature. Communicating it therefore poses

³⁸ See Kubitza, "Die Tyrannei der Venus," 111, and Frueh, "Feminism," in ed. Kochheiser, *Hannah Wilke: A Retrospective*, 40-50, esp. 44.

a particular challenge to the visual artist, who must at least arrest the image of pain. Warburg's theory suggests that in visual representation, the vital energy of pathos, including that of suffering, is translated from an ungraspable energy (pathos formula) into a recognizable symbolic form. In my working vocabulary, the end result of this translation is referred to here as the formula of pathos. In order to render possible the affective and meaningful transmission of a suffering experience, the movement of pathos is arrested in a frozen image. The resulting formula of pathos does not encompass the full sensation or living energy of the experience, but rather functions as its engrammic trace (that which is remembered), as well as its indexical sign (that which conjures up memory or points to the pathos formula).

Unlike the work of body artists such as Gina Pane, Viennese actionist Günter Brus, or the masochistic performances of Bob Flanagan, for example, Wilke does not enact painful rituals or transgress bodily thresholds live before the viewer in order to demonstrate her suffering. She does not (re)produce pain, but rather, utilises the wound as a representational figure to indicate pains that are both emotional and physiological. Wilke does not construct pathographic enactments like the performance artists above; instead, she creates designations of pathos. Like the painterly tradition of detailing Christ's wounds in order to emphasize the proof of his humanity, so Wilke uses the wound as a form of *ostentatious* proof. The wound as a formula of pathos in her work functions first and foremost as a testament to an experience of suffering, rather than its direct expression or live demonstration, as in certain body art practices.

Wilke's use of the wound as a testament to pain began with her 1970s performalist works. Her *Starification Object Series* specifically made visual and verbal puns on the word scarification: the wilful production of wounds. The correlation of scarring with artistic practice is consistent with the word's etymology: "scarification," rooted in the Greek word *skariphasthai*, means "to scratch an outline" or "sketch," which itself comes from *skariphos*, "pencil" or

“stylus.”³⁹ Warburg’s understanding of the pathos “engram” similarly invokes a process of inscription. The Greek word *gramma* refers to a letter of the alphabet, while *grammi* refers to a “stroke or line of a pen.”⁴⁰ Both the scar and the engram thus invoke processes of writing or drawing; in accordance, figuring pathos involves the artful “writing” of pain into form.

In 1977, Wilke made a video performance entitled *Intercourse with...* (fig. 2.4), in which she referred to the painful breakdown of her seven-year relationship with the artist Claes Oldenburg.⁴¹ She scarified her naked chest for this performance once again, yet this time her symbolic wounds were not gum pieces, but letters of the alphabet stuck onto her skin. The engrammic writing of memory into form took on a literal quality in this work, with letters forming the names and initials of the loved ones who had “marked” her. During the performance, Wilke played voice messages left by these people on her answering machine, and slowly removed the letters that had formed their names from her body. *Intercourse With...* is quite literally an autopathography – a writing of pathos onto her self, an engram of her emotional history. But it is also the performative attempt to transcend her more troubling relationships through the real and symbolic removal of a formula of pathos, which here consists of love-scars – letters of the alphabet – that are clearly *written* on her body. Wilke first showed, then erased, these signs of pathos on her skin. Through these performative gestures, both the signs and their referents were potentially removed, ex(or)cised from her being.

In the catalogue from a German retrospective of Wilke’s work, Stefanie Kreuzer draws a number of parallels between Wilke’s work on womanhood and pain, and Frida Kahlo’s autopathographic paintings.⁴² As one of the most prolific

³⁹ “Scarification,” *Online Etymological Dictionary*, <<http://www.etymonline.com/index.php?search=scarification&searchmode=none>> Last accessed February 22, 2007. See also Leslie Dick, “Hannah Wilke,” *X-tra* 6, 4 (Summer 2004) <http://www.x-traonline.org/vol6_4/wilke.html> Last accessed February 22, 2007.

⁴⁰ Henry George Liddell and Robert Scott, “Grammê,” *A Greek-English Lexicon*, <<http://www.perseus.tufts.edu/cgi-bin/ptext?doc=Perseus%3Atext%3A1999.04.0057%3Aentry%3D%2322774>> Last accessed August 8, 2007.

⁴¹ Their separation was followed by bitter disputes involving legal action.

⁴² Stefanie Kreuzer, “Das Selbst und der Körper im Schmerz,” in *Hannah Wilke: 1940 – 1993*, 77–84.

female artists to deal with autopathography in the twentieth century, Kahlo established a number of precedents for giving pathos a visual form. She employed various formulas of pathos in her work, and like Wilke, privileged self-representation. Analogies can also be drawn between both artists' personal lives, since they each worked in the shadow of a successful male artist for a number of years. Of particular interest to this study are the points of contact between the two artists in terms of how they gave form to their pains, and wrote their formulas of pathos as symbolic wounds upon their bodies. Like Wilke in *Intercourse With...*, Kahlo's painting also addressed the unresolved feelings that arose after her separation from the artist Diego Rivera. Although the two artist-couples were not from the same generation, they were each affected by the particular dynamics that take place when professional competitiveness and romance meet in the artworld. In both cases, the women held the more marginal professional status in the couples, and they would also be the ones to confront the emotional aftermaths of separation in their works.

Kahlo painted her *Self-Portrait with Cropped Hair* (1940) (fig. 2.5) after she and Rivera divorced following his infidelity. Her gendered wounds in the image are not figured as gum sculptures or as letters of the alphabet, but as strands of hair haphazardly cut and strewn all across the floor. While Kahlo's expression in the painting maintains a defiant self-control, the chaotic strands of hair, which dominate the bottom part of the image, convey the *Lebensenergie* of her emotional bereavement, and distinctly tie it to her feminine identity. There is a clear statement about the malleability of gender roles in this painting, made explicit by the man's suit that Kahlo is wearing, and the Mexican song that is quoted at the top of the image. The act of cutting her hair is presented as a symbolic and empowering transvestism, one that helps her to overcome the pain of her loss. But the quasi-Surrealist vitality of her cast-off hair still designates Kahlo's femininity as a potent, imperishable, and possibly threatening force. Although Kahlo relinquished her feminine appearance in the painting in protest and renunciation of her husband, it is suggested that her gender role was partly accountable for the pain derived from the relationship. The song confesses, as if

in her husband's voice: "Look, if I loved you it was because of your hair. Now that you are without hair, I don't love you anymore."⁴³ By ridding herself of her hair in the image and thereby stripping herself of her symbolic femininity, Kahlo effectively refused her husband's love, and became immune to the potential pains it would cause. The gesture that Kahlo enacted within the narrative of her work is not unlike the symbolic un-marking of Wilke's body in *Intercourse With...* In order to transcend the pains of love, each artist ritually excised its imprints from her body.

Kahlo utilised hair as a formula of pathos to symbolically depict the gendered, emotional wounds that were left by her marriage. But the majority of her autopathographic paintings addressed the physical anguish she felt after a debilitating accident. At the age of eighteen Kahlo was riding a bus when it collided with a street trolley. The impact resulted in multiple breakages and fractures throughout her body. She underwent some thirty-five operations throughout her life as a result of this accident. Although she regained her mobility, Kahlo was often obliged to remain bedridden for several months whenever her pains would return. A custom-built easel allowed her to continue to paint her experience nonetheless.

The Broken Column (1944) (fig. 2.6) can be regarded as a prototypical form of painterly autopathography, detailing the effects of this traumatic accident. Kahlo depicts herself from mid-thigh upwards against a desolate landscape of brown, uneven ground, and a deep blue sky. Her head, the only portion of her body to be placed against the sky, is poised slightly to her right and gazes out directly towards the viewer. Her eyes, though seemingly constant and resolved in their gaze, are streaming with tears. At the center of the painting is a broken Doric column, which appears to have substituted her spine. In spite of its many fissures, it maintains near-absolute verticality. Kahlo's naked chest has been pulled open to reveal this strange architectural intruder in her body. Her torso is held together

⁴³ "Mira, que si te quise, fue por el pelo / ahora que estás pelona, ya no te quiero." English translation from "The Collection," *The Museum of Modern Art, New York*, <http://www.moma.org/collection/browse_results.php?criteria=O%3AAN%3AC%3Akahlo&page_number=3&template_id=1&sort_order=1> Last accessed May 8, 2007.

externally by a brace made up of parallel white belts. Kahlo's painted body is peppered with small carpentry nails that repeat the dotting of white tears streaming down her cheeks. The largest nails are positioned towards her solar plexus and above her heart, respectively the symbolic seats of her body and soul.

Kreuzer draws an analogy between the signifying function of these nails and the gum sculptures affixed onto Wilke's body in her *S.O.S.* self-portrait series. I add that, since Kahlo's nails do not produce visible wounds or scars in the painting, they indicate pain, as a formula of pathos, in a manner that is similar to Wilke's gum sculptures. They also produce a tension between the *Lebensenergie* of pathos, and the formula of pathos by which it is rendered. Kreuzer aligns Kahlo's and Wilke's figures to traditional depictions of the martyr of Saint Sebastian, attacked by an onslaught of arrows.⁴⁴ But there is an important distinction in Kahlo's and Wilke's representations of pain: on the one hand, they are self-representations, and on the other, they do not figure literal wounds. The barrier of skin is never transgressed by the nails or gum pieces in their representations; Saint Sebastian, on the other hand, is typically pierced by arrows. The formulas of pathos that Kahlo and Wilke employ carry an indicative function: they point to, rather than (re)produce, the presence of pain. Neither Wilke's nor Kahlo's works convey the enactment, or figurative re-enactment, of the moment when pain strikes. Since Kahlo's nails only hover against her skin, there is a temporal delay between the pain that is figured by the symbolic formula of pathos, and the potentially represented sensation of pain. Saint Sebastian, on the other hand, is depicted just after the onslaught of arrows pierces his skin. While the formula of pathos in the representation of Saint Sebastian is the active penetration of arrows into wounds, in Kahlo's and Wilke's works, the painful event is stoically displaced. Although it is indicated by the image, the pathos formula belongs to another time and place. Instead of conveying the event of a painful experience, Kahlo's and Wilke's images structure their communication of pain in a modus of designation that points elsewhere, beyond the contained

⁴⁴ See for example Andreas Mantegna's many paintings of Saint Sebastian, c. 1459, c. 1470, and c. 1490.

narrative of the image. The pain referred to in the image exceeds it, and likewise, the image fails to give a full picture of the *Pathosformel*. What's more, the "elsewhere" pointed to in the image encompasses a temporal delay, and with it, a psychological recoil – suggesting that the artist is also elsewhere from her pain – that is not found in traditional depictions of the martyr of Saint Sebastian.

In Kahlo's and Wilke's works, the designatory mode that is employed for conveying an experience of pain elicits a puzzling tension: while the sensation of pain is clearly indicated by the picture, it is rendered with an apparently detached stillness. I tie this disjunction to the Warburgian notion of displacement in pathos-images. As we have seen, the nails in *The Broken Column* only hover against Kahlo's painted epidermis. The experience of pain is thus clearly evoked, but not explicitly depicted. Still, the figure's tears, which likewise point to the presence of emotional pain, seem to contradict the calm steadiness of her gaze, and the absence of direct violence – a penetrating wound – against her body. If she is not hurt, then why is she crying? And if she is hurt, then why does she appear to be so calm? In a similarly puzzling manner, the facial expressions in Wilke's autopathographic works seldom reproduce the suffering connoted by the various formulas of pathos she employs. In *S.O.S.*, for example, her face maintains the light-hearted mask of her poses. In *Intra-Venus*, Wilke's face for the most part conveys stoic resilience, as does Kahlo's in *The Broken Column*.⁴⁵ Neither Kahlo's nor Wilke's facial expressions appear to be pained in their works, in spite of the fact that they are each surrounded by indicators of suffering. The ensuing affective contrast within their images – another characteristic of Warburg's *Pathosformeln* – reflects the composure of the artist who manages to coolly represent herself, all the while experiencing pain firsthand. This contrast also reinforces the notion that the artist exists both with her pain and elsewhere: the representation of pain through formulas of pathos effectively creates such a space of possibility and transformation.

The paradoxical affective contrast in these images is attributable to the fact that, unlike the paintings of Saint Sebastian, these works are self-representations.

⁴⁵ The only notable exception is Wilke's *Intra-Venus Series No. 5*.

Although the photographic camera does not allow for the same quality of distance from oneself as does the painted self-portrait,⁴⁶ it is striking how both Wilke and Kahlo present their pains with an equally stoic expression on their faces. As an example, let us quickly compare Kahlo's *The Broken Column* with Wilke's *Intra-Venus Series no. 6: February 19, 1992* (fig. 2.7). The wet hair combed before Wilke's face doubles the streaming of Kahlo's tears. Although there are no wounds directly indicated in Wilke's image, the autopathographic context of the series as a whole implicitly carries the sign of illness and physical pain. In both these representations, the resoluteness of Kahlo's and Wilke's gazes puts forward the unsettling contrast mentioned above. On the one hand, the images provide evidence of the artists' physical suffering, but on the other, their suffering is contradicted by their composed facial expressions. The authorial gesture that seeks to render pain visible through the calculated use of formulas of pathos in these images contradicts the lack of control that one expects to accompany the experience of suffering. By managing to give form to their pathos firsthand, these artists simultaneously attested to their suffering and cast some doubt as to how much their pain was ultimately debilitating.

The idea that pathography functions as a pharmakon suggests that the act of representing or communicating pain is the very thing that makes it more bearable. In the attempt to represent suffering therefore, the source pain is continuously evacuated. Like the pathos formula, the source pain refuses to be arrested by a formula of pathos: the image therefore fails to figure pathos directly, but rather endows it with transformation. Wilke and Kahlo employed formulas of pathos in order to invoke a *Pathosformel*, yet neither of them enacted the painful moment or event. Instead, the *Lebensenergie* of pathos is at once attested to in their works, and marked as belonging elsewhere. This sets their work apart from the body and performance artists mentioned above, who focus on the immediacy of the enacted event, and convey its vital energy directly to the viewer. Yet, Kahlo's and Wilke's works retain a performative quality nonetheless, one that is

⁴⁶ In a self-portrait painting, the artist is at leisure to alter her image in ways that pre-digital-age photography could not allow. This being said, however, with Wilke's performatist posing, there is already a degree of re-presentation that precedes the photographic capture.

directly tied to their displacements of pathos in the image. On the one hand, their productions deliver a restorative function, in the vein of the pathographic pharmakon. In the attempt to represent their suffering, they effectively manage to partially evacuate it. On the other hand, their works effect a demonstrative function: that of proving their suffering through the evidentiary use of a formula of pathos. In the act of showing their wounds, both artists come to be identified as martyrs. This credits them in turn for having endured their suffering, and presents them in a heroic light. As a result of the circulation of their autopathographic images, the moral credit attributed to their figurations of self-as-martyr might partially compensate for their experiences of pain.

4. *Ostentatio Vulneris*:

The Performance of Martyrdom in Wilke's Auto/Pathographies:

Formulas of pathos have been employed in Classical and religious imagery to a variety of persuasive ends, and they typically tend to depict the suffering martyr in a redeeming light. The nails and wounds employed by Kahlo and Wilke readily recall the iconography attributed to the martyred figure of Christ. In Late Medieval and Renaissance painting, the display of Christ's wounds after the scene of crucifixion emphasized the human side of his divine being. The *Ostentatio* was a devotional image that showed the body of Christ for final contemplation, and emphasized the physical cost at which he suffered for the sake of sinners. The image's correlative gain in eliciting compassion and empathy from its devout viewers was the likelihood of strengthening their faiths. In Classical art, the representation of the Laocoön group's fateful duel with serpents depicted a form of suffering that was considered to ennoble its victim.⁴⁷ The sculpture attests to the priest Laocoön's pains, but also cements the higher moral status that is conferred upon him in his difficult struggle for life. In this representation, Laocoön becomes "heroically pathetic."⁴⁸ Christ's pathos, on the other hand,

⁴⁷ Spivey, *Enduring Creation*, 31.

⁴⁸ *Ibid.*, 252.

confirms his vulnerable humanity, thereby making his sacrifices appear to be all the more heroic. In both of these canonical examples, the representation of an experience of pain alters the moral image of the depicted subjects, and positively reinforces their status as martyrs. In this way, these representations encourage viewers to transfer a moral credit to the subjects, in recognition of their heroic and selfless endurances of pain. A similar transfer of moral credit can occur with Kahlo's and Wilke's autopathographies.

The experience of martyrdom entails great suffering in defence of a particular principle. A martyr is one who sacrifices him or herself for the benefit of a greater cause, often with (presumably positive) ramifications for the larger community. Martyrs sometimes specifically take ills upon themselves in order to relieve others of their weight. Although the forms that martyrdom takes vary significantly, the figure of the martyr is above all a religious one, and the actions of a martyr generally set a precedent for the rest of a religious community. In Christianity, martyrs are often glorified through beatification. Their actions are commemorated with the display of relics or tributes in churches. Their deeds are even imitated by the most fervent believers. In order for the memory of the martyr's original sacrifice to be upheld, it is displayed before the community, and sometimes even repeated in adoring emulation.

The repetitions and reproductions of a martyr's original sacrifice take on different forms in the world's religions, and vary in their intensity. In Buddhism, for instance, the meditative practice of *Lojong* (known in the West as "taking and giving") allows a practitioner to take on the ills or negative karma of the world through meditation, and to give the good karma that she or he has accumulated in return. The action posed by the Buddhist meditant, in imitation of the positive deeds of buddhas and bodhisattvas, is not entirely unrelated to the action posed by Christ on the cross. As Agnus Dei, or lamb of God, Christ effectively took on the ills of humanity so that he would be sacrificed, and the rest of humanity, spared. The good Christian is advised to follow in the footsteps of Christ by emulating his actions of kindness: *imitatio Christi*. Likewise, in Judaism, *imitatio Dei* is a Mitzvah, or command, which, when followed, is considered to be at the source of

all good deeds. The structural modalities of showing, repeating and attesting to religious martyrdom all come into play in Wilke's pathographic depictions of her mother.

Although Wilke was raised in a Jewish family, Christian iconography is prevalent in her art, and martyrdom was the most recurrent religious motif in her production. In her early performances, Wilke exposed herself as a martyr in order to raise social awareness with regards to matters of gender (e.g., as a female Christ in *Super-T-Art*). But the figure of the martyr re-emerged all the more convincingly in works that dealt specifically with physical illness. The first of these works attests to her mother's experience of breast cancer. *Portrait of the Artist with Her Mother Selma Butter* (fig. 2.8) from the 1978-1981 *So Help Me Hannah Series* effects a complex symbolic bridge between the suffering experiences of mother and daughter through the representation of real and symbolic wounds. The photographic diptych portrays the naked upper bodies of Wilke on the left and her mother on the right. Signs of disease are clearly visible on Selma Butter's chest, ravaged by a mastectomy scar, upon which small red tumours are surfacing anew. Wilke emulates the marks on her mother's body by placing found objects onto her naked, healthy torso. The objects resemble pieces that had originally been collected for Oldenburg, who was by then her ex-partner.⁴⁹ The symbolic scarification of her body in this picture therefore points back not only to *S.O.S.*, but also to *Intercourse with...*

Through the diptych format in *Portrait of the Artist...*, Wilke both contrasts and draws an analogy between her mother's body and hers. In juxtaposing the two figures, and including a title that clearly identifies the sitters as mother and daughter, they are read as mutual alter egos. Some critics have strangely regarded the diptych as conveying a quasi-erotic relationship between

⁴⁹ Wilke collected ray guns for Oldenburg, who then presented them as readymades of his own. She comments: "Objecting to art as commodity is an honorable occupation that most women find it impossible to afford. Is this ready maid, having collected many of the readymades now in Oldenburg's *Ray Gun Wing* owned by Peter Ludwig, owed an equal share for her part in the collaboration? 'Could commodities but speak, they would say; Our use, value may be a thing that interests men... In the eyes of each other we are nothing but exchange values.'" Hannah Wilke, citing Karl Marx, *Das Kapital*. Text reprinted in Kochheiser, ed., *Hannah Wilke: A Retrospective*, 147.

mother and daughter, a reading which might be symptomatic of a general tendency to excessively interpret Wilke's works in sexual terms, and to associate the image of her naked body all too readily with erotic desire.⁵⁰ Such responses sadly suggest that Wilke was not altogether successful in destabilising the scopophilic gaze through her calculated use of gum stigmata: her beautiful body was nevertheless taken in as an object of pleasurable visual consumption. But to merely associate the two women's nude bodies with eroticism in this diptych is misguided. In this context, nakedness also signifies full disclosure, revelation, a declaration of nothing to hide, which is certainly not irrelevant to the subject matter of cancer.⁵¹ Rather than eroticism, then, there is certainly *agape* in these pictures, a filial love which was undoubtedly strengthened by Wilke's accompaniment of her mother through the trials of disease and hospitalisation. There is also *eros*, the fervent, instinctive drive for the protection of life, which prevails against *thanatos*. But most interestingly, with regards to the performative aspects of pathographic images in particular, the love that is expressed between the two women in this diptych and in the process of its making is a form of *caritas*: charity or selfless love, which is the duty of a martyr.

By her own account, Wilke took thousands of photographs of her ailing mother in the hope of (emotionally) curing both mother and daughter.⁵² In this light, Wilke to a certain extent updated the practice of the painted ex-voto with her camera, both performing an action dedicated towards a cure, while at the same time commemorating the gesture with the resulting photograph.⁵³ The act of taking pictures offered Wilke an opportunity to be intimate with her mother and to

⁵⁰ Kubitza claims that the "erotic pairing" of mother and daughter can also be found in photos where they are shown dancing together and hugging. Kubitza, "Der Tyrannei der Venus," 107.

⁵¹ Considering nakedness to signify full disclosure is particularly potent in the depiction of an illness that is commonly attributed to a "failure of expressiveness," according to Susan Sontag. (See Sontag, *Illness as Metaphor*, 46, 48). In a video interview, Wilke specifies that nakedness in her work also signifies openness and vulnerability (*Oasis d'Neon Video Magazine*). Elsewhere, she associated nakedness to the vulnerability and humiliation of Jews in Nazi concentration camps. Hannah Wilke interviewed by Marvin Jones and Chris Heustis in "Hannah Wilke's Art, Politics, Religion and Feminism," *The New Common Good*, 11, cited in Goldman, "Too Good Lookin'," 227.

⁵² Wilke, interviewed by Cassandra Langer, "The Art of Healing," *Ms.* (January/February 1989): 132-33, esp. 132.

⁵³ Regarding the functions of the ex-voto, see chapter 1.

collaborate with her in a life-affirming, creative endeavour; yet, it also served a somewhat morose, apotropaic purpose, in anticipation of what was to come. As Joanna Frueh writes, “Wilke counters loss by presenting loss, the departure of her mother.”⁵⁴ Representing her mother’s physical wounds before she died might have helped Wilke to resolve an anticipated mourning. The wounds became acting forms in representation, reclaimed by Wilke in order to assert herself and her mother against the desolation caused by illness and mortality. But in taking photographs for the purpose of curing her mother, there is also some suggestion that Wilke wished her symbolic wounds might effectively replace the real ones.

The fact that Wilke’s symbolic wounds in *Portrait of the Artist...* are made up of objects resembling those destined for Oldenburg suggests that she did not altogether forget the militant discourse that animated her *S.O.S.* works. There is some reference, then, to the sacrifices Wilke made in being the romantic partner and professional assistant of a well-established artist. Given these many levels of resonance in *Portrait of the Artist...*, the motif of the wound as a formula of pathos in this diptych is a combined figuring of at least four types of pathographic stigmata:

- the physical scar that resulted from Butter’s surgery, with its inverse figuration of an “absent” breast,
- the emergent tumours that are in its place, and their indications of malignant cancer in lieu of life-giving maternal nourishment,
- the symbolic wounds devised by Wilke in order to depict, transmit, and even take on the suffering of her mother’s illness,
- and the combined references of those wounds to two painful losses for Wilke: her separation from Oldenburg, and the probable departure of her mother.

Wilke’s use of a diptych format also addresses some of the representational complexities that are involved in her practice of posing as gestural citation. In particular, she exploits the visual parallelism of the diptych. Her duplication of her mother’s wounds onto her own body is displayed against the “real thing,” thereby highlighting her gesture of quotation, emphatically presenting it as an indication of suffering (a designation), in contrast to its

⁵⁴ Frueh, “Mother” in ed. Kochheiser, *Hannah Wilke: A Retrospective*, 79-89, esp. 87.

immediate phenomenological embodiment (a re/enactment). In symbolically taking on her mother's wounds, Wilke shared her mother's burden, but also became identified like her as a martyr in the process. The wounds thus functioned as mirror objects in this dyptich, turning Wilke into her mother's equivalent. But they also acted as the visible proof of Wilke's selfless love, and the symbolisation of her grief. During Butter's illness, from 1978 until her death in 1982, Wilke chose to "sacrifice [her] art for [her] mother,"⁵⁵ spending numerous hours taking care of her at home and in the hospital. Thanks to her photographs, however, Wilke converted this time into material for an exhibition. Thus, in taking on her mother's wounds, Wilke was not only attempting to relieve Butter; by showing her own acquired wounds, Wilke could also benefit from the moral credit that is attributed to the figure of the martyr.

The figuring of Wilke's gestural citation against what is presented as their "authentic" source in this diptych reinforces the presentation of her mother as a martyr who is being emulated. In particular, the evident mirroring and repetition that are intrinsic to the work can be aligned to the ways in which martyrdom is (re)produced through repetition. At the very least, then, there is a quadruple display of martyrdom in this diptych:

- Butter's image documentarily attests to her experience of breast cancer,
- Wilke's photographing and display of Butter's image makes her martyrdom public,
- Wilke also figures herself as a martyr, by reproducing the wounds from her mother's body as a formula of pathos on hers,
- this reproduction in turn reinforces Butter's position as a martyr, in that she is depicted as someone whose suffering is emulated for the benefit of those who view its reproduction.

In becoming a martyr herself by taking on her mother's wounds for the benefit of her mother's recovery, Wilke transformed her work into an acting form, one through which she also hoped to be healed.⁵⁶ In the vein of *pathei mathos*, Wilke's reproduction and dissemination of the image of suffering, incarnated in the repeated motifs of the wound as a symbolic formula of pathos, was further

⁵⁵ Wilke, quoted in conversation with Frueh, "Mother," 79.

⁵⁶ See Frueh, "Mother," 79.

invested with the power of actually alleviating the suffering of those who witness it, as well as those who participate in its production. In this sense, the martyr's display – not in a church or a temple, but in the art gallery – continues to carry the promise of deliverance for those who receive it. In the case of Wilke, it also ensures the public recognition of her private suffering. Wilke's adoption of the figure of the martyr renders explicit the ongoing dialectic between intimate experience and public exposure that remained at play throughout her career. By exploiting the unresolved status of the self-displayed martyr, Wilke insisted that any public confessional is at once authentic and staged, generous and narcissistic.

Other photographs documenting Butter's cancer, exhibited after her death, also attest to the acting power of the auto/pathographic image, both in terms of the creative process that goes into producing it, and in its status as a relic and quasi-devotional object. *In Memoriam: Selma Butter (Mommy)* (1979-83) (fig. 2.9), shown in the exhibition *Support-Foundation-Comfort* (1984), is an installation comprising of three collages, each presenting an assemblage of six portraits of Butter taken during her illness. They are installed above three sets of paired ceramic "box" sculptures painted in primary colours. In these photographs, Butter is clearly ill: a hospital room and its accessories, a baldhead or a cane indicate her impairment. Two-dimensional abstract cut-outs are pasted onto each of the boards beneath the photographs of Butter, which are arranged in three columns. In the central panel, the words "Support," "Foundation," and "Comfort" are typographically inscribed, and refer to the essential roles that Butter played in Wilke's life. The cut-outs, made from the edges snipped off of other portraits of her mother, present a second degree of negative imprint in these assemblages, in addition to the photographs. Like sculptural forms, the cut-outs work with the negative space of Butter's photographic presence. In this way, they further emphasize her real corporeal absence.

Wilke's inclusion of her "box" sculptures in this installation similarly plays with the dialectic of her mother's absent presence. Placed on the floor in this exhibition, the boxes are made out of single clay disks which, once folded, become three-dimensional sculptures. As mentioned earlier, the simple folding

construction of these sculptures resembles that of Wilke's gum wounds on a larger scale. In the context of this exhibition, the box sculptures can be read as monumentalised, commemorative wounds, dedicated in memoriam to the trials of Wilke's martyr-mother. Placed under the triptych of Butter's photographs, it has been noted that they resemble offerings beneath an altarpiece.⁵⁷

Wilke has attested to the strong symbolic power of these sculptural works in evoking her relationship to Butter's illness: "to wear her wounds, to heal my own...circles becoming three-dimensional wounds representing the oneness of our relationship."⁵⁸ The artist had been producing similar sculptures since the early 1960s, at the time anticipating the trends of central core imagery. Here, at a memorial exhibition after Butter's death, the sculptures did not only figure the maternal womb as a generative space: as rectangular hollows scattered on the floor, they also evoked empty caskets. Wilke recognised this implicit duality in her sculptures, which, she explained, are "juxtaposed together as burial mounds, as gardens in natural formations representing the reproductive process that created [her]."⁵⁹

In observing these and other works made for the memorial exhibition, Wilke came to recognise the ties between her previous work and her mother's suffering experience, notably with her use of the wound as a formula of pathos:

Now I can see that the scars and the wounds in some of the portraits of myself were really portraits of her. I became her, in a way, wearing her wounds, although they were art wounds. I disguised them, as one usually disguises one's life in art.⁶⁰

The statement suggests that, as with *Portrait of the Artist...*, the figures of mother and daughter, Hannah and Selma, were to a certain extent confused in Wilke's practice during her mother's illness. The acting power of the creative process not only offered Wilke the possibility of taking on her mother's wounds, but also, to a certain extent, of becoming her for an instant. In Wilke's pathography of her

⁵⁷ Goldman, "Too Good Lookin'," 220.

⁵⁸ Frueh, "Mother," 87.

⁵⁹ Hannah Wilke, "Seura Chaya," *New Observations* (1988), reproduced online <<http://skidmore.edu/uww/Skidmore/courses/art20th/Wilke.html>> Last accessed February 16, 2007.

⁶⁰ *Oasis d'Neon Video Magazine*.

mother, therefore, the use of wounds as a formula of pathos coincided with another powerfully invested martyrdom: Wilke posed as / became her mother and in a sense navigated through her experience for her (e.g., by attempting to effectively take on her suffering). In the process, however, Wilke also demonstrated the evidence, through the presentation of her symbolic wounds (*ostentatio vulneris*), that she also suffered, just as her mother did. By drawing autopathographic poses from her mother, Wilke's documentations and reproductions of her mother's wounds moreover ensured the "survival" of her suffering experience in various ways.

5. The Autopathographic Pose:

As her own statements make clear, Wilke believed in the power of posing to make her mother feel better. She has repeatedly attested to the fact that the act of posing seemed to keep her mother alive on some level. The following is her account of the transformation she witnessed in taking pictures of Butter, a description that is not without evoking something of a messianic role for Wilke:

I really felt like taking her photograph she would get outside herself, and maybe distance herself from her pain and think of it as a gesture in the photograph. And I think I was saving her life a little bit. She could feel herself falling apart and slipping away and I'd get out my camera and she'd hold the pose and then she'd realize "Oh dear, I'd better get out of this bullshit," and she'd wake up again.⁶¹

This statement attests to the power Wilke saw in the act of posing as a means for gaining control and developing a measure of distance towards the experience of suffering. It also clearly indicates the fact that for Wilke, giving her mother the opportunity to pose was intended to be a healing gesture. Elsewhere, Wilke further explained the transformative power of posing for her mother, guided by her own experience before the camera:

...what she was doing is what I know happens in photography. As a participant you forget yourself for a moment. You get outside

⁶¹ Hannah Wilke, unpublished interview by Casey Mallinckrodt (3 May 1987), estate of Hannah Wilke, cited in Goldman, "Too Good Lookin'," 218.

yourself for a moment and you become more than yourself. I felt the energy created in posing might actually save her life.⁶²

Paradoxically then, according to Wilke, one forgets oneself in posing, but in so doing, one also gains control over the disarming experience of pain. This corresponds to the displacement noted earlier in Wilke's and Kahlo's autopathographic works. With autopathographic posing, suffering is no longer to be blamed for any loss of control in the individual; instead, it is the sitter who authorizes her own self-abandonment in her wilful self-display. The energy that is created in posing somehow becomes larger than life, giving the sitter the opportunity to distance herself from pain, and from other physical or mental barriers. No longer submerged beneath her suffering, the subject is freed to express herself as also existing "elsewhere" or beyond it.

According to Owens' foundational analysis, striking a pose strangely presents the sitter as being "*already a picture*" before the camera.⁶³ In a sense, then, in the act of posing, the subject appears to be "already frozen,"⁶⁴ having artificially suspended a moment of living, even before her deadening capture by the photographic device. Yet, as I argue here, the self-mortification of the pose, which precedes the camera's click, paradoxically becomes an act of living in Wilke's practice, one that is geared towards taking control, if not over the disease itself, then at least over its psychological effects. Rather than strictly signify morbidity, the pose instead opens the possibility of a temporal and symbolic "elsewhere." Thus, for Wilke, what has generally been interpreted as "deadenings" herself through the pose rather amounts to maintaining the "life" of her agency as sitter/photographer/subject.⁶⁵ Wilke's posing played with the enacted interruption of time, a suspension which in itself connotes morbidity. But while Wilke may have been "playing dead" by posing, as critics have argued before, I suggest that this is also in part what kept her living.

⁶² Hannah Wilke, in "Hannah Wilke's Art, Politics, Religion and Feminism," cited in Goldman, "Too Good Lookin'," 218.

⁶³ Owens, "The Medusa Effect," 198, emphasis in original.

⁶⁴ Ibid.

⁶⁵ The same applies to her photographs of Butter. In taking pictures of her mother, Wilke offered Butter the opportunity to assert her performatist, posing agency as well.

As Owens has observed, the “rhetoric of the pose” is specifically used as a feminist strategy in representation. Drawing on Owens’ conclusions, Jones’ important study of Wilke’s work likewise addresses its gender politics, reminding the reader that, stereotypically, “men act and women pose.”⁶⁶ This statement is the crux of the patriarchal reduction of women to the status of objects, and elevation of men to the status of subjects. In light of these commonplace attributions, the strategies of posing employed by feminist artists have involved parading their projected semantic and ontological emptiness to such an extent that it becomes a critical parody, a potent reversal of their “inherent” lack.⁶⁷ Owens has further suggested that the pose throws back this original lack to the spectator in an almost mirrored reflection, acting as a medusa’s head that not only freezes the gaze, but at the same time releases its power to turn Woman into the sign of absence.⁶⁸ Drawing from Owens, Jones argued that by presenting herself as “already a picture,” Wilke trumped the reductive effect of the phallocratic gaze. In so doing, she also presented herself as already an absence, in the very moment when the phallocratic gaze longed to rob her of any presence. The logic behind Wilke’s use of the pose as a feminist strategy accompanied her pathographic portraits of her mother, and later, her own. In both these contexts, the act of posing asserted not only the agency of the female subject in representation: in its thwarting of a reductive gaze, it also sought to shield sick subjects against a stigmatic one.

Wilke specifically noted that the energy she perceived in posing allows one to “forget” and to “get outside” oneself for a moment – this is the survival-driven “elsewhere” that I referred to earlier. Comparing posing to a form of mimicry, Owens has similarly noted that “mimicry entails a certain *splitting* of the subject: the entire body detaches itself from itself, becomes a picture, a semblance.”⁶⁹ Thus, in posing, there is a coincidence between a lived subject and a fictive subject induced by the act of posing. Whereas this splitting carries

⁶⁶ A. Jones, “The Rhetoric of the Pose,” 153.

⁶⁷ See A. Jones, “The ‘Eternal Return’.”

⁶⁸ See Owens, “The Medusa Effect.”

⁶⁹ Craig Owens, “Posing,” in Owens, *Beyond Recognition*, 201-217, esp. 212, emphasis in original.

morbid connotations for Owens, I perceive it as a generative contrast. From the internal perspective of the poser, the coincidence between the real and representational body/subject may be perceived as a split; but in Wilke's eyes, this split is what allowed for a temporary relief of suffering. One could then deduce that the pathographic gesture of posing did not seek to restore a lost unity in the subject who was touched by illness, but rather exploited the possibility of distinguishing oneself from one's pain, by generatively producing a transformative elsewhere. From the external perspective of the image receiver as well, this split can lead to a productive semantic confusion. On the one hand, it can be attributed to the "survival" of the subject in the pathos-image, and on the other, to the particular mechanisms at play in the reception of the image of a "fictive body."

The potentially transcendent dimension of "the energy created in posing" – in that it psychically surpasses the barrier of the body – ties in to Warburg's concept of the *Nachleben* of the pathos-image on two levels. On a metaphorical level, in the particular context of Wilke's pathographic photographs of Butter, the *Nachleben* of the image points more directly to the "afterlife" of Butter's *Lebensenergie* (vital energy) as a subject. Butter doubly "survives" her death in these portraits: by transmitting the energy of posing as a moment of wilfully suspended presence, and through the photographic print as the indexical, documentary memento of her existence.

In studying the dynamics of posing in Wilke's pathographic documentations of her mother, an uneasy paradox comes to articulate itself around the energy of "survival." The pose appears to have the power to enliven and to deaden at once, depending on the contexts of reception and interpretation of the image. This duality continues to surface in Wilke's autopathographic portraits as well. For both mother and daughter, in each of their pathographic contexts, the act of posing articulates on the one hand a *death in life*, by suspending a moment of the present. Being-in-time is interrupted by the sitter who freezes herself for posterity, cutting a moment of movement through space in order to engrave it upon her body, to artificially inhabit its mould. Owens

describes the process of posing as follows: “I freeze, *as if anticipating the still I am about to become*; mimicking its opacity, its still-ness; inscribing, across the surface of my body, photography’s “mortification” of the flesh.”⁷⁰ Posing, in other words, amounts to a temporary self-mortification, even before the “corpsing” of the photographic capture.⁷¹ It creates an invisible death-mask film around the entire contour of the posing body. Yet, in a pathographic context, the pose also comes to convey a posthumous *life in (spite of) death*, through the larger-than-life energy that goes into the act of posing on the one hand, and through the energetic “survival” of the sitter in the reception of the photographic image. The photographic print bears the indexical relation to the sitter, but it also carries the metaphorical imprint of her authorial hand, as a sitter posing for a performalist photograph – a gesture without which such a picture could not exist.⁷²

On an aesthetic level, Warburg’s notion of *Nachleben* suggests that a certain energy, conjured up by the image, also exists before and beyond the image – or in other words, “elsewhere” – as a pathos formula that belongs to collective memory. This means that *Lebensenergie* is somehow both inside and outside the “body” of the image. A similar lively and affective energy that is proper to images has more specifically been attributed to the medium of photography, notably in the guise of Walter Benjamin’s aura and Roland Barthes’ punctum.⁷³ For both these theorists, the affective energy triggered by an element within the photograph similarly exceeds the image, and is comparable in this way to the “survival” of Warburg’s *Pathosformeln*.⁷⁴ In Wilke’s performalist practice, however, this lively, surviving energy is not only found in her end-resulting photographic prints:

⁷⁰ Ibid., 210, emphasis added.

⁷¹ On the photographic image as corpse, see Barthes, *Camera Lucida*, 78.

⁷² The sitter in a “performalist” photograph is also granted authorial status, in that she deliberately poses for the camera, complicitly with the photographer. Given the intimacy of the relationship and collaboration between Wilke and her mother, I deem that both can be treated as “authors” of Butter’s portraits, even though Butter is not given authorial credit in the captions accompanying the works.

⁷³ See Walter Benjamin, “The Work of Art in the Age of Mechanical Reproduction,” in *Illuminations: Essays and Reflections* (New York: Random House, 1968), 217-252, and Barthes, *Camera Lucida*.

⁷⁴ Here a comparison can be made between Warburg’s *Pathosformeln* and Benjamin’s “dialectical image.”

it already precedes the photograph in the pleasurable dynamic of posing that goes into producing the image. The act of posing is already an act of re-presentation; the photographic image effectively redoubles it. In this sense, at least two levels of “afterlife” can be identified in Wilke’s performalist pictures: on the one hand, the afterlife that pertains to the performative process itself, and on the other, the afterlife that is triggered by the photographic image.

The particular “energy created in posing,” identified by Wilke above, partly has to do with the sitter’s instinctive awareness that she is being transformed into an object of the gaze, and that she is to a certain extent becoming a performance of herself. The attention to such a process is particularly exacerbated in a self-representational context. A similar awareness is triggered in the process of any theatrical self-display, whether on stage, participating in ritual, or even in informal happenings. In all of these contexts, part of what the actor perceives is a shift from the immediate immanence of his or her lived body, to its function as a signifying vehicle.⁷⁵ Contrary to popular mythologies about the actor’s art (propagated amongst other things by the predominance of method acting in North America), the performing body is never “unmediated” or “authentic.” It cannot present itself as pure immanence, because on some level, the performing body knows that it is being watched. Such is the quality proper to the performative mode of being: the creation of a “fictive body” that coincides, temporally and spatially, with one that is simply lived. Typically, the “good” actor does not let the audience in on his or her knowledge of the artifice at play: this is what allows the audience to sit comfortably in their pre-established positions as consensual voyeurs and enjoy the spectacle.⁷⁶ Also, depending on the occasion – theatre, ritual, or everyday life – the performative body is presented within a representational frame that is more or less underlined. A stage, of course, is more indicative of a performance than a street, but the street performer is no more (or less) “real” (i.e., “authentic,” “unmediated”) than the stage performer. Guy

⁷⁵ This shift or duality is addressed in detail in chapter 4.

⁷⁶ I am primarily referring to representational or naturalistic theatre. This characteristic is not necessarily a pre-requisite for “good” acting in experimental or presentational (e.g., Brechtian) theatre forms.

Debord's conception of the spectacle has shown us the extent to which we – as members of the audience at large – all long to fall for the fiction of the “real” being presented before us.⁷⁷ We are not keen to see the larger representational apparatus that goes into the construction of such an illusion. Similarly, no matter how great its affective or aesthetic appeal, the performing body is never “direct” in its apprehension, never devoid of these constructions of meaning. The pose, in particular, is one of the elements that act as an invisible frame for the performing body. When it is “well” executed (i.e., complicit with the illusionistic fiction of theatricality), the act of posing usually goes unnoticed by its viewers: it is rendered transparent through their immediate, passive consumption of the image. In counterpoint, however, Wilke's production specially seeks to highlight the pose as an indicator of a larger socio-political and economic framing. Her critical gesture lies in letting the pose be revealed for what it is: a (self-)representational device, which is always at play in the public construction of identities. Wilke thus specifically included the “representational apparatus” within her performative process, in the hopes of effectively unveiling her “invisible theatre” via the audience's active reception. But when confronting her own mortality, the pose's function was no longer strictly political. As we have seen with Butter's illness, posing became a self-management technique, which alleviated her pain and granted her agency. At the same time, however, the autopathographic pose also resonated with morbid irony. One poses oneself as dead in order to live, but also in order to imagine oneself as dead, in spite of this fundamental impossibility.⁷⁸

6. *Intra-Venus*:

In her final works in particular, Wilke's acts of posing assert agency in a context where agency is not typically hers to assert: as a patient in a hospital room, whose body is meant to be probed rather than probing. In the process of attempting to maintain this agency, and the sense of normalcy that goes along

⁷⁷ See Guy Debord, *La Société du Spectacle* (Paris: Buchet-Chastel, 1967).

⁷⁸ I remind the reader of reflections put forward in the Introduction, whereby attending to one's own death is impossible.

with it, Wilke employed many of the tactics she had used in her earlier feminist work. As in *S.O.S.*, Wilke's photographic self-portraits from the *Intra-Venus* series put forward a collection of familiar iconic referents, both stereotypical and archetypal. Yet, whereas her earlier figuration of wounds sought to expose the ideological conditionings of women's representations, in her later works, symbolic wounds coincided with physiological ones. For the most part, however, these physical wounds continued to be figured indirectly, in the same way that her gum wounds functioned as formulas of pathos that pointed to the invisible pains of femininity. The lymphoma itself cannot be visualised, since it is propagated inside the body, unseen to the naked eye. The abscess that can sometimes be seen on Wilke's neck is but a symptom or derivative of her illness. Thus, the evidence of Wilke's pain and of her illness continued to be figured through indirect formulas of pathos, which in this series mainly consisted of bandages, scars, catheters, I.V. tubes, hospital garb and furnishings, and other medical paraphernalia. While Wilke's "source wound" still could not be seen in these photographs, the medical environment came to serve as an indicator of her illness, as well as its impact on her being.

Wilke's autopathographic production was originally destined for an exhibition to be entitled "Cure,"⁷⁹ and was thus conceived as documenting a process of healing, not a process of dying. As such, the tonality in her final works is one of resilience and defiance, and the theme which most stands out is that of regeneration. Nevertheless, in confronting these works after Wilke's death, it is difficult not to endow them with some prescience of mortality, an uncanny rehearsal of dying, which is particularly articulated in her use of autopathographic posing.

Since her autopathographic works would only be exhibited posthumously, the title for the exhibition was changed to "Intra-Venus," drawn from Wilke's original naming of her autopathographic photo series. *Intra-Venus* refers to what lies beneath cult representations of feminine beauty catering to a scopophilic gaze.

⁷⁹ The exhibition project was alternately referred to as "Cured" by Wilke and by Donald Goddard, as well as the "Healing Show." Goldman, "Too Good Lookin'," 237.

From a psychoanalytic perspective, it invokes going inside this icon of femininity, penetrating Venus in order to see what she hides: not just the infamous “horror of nothing to see,”⁸⁰ but the horror to which this void ultimately refers, the inverse of the womb, the tomb or death. At the same time, the title also evokes the intravenous trespassing of the medical gaze beneath the skin-ego,⁸¹ and its subsequent transformation of a patient’s emotional and physiological life-bloods.

The *Intra-Venus* series was displayed at the Ronald Feldman Fine Arts Gallery in 1994. The photographs presented were selected by Wilke and Goddard, and following Wilke’s death, by Ronald and Fraya Feldman as well.⁸² Wilke determined the monumental scale of the images, c. 180 x 120 cm, by adjusting projections of her photographs on the wall until they reached the desired effect. The coupling of images into diptychs and triptychs was arranged by Goddard and the gallerists, and was consistent with Wilke’s earlier practice. In addition to performalist photographs constructed with Goddard, the works shown in *Intra-Venus* included two ceramic “box” sculptures (*Untitled*, 1987-92, and *Blue Skies*, 1987-92), a series of watercolour self-portraits, sculptural arrangements made out of medical paraphernalia, and drawings rendered with Wilke’s chemotherapy-induced fallen hair. It could be said that *Intra-Venus* made up a public reliquary of Wilke’s person.

Before her diagnosis of cancer, Wilke had developed the ritual of painting large-scale, gestural watercolour self-portraits on a regular basis (fig. 2.10). These were exhibited at the Feldman gallery in 1989, for her solo *About Face* show. After learning of her sickness, Wilke retroactively named her self-portrait series *B.C.* (Before Cancer). She has stated that, prior to drawing these portraits, she instinctively felt a change within her body.⁸³ Her self-portraiture presumably served as a form of self-exploration in response to this intuition, an attempt to

⁸⁰ Luce Irigaray, *This Sex Which Is Not One*, trans. Catherine Porter (Ithaca: Cornell University Press, 1985), 26.

⁸¹ Didier Anzieu’s notion of the “skin-ego” (“*moi-peau*”) draws a parallel between the skin’s physiological function as a bodily boundary/interface, and its symbolic delineation of a permeable sphere describing the self. Didier Anzieu, *Le Moi-Peau* (Paris: Dunod, 1993).

⁸² Personal interview with Marco Nocella, curator, Ronald Feldman Fine Arts Gallery, New York City (27 July 2006).

⁸³ See Goldman, “Too Good Lookin’,” 230.

discover what was going on inside her. The broad and loose brushstrokes in these paintings convey a sense of cathartic expression, and thus differ from the staged control of her autopathographic photographs. But in the same way as the pose enables the sitter to metaphorically stand outside of herself, so the paintings allowed Wilke to look at herself as if from the outside. Just as she once thought that posing might have helped Butter stay alive, Wilke confessed that “with the big face drawings,” she was also “trying to save [her]self.”⁸⁴ The regularity with which she painted these images could be compared to a form of journaling. She maintained the habit of painting herself, albeit on a smaller and less regular scale, with the watercolours produced for *Intra-Venus*. These are colourful portraits of Wilke’s face and a single hand, often pierced by a catheter, in Wilke’s painted accounts of her first experiences with intravenous therapy (figs. 2.11 and 2.12).⁸⁵

As Juan Vicente Aliaga has noted, the focus on these two body parts draws attention to the artist’s identity (her face), but also emphasizes her acts of creation (her hand).⁸⁶ Goldman adds that Wilke wanted to convey a sense of entrapment in the drawings of her hands.⁸⁷ Bringing a reduced, portable atelier into the hospital – selected colours, brushes and papers – Wilke used painting as a means to stay within the familiar territory of production and creativity. She often added inscriptions of motivating affirmations to her paintings, utilising the creative process as an alternative therapy in order to build up her strength and resilience. This creative ritual took on the power of a meditative mantra, repeated at length until it would finally affirm itself on its own. “You are strong,” she wrote on one image painted on the eve of her bone marrow transplant, “...getting in shape by drawing my way through this time.”⁸⁸ Wilke made of her regular artistic practice a positively affirmative one. She rehearsed and repeated the moral strength required to go through gruelling medical procedures. Her practice was consistent

⁸⁴ Wilke, quoted in Janet Wickenhaver, “Hannah Wilke SoHo Artist Does ‘About Face’,” *The West Side Spirit* (1 October 1989): 5, cited in Goldman, “Too Good Lookin’,” 231.

⁸⁵ Reported by Goldman, “Too Good Lookin’,” 236, from Wilke’s account in her *Intra-Venus* videotapes.

⁸⁶ Juan Vicente Aliaga, “The Force of Conviction: On *Intra-Venus* by Hannah Wilke” in *Hannah Wilke: Exchange Values*, 163-166.

⁸⁷ Goldman, “Too Good Lookin’,” 237, from Wilke’s account in her *Intra-Venus* videotapes.

⁸⁸ *Ibid.*

with many performative meditations commonly recommended to patients in the fight against cancer. Through concrete, positive visualisations, patients are thought to be actively contributing to the development of their immune systems, and this in turn is more likely to lead to a positive outcome for their treatments.

Wilke did not only generate representations of herself for this exhibition, but also recuperated elements from her hospital stay which would normally have been discarded. Her hair, for instance, falling in clumps after chemotherapy, was placed onto Arche paper for the various drawings that make up the *Brushstrokes* series (fig. 2.13). The blood-stained bandages taken off her hips after her bone-marrow harvesting were also mounted and signed (fig. 2.14). Wilke's physical presence and her experience of illness were each designated through the use of these negative imprints from her body. The ensuing effect of negative-presence is similar to the cut-outs of her mother's photographs included in the *In Memoriam: Selma Butter (Mommy)* installation. The recuperation of such discardable elements also made up an auto-reliquary of the artist, and extended the documentary value of her watercolour-journaling. Her painted "testimony" is reinforced by the truth-value of her bodily relics, which performatively attest to the veracity of her creatively recounted experience, and further designate her as a martyr. What's more, by repossessing these items, Wilke redeemed them to a certain extent, as she had done earlier with her pieces of chewing gum. Turning residual matter into art, Wilke effected something of a transubstantiation of the abject excretions derived from her body. Through these multiple gestures, Wilke turned disease into a regenerative, rather than degenerative, force, in the vein of the pathographic pharmakon and of *pathei mathos*.

The regenerative aspect of Wilke's autopathography is nowhere clearer than in her photographic performatist self-portraiture. Becoming "her own point of origin"⁸⁹ with these works, as Sandra Goldman has noted, Wilke makes of her poses an autopoiesis. She refers back to her earlier citational referents, posing her own previous poses, and by extension, the poses to which those poses in turn referred. Wilke continued to employ the aesthetic and rhetorical device of the

⁸⁹ Ibid., 243.

formula of pathos in these images, this time figuring the wound indirectly through the medical paraphernalia that accompanies her body. She maintained the use of built-in structures of paradox within the image, which both attest to and help to work through her suffering experiences, but also lead to a certain sense of displacement. The strategies Wilke adopted in order to navigate through the abundance of cultural meanings ascribed to illness remained close to the tactics she employed in attempting to destabilise the social prescriptions of gender. The resulting overall effect in her photographic *Intra-Venus* self-portraits is one of intentional presentation: a putting forward of herself as a body made for display, acutely aware of the conventions by which it is framed, and expecting to be looked at. But in her knowing deviance from the norms for representing an idealised body, Wilke also laid bare the standard expectations that govern women's representations. By conspicuously including her own commentary in these aesthetic formulas and poses, she revealed them to be prescriptive stereotypes that generally leave no room for the representation of "deviant" bodies.

Each of the photographs included in the series bears the date of its capture for a title, and thus evokes the practice of journaling once more. The emphasis on temporality also gives the series the tone of a documentary, even though in retrospect, this marking of time takes on the lugubrious character of foreshadowing death. It is important to emphasize that Wilke's last images were only posthumously displayed, and that they might have been interpreted differently had Wilke survived. In addition to their subject matter, the photographs are also striking for their monumental scale, and the grandeur conferred to bodily states that conventionally remain hidden. Their imposing presence and unsettling content have provoked strong emotional and somatic responses in viewers, making their reception a challenging one, as Joyce Brodsky recounts: "I had a visceral reaction so potent – tears and nausea – that I quickly

turned away from them.”⁹⁰ Rationalising her response shortly thereafter, Brodsky concluded that “their scale and presence affects me through my body awareness – the voyeuristic being replaced by my ‘being there’ in the flesh before them.”⁹¹ Brodsky figures the reception of these images as an affective and somatic event. Her position contradicts Sontag’s notion, referred to in the Introduction, whereby images of suffering only elicit complicit apathy in their production and reception.⁹² Wilke’s images are indeed persuasive, imposing themselves upon the viewer so that, in spite of any initial adverse reaction, the spectator is forced to look upon them again, no matter how painful the viewing.

For the purpose of their analysis, Wilke’s performalist photographic self-portraits are divided here into four descriptive categories.⁹³ The majority of these pictures, *Intra-Venus Series*, Nos. 1, 2, 4, and 8 (figs. 2.15 to 2.18), play on the citational resonance of Wilke’s poses, and put forward the art historical references of her situated self-representations. I group these images under the descriptor “self-display.” In diptych *No. 1*, a pot of flowers crowns Wilke as a bandaged Venus on one side, while a shower cap recalls “the headpiece in a Dutch portrait”⁹⁴ on the other. In *No. 4*, Wilke wears a blue hospital bed-sheet over her head in imitation of the Virgin Mary, and in a close-up shot, rests her hands on her cheeks in the pose of a fashion model. As a standing nude in *No. 3*, *August 9, 1992*, she presents herself as a Botticelli Venus who has lost all her flowing hair, and as a cheery cover girl in *No. 2*, she exposes a large abscess on her neck. Wilke

⁹⁰ Joyce Brodsky, “Painful Viewing: Hannah Wilke and Susan Sontag,” in eds. Nancy N. Chen and Helen Moglene, *Bodies in the Making: Transgressions and Transformations* (Santa Cruz, CA: New Pacific Press, 2006), 5-11, esp. 5.

⁹¹ *Ibid.*, 8.

⁹² See Sontag, *On Photography* and *Regarding the Pain of Others*.

⁹³ As I did not see the original exhibition, my analysis of works is based on their reproductions in the accompanying catalogue, and on viewing the works in other contexts, notably the Wilke retrospective held at the Artium in Vitoria, Spain (2006) and the inclusion of some of these works in the *Into Me/Out of Me* exhibition presented at the Kunstwerke gallery in Berlin (2006). It should be noted that the works included in the *Intra-Venus* catalogue were not all shown in the original exhibition. Also, due to space limitations, I omit the analysis of two works presented in the *Intra-Venus* catalogue: *Wedges of...* (1992) and *Why Not Sneeze?* (1992). Both of these works pursue Wilke’s continued comments, throughout her career, on the works and persona of Marcel Duchamp. See Hannah Wilke, *Intra Venus* (New York: Ronald Feldman Fine Arts, 1995).

⁹⁴ Sandra Goldman, “Hannah Wilke: Gesture and ‘The Regeneration of the Universe,’” in eds. Elisabeth Delin Hansen et al., *Hannah Wilke: A Retrospective* (Copenhagen: Nikolaj, Copenhagen Contemporary Art Center, 1998), 6-43, esp. 40.

revisits countless representational archetypes of women in these self-portraits, adding various light-heartedly blasphemous alterations to them in order to disturb their hastened reception. The tone is at times cheerful, and at others, acerbically ironic. In each, what is emphasised is Wilke's gesture of posing, and occasionally, of pointed art historical citation. What emerges in these photographs is the contradiction between Wilke's source referent – whether a concrete archetype/stereotype that is embodied by her pose, or even a pathos formula that lingers, disembodied, in the minds of viewers – and her current appearance. The clichéd tropes for representing feminine beauty – her head casually thrown back, for instance, smiling broadly for the camera, with her arms playing in her hair, as in *No. 2* – become parodies of themselves in light of this contradiction. At the same time, however, these poses also take on a poignant gravity, which they most likely would not possess in their “legitimate” contexts.

A second group of self-portraits in the *Intra-Venus* series plays with the evidentiary flatness of the photographic capture. It exploits the illusory carbon-copy quality with which the camera records a particular state of being in a given time and place. I qualify these images as “self-presentations.” In *Nos. 7* and *9* (figs. 2.19 and 2.20) Wilke appears to be looking at the camera without any pretence. There is no hinted-at wink in her eye, even though the photograph still clearly conveys its deliberate setting, and the context continues to emphasize Wilke's awareness that she is being photographed. The flatness in these images comes as a contrast to the citational resonance or depth in her pictures involving “self-display.” This flatness in turn emphasizes Wilke's gesture of deliberate self-presentation *per se*, as opposed to the additional commentary that accompanies her poses in her “self-display” photographs. But these images also beg the question as to why Wilke chose to photograph herself in this way. The minimal settings and the frontality of her gaze convey a utilitarian function to these photographs. The immediacy and insistence of Wilke's gaze in these pictures precludes any potential delight that a viewer, anticipating the thrill of seeing a portrait of suffering, might hope to encounter. In these images, Wilke does not

appear to be pained; instead, the photographs read as somewhat functional necessities, like mug shots or X-rays.

Yet there is absolutely nothing functional about these images, at least not in any biomedical perspective. Are these images meant to be taken as simple indices, documents, statements of “fact”? Or should they be read with a degree of irony, as citations themselves of the history of anthropometric photographs of illness, for instance? The unresolved tension that arises in situating an appropriate reading for these images doubles the contradictory flatness that is intrinsic to any photograph. As seen in Wilke’s pathographic images of Butter, for example, the photograph on the one hand retains the possibility of enlivening the represented subject; but on the other, the photograph also remains the simple archive of a time and place. On its own, un-invested by a receiver, this archive does not intrinsically carry any additional value, any insight beyond the visual “facts” that are depicted. The tone in Wilke’s self-presentational pictures seems to acknowledge the possibility that these are pictures and nothing more, and that nothing more than them – as “corpses” – will remain after her death.

In each of these photographs, Wilke looks directly at the camera. But her gaze does not seem to reach beyond the theatrical “fourth wall” in any way. This metaphor, conventionally used in representational theatre, indicates the invisible wall that separates the fictional space of the stage from the larger social space of the theatre. It delineates, in other words, a spatial and symbolic boundary between representation and reality. In her self-presentational images, Wilke gazes, metaphorically, to the “inner” surface of the photographic print, the inner side of her fourth wall; her look does not seem to reach beyond, towards the “real” (albeit future) encounter with a spectator, nor does it even appear to be presently reaching towards Goddard, her photographer. Thus, there is a certain restraint in her gaze, which does not share the warmth of Butter’s glance towards her daughter-photographer, for instance. Through this restraint, Wilke doubly conveys a self-reflexive gaze in these images: one that refracts the boundaries of her medium on the one hand, but one that also appears to be impenetrable, monological, on the other. This, in spite of the inherent dialogical quality of her

photographic process, with Goddard as her partner in its realisation, and with the importance placed on viewers and their active receptions.

In contrast to these deliberately self-presentational images, another group of *Intra-Venus* photographs shows Wilke in states where she does not appear to be posing. I refer to them as “self-disclosures.” In most of these images, *Nos. 10, 11, and 12* (figs. 2.21 to 2.23) in particular, Wilke is not looking at the camera. She appears to be self-absorbed for the most part, and in some cases, she is even sleeping. Many of the scenes are intimate – Wilke is lying naked in her hospital bed, shown in the bath or through a shower door. The photographs document bubbles of privacy that we should not be entering; yet, knowing Wilke’s practice, it is clear that we have been invited in. Despite the connotation of voyeurism that is hinted at through a veil of steam on the transparent shower door in *No. 12*, for instance, the viewer knows that Wilke has agreed to be seen in this moment of self-care, soaping her inner-thigh. Thus, the intimacy that is conveyed in these images – an intimacy that is often touching – nonetheless comes with the knowledge that it is both authored and authorised: in other words, that this closeness with the artist’s image is consensual, and that it might even be orchestrated.

Few of Wilke’s performalist works in the past have given the impression that she was not posing. Undoubtedly, the fact that she was closely collaborating with Goddard who took the pictures in *Intra-Venus* – sometimes even while Wilke was unaware, as when she was sleeping – allowed for a new *gradation* of the definition of posing to emerge. Posing was no longer restricted to a single, deliberate action before the camera. Instead, her entire hospital and illness experience potentially became a performalist pose altogether, in the sense that it was transformed into material for both critical reflection and intentional representation. Wilke enabled her hospitalisation to become a possible medium for healing by turning her experience into an overall pose, and by exploiting the splitting of the subject with which it is accompanied. Wilke became both an actor and spectator in the hospital, transcending the psychic and physical confines of the institutional space. She even video-recorded much of her time in the hospital

and her encounters with friends thereafter with the intent of creating a 12- to 16-monitor installation.⁹⁵ This archiving of herself was not just the process of collecting various moments in snapshot or time-based formats; judging by her earlier experience during her mother's illness, the very recording of these moments became a process of self-aware living, underlining the precariousness of time (though perhaps only on a subconscious level) with the anticipatory knowledge that it might be running out.

In many of these moments of self-disclosure, Wilke is in effect sleeping, lying in her hospital bed. In *No. 11*, she is presented horizontally in three of the four panels, recalling canonical deathbed scenes by Ferdinand Hodler and others, as well as her own portraits of her mother. One of these photographs even reveals a sewn up wound on her neck, and thus anticipates the appearance of the body as it is treated in an autopsy. Wilke's body in all its living flesh (*Leib*) slips into the strictly anatomical function of its physiology (*Körper*), and in this way evokes the cadaver.⁹⁶ The cohabitation of these plural bodies also exists in life, but is made all the more explicit in illness, through surgical treatments on the body. In the fourth panel, Wilke is awake and looks straight ahead towards the viewer. The inclusion of this image ultimately prevents reading the other panels as picturing a lifeless body. Wilke infuses the other images with life not only through the juxtaposition of her lively presence in the fourth picture, but also through its reminder of her representational authority. In what amounts to a demonstrative staging of the split that occurs in the act of posing, Wilke presents her death before us, yet at the same time, prevents us from seeing her as dead. This apotropaic gesture might be intended to further ensure her survival, forbidding us to believe that, in our other encounters with her image in *Intra-Venus*, Wilke is already dead.

⁹⁵ This installation, consisting of 30 hours of video material shot between 1990 and 1993, was finally realised on 16 monitors by Donald Goddard. *Intra-Venus Tapes* was presented at the Ronald Feldman Fine Arts Gallery in New York in September and October 2007.

⁹⁶ The German language distinguishes these two terms for the body. While *Körper* refers more directly to the body's anatomical functions, *Leib* designates the body as living flesh, with all the somatic, social, and other processes that being in the flesh implies.

The last grouping of images to be identified, which consists of the single diptych *Intra-Venus Series No. 5* (fig. 2.24), conveys an expressive directionality that I qualify as “interpellant.” As compared to the other images, there is a transitive aspect to Wilke’s posing here, which can be attributed to her open mouth in both pictures. As a formula of pathos, Wilke’s agape mouth is reminiscent of the Laocoön priest’s. Wilke’s eyes are tightly closed in *May 5, 1992*, and the bags under her eyes make her look weary in *June 10, 1992*, but in both cases, her mouth is opened with a vigour that is proportionate to her current capacity. On the right panel, she appears to emit a silent scream, protesting her pain and urging viewers to pay attention to the image of her suffering. On the left, her nose is clogged with cotton, and skin sloughs off her tongue. It seems as though she hardly has the energy to even keep her mouth open, yet she still wants to demonstrate the trials she endures. Or, perhaps on the contrary, she is forced to pry open her weary mouth, as when a doctor instructs, “Open up and say ‘ah.’” Whatever the intent, the inclusion of an open mouth and its immediate connotation of orality, voice, or a pre-semantic utterance, is the most directly expressive gesture to be encountered in Wilke’s repertoire. All her other poses convey design, deliberate framing and control – formulas of pathos that carry with them plural displacements of the vital energy in *Pathosformeln*.

All the measure we have seen in her other photographs – above all, in the “self-display” and “self-presentation” images – is countered by the excess in this diptych. On the one hand, there is the vital, chromatic excess that arises from Wilke’s blue and yellow garb, which contrasts her tongue, tainted a deep raspberry red. Wilke’s tongue thrusts forward – an internal organ jutting out – but she seems almost reticent to see it, closing her eyes instead, either in pain or in fear. On the other hand, we are faced with the morbid excess of a Frankenstein-like figure, plugged with cotton and punctured with drip lines, emitting an almost audibly hindered breath, whether gasping for air, or releasing an exhausted sigh.⁹⁷

⁹⁷ The ambiguity of feeling evoked by Wilke’s open mouth is reminiscent of the different readings put forward by Winckelmann and Lessing on the affective intent behind the Laocoön priest’s parted lips. For a summarized account of their conflicting interpretations, see Jane Blocker, *What*

The open mouth and accompanying orality in both pictures is transitive, in that it not only suggests a real and metaphorical passage from the inside of the body to the outside, but also an affective outreach from Wilke to her witness/viewer. Nowhere else in the series is such an appeal directed as clearly as here, in spite of the fact that most advocates of the “pathographic pharmakon” might consider this expressive appeal to be the very fundament of the autopathographic gesture.

And yet, like all of Wilke’s performatist creations, *Intra-Venus Series No. 5* is also a picture of itself, a self-referential citation. It might even be a reference to the legacy of canonical pathos-images, such as *Laocoön and his Sons*. Since her authorial gesture remains so present throughout the exhibition, the ghost of Wilke pointing at herself through the display of these images metaphorically haunts their reading. In this diptych, the photographs convey an affective sensation more directly than the others, and as such, appear to come closer to Warburg’s understanding of pathos-images. Taken in the context of the series, however, it is clear that even in these photographs, Wilke’s pain is being artfully depicted. Although these images are interpellant, the context of the series announces the fact that they utilise formulas of pathos – e.g., an agape mouth – which are themselves citations of gestures that connote the affective sensation of suffering. For this reason, Wilke’s autopathographic work does not readily fall into the category of an expressive arts therapy, as an unmediated representation of her experience; rather, it remains, as it was before, a critical art practice. Although the process that goes into the creation of these images carries a restorative potential, their outcomes can usually be understood as commentaries upon representational precedents.

In the *No. 3* triptych (fig. 2.25), three naked Wilkes are shown. On the left, she is sitting on a portable toilet, and bears a seemingly content expression in spite of her desolate surroundings. In the middle, she is lying in a bathtub, her open legs and sex exposed in the foreground of the image. On the right, she stands upright, posing like a model against a white wall and wearing only slippers; she

looks down towards the camera. The three pictures present three levels or positions – lying, sitting, standing – which might also refer to three ages of life – birth (the middle image featuring the birth canal), upright adulthood, and frail old age. Stefanie Kreuzer has aligned each of the pictures with an art historical referent: Titian's *Potrait of Pope Paul III* (1545-46) on the left, Botticelli's *Spring* (1477-78) on the right (which Jones aligns instead to Ingres' *Venus Anadyomene*⁹⁸), and in the middle, Kahlo's *My Birth* (1932), although this image could equally be tied to Courbet's *L'Origine du Monde* (1866).⁹⁹

In psychoanalytic terms, the middle image in Wilke's triptych refers again to the womb/tomb confusion, to the m/other as object of attraction and fear, and to the female sex as the simultaneous source of life and menace of castration/death. Undoubtedly, the piece is about womanhood – the vagina is at the center, and it is crowned as a holy trinity with the persistent goddess of the pose on the right and a more resigned, vulnerable incarnation of femininity on the left. But as Goldman points out, Wilke re-engenders herself in these images, becoming her own point of origin – again. Like Kahlo who figures the impossible knowledge of the moment of her own birth, Wilke's self-representational gesture is at the same time an autopoiesis, her open sex a continued re-birthing of herself through the wound.

Turning her body and life into art, and investing art with the power to hold onto the life of the body (as with her pathography of Butter), Wilke's creative process is replete with multiple births and deaths. Her self-generation is constantly reiterated through her self-representations and plays with the pose. She figures herself as a goddess, turning her life into mythology, all the while becoming an idol of projection for other people's pains. But as Jones remarks, and as Wilke may not have anticipated, with *Intra-Venus* Wilke also "staged her own [artistic] resurrection."¹⁰⁰ For better or worse, *Intra-Venus* became the posthumous apogee of Wilke's redemption. When critics saw that she continued to pose in the nude with her body transformed by illness, they reassessed the

⁹⁸ A. Jones, "Intra-Venus and Hannah Wilke's Feminist Narcissism," 11.

⁹⁹ Kreuzer, "Das Selbst und der Körper im Schmerz," 82.

¹⁰⁰ A. Jones, "Everybody Dies..."

charges of narcissistic exhibitionism by which her earlier work was met.¹⁰¹ Received as “heroic,” “courageous” and “tragic,” “acerbic, witty,” “terrifying and sublime,”¹⁰² the *Intra-Venus* exhibition retroactively redeemed the career of the artist, and did so by making public the final poses of her self-displayed martyrdom.

7. Displaced Pains: Towards an *Ars Moriendi*:

Contrary to the myth of a direct expressivity that might be read into the image of an ill body or suffering being, the multiple formulas of pathos employed in the *Intra-Venus* series suggest that even the autopathographic gesture is a few steps removed from the “real.” Here, the splitting of the subject that accompanies the act of posing is doubled in the image by the multiple displacements employed in order to evoke the pathos formula. As we have seen, Wilke’s autopathographic production does not rest upon an unmediated expression or live enactment of pain. Instead, her performatist works bring the construction of the image of suffering to the fore. The artist’s generally stoic expression in these images, in contrast to the signs of pathos surrounding her, exacerbates the indication of their fabrication, their status as representations. It also installs a spatio-temporal elsewhere which suggests that pain can be transformed. Effecting plural displacements from affect to sign, Wilke’s communication of a lived experience of pain in *Intra-Venus* is dominated by the evidence of an aesthetic and authorial gesture that seeks to give pathos form by overlaying the image of the real with a discernable representational framework.

Wilke’s image production during her illness made the most of the acting powers that are intrinsic to the creative process, and in particular, of the potential for autopathography to function as a restorative pharmakon. The abundant body of works produced while she was sick further suggests that, in the vein of *pathei*

¹⁰¹ For example, Goldman cites the revisionist readings of Wilke’s earlier works in Cheney, “Hannah Wilke: Intra-Venus,” 60. See Goldman, “Too Good Lookin’,” 250.

¹⁰² See, amongst others, Nancy Princenthal, “Mirror of Venus: Photography, Videos and Performance Art, Hannah Wilke,” *Art In America* (February 1997): 93, and A. Jones, “Intra-Venus and Hannah Wilke’s Feminist Narcissism,” 9.

mathos, the autopathographic process was somehow enlightening for Wilke, as for example with her *B.C. Series*. The dissemination of her autopathographic images served to propagate the experiential knowledge that Wilke was deriving from her illness: on the one hand, by demonstrating that a sick subject need not be incapacitated, and on the other, by potentially transmitting the image's acting power so that it might also "close other people's wounds."¹⁰³

What makes Wilke's work distinct from a strictly therapeutic practice is the fact that it remains clearly intended for the public eye. Her production also situates itself within an art historical narrative, by citing and making puns on the works of old masters. As such, her autopathography is not strictly a subjective, cathartic expression; rather, it is an unequivocally public articulation of her critical reflections on and of (the image of) illness. Wilke's autopathographic works are wittingly alluring, driven by disclosure, and seem to promise a revelation of hidden taboos. But what her images ultimately put forward appears to be so staged, so deliberately delivered to the viewer's eye, that they end up frustrating any expectation of naïve exhibitionism on her part. While Wilke's autopathographic images continue to exploit the (unconventional) seduction of her viewers, they also throw back any potential anticipation of pure voyeuristic pleasure. Although Wilke's images let us catch a glimpse of her private ordeal, every time we look at her, we are emphatically reminded that she is the one who has facilitated our viewing. When standing as viewers before her photographs, Wilke's exacerbated presence as author/izer of the images outweighs her absence in life, making her agency as an artist seemingly endure, even from beyond the grave.

Rather than strictly appearing to succumb to her pathos, looking disempowered or helpless in her self-portraits of illness, Wilke's production ultimately seeks to confirm that she stages her own images, and therefore remains, to a relative extent, in control of her destiny. Her authorial hand – displaced in her rendering of the entire hospital experience as metaphorically "posed" for image-making – haunts the viewing of each of her photographs. The image of Wilke's

¹⁰³ Citation of Henry Miller in Wilke's *So Help Me Hannah*.

suffering cannot be consumed without her having anticipated it: through her frontal gaze, or by otherwise emphasizing her self-representational gesture, Wilke in fact watches over the viewer who is looking at her. Her agency in the face of her representation of suffering is crystallised through her use of the autopathographic pose.

Without a doubt, Wilke's autopathographic production enabled her to catch a glimpse of her own mortality, refracted in the image of her self-representations. Her autopathographic practice confronted the im/possibility of retaining her agency as a dying subject, of being in the face of non-being. By continuing to pose in her final photographs, Wilke used similar tactics as in her earlier feminist works. There, she had encountered difficulties in asserting her subjecthood while performing as a beautiful/female/pleasure-object. In the context of illness, however, the stigma projected onto diseased bodies, as well as the expectation that Wilke play a conventional "sick role," certainly posed further challenges to her representation as a subject endowed with free will. Above all, the most fundamental challenge to Wilke's sense of agency while being sick indubitably came from her confrontation with mortality.

Although Wilke clearly stipulated that her intention with *Intra-Venus* was to celebrate life,¹⁰⁴ and to perform, in a sense, her own rebirth through autopoietic gestures, her posed photographs and reliquary objects can also be taken as rehearsals for dying. By posing, Wilke "practiced" the possibility of her demise in the same way that drawing and painting allowed her to "rehearse" resilience before her medical procedures. Autopathographic posing helped to familiarize the artist with her own "self-corpsed" image. While they also enabled her to performatively inhabit a transformative elsewhere, her acts of posing nonetheless doubled the morbid signs conjured by her wounds and bandages.

While Butter had been ill, Wilke had similarly painted numerous studies of dying flowers. She qualified the making of those *natures mortes* as the "preparation for her [mother's] death."¹⁰⁵ Witnessing her mother's passing was a

¹⁰⁴ Personal interview with Marco Nocella (27 July 2006).

¹⁰⁵ *Oasis d'Neon Video Magazine*.

preliminary, albeit inevitably displaced, encounter with her own mortality.¹⁰⁶ With her own autopathography, it was no longer a matter of figuratively taking on her mother's wounds, but rather, of performing herself as other – an other that would enable Wilke to “see” her death by posing for her autopathographic image, and in the process, to metaphorically rob death of its dis-engaging power.

Wilke's autopathography rendered her other to herself by enabling her to embody the subjective split that goes with the performance of posing. This split had a recuperative value, allowing the artist to distance herself from her pain, as it had earlier helped her mother. It also helped Wilke to distinguish herself from the projections that are stigmatically attributed to the sick body. But at the same time, Wilke's autopathographic posing enabled her to imaginatively anticipate and bear witness to her own departure, all the while struggling with the will to live on. Derrida has written: “il faut se [donner la mort] en la prenant sur soi.”¹⁰⁷ With her final works, Wilke was indeed giving herself (to) death, even as she held onto life: she took death on before it took her. In this way, with *Intra-Venus*, Wilke unwittingly developed her own form of an *ars moriendi*. This became an express purpose of autothanatographic works by Jo Spence.

¹⁰⁶ As we have seen in the Introduction, since it is not possible to attend to one's own death, the death of the other becomes a substitute for one's own. The death of one's (biological) mother is particularly reflexive of one's mortality, since she was the one to give life.

¹⁰⁷ “One must [give] oneself [death] by taking it upon oneself,” free translation. Jacques Derrida, *Donner la Mort* (Paris: Galilée, 1999), 69.

CHAPTER 3

From Autopathography to Autothanatography: Jo Spence's Construction of a Living Archive¹

A British photographer whose career was contemporaneous to Wilke's, Jo Spence similarly developed a distinct form of performative photography, which she further explored in the face of disease. Like Wilke, Spence exploited her self-portraiture in order to work through the trials of illness, and to assert her subjectivity in the struggle to regain health. While her production was mostly grounded in autobiography, Spence always used the photographic medium as a larger critical tool. Her aesthetic tactics aimed in particular at revealing the structural inequities that contribute to the painful experiences of individuals who are marginalised by class and gender, and other markers of social difference.

This chapter investigates Spence's development of a critical visual culture of illness, as informed by her earlier reflections on radical aesthetics and leftist politics. I begin with an overview of Spence's photographic practice before cancer, and the reflections, both formal and political, by which it was informed. This is followed by an extended analysis of the representational techniques employed in Spence's visualisations of breast cancer, and in her practice of "phototherapy." The chapter concludes with an original investigation into Spence's largely unpublished autothanatographic images, which were produced after Spence's second diagnosis of cancer in 1990.²

Two intersecting principles guide my readings of Spence's autopathographic project. In the attempt to construct both a critical visual culture of illness for the public at large, and a personal reformulation of the mark of illness upon her person through phototherapy, Spence took an abundant amount of staged and spontaneous self-portrait photographs, and also revisited earlier photographic documentations of herself in her family album. In a sense, Spence's

¹ My early research on Spence's autopathography was published in "Exposed Wounds: The Photographic Autopathographies of Hannah Wilke and Jo Spence," *RACAR* 33, 1-2 (2008): 87-101.

² I am grateful to Terry Dennett for providing me with access to unpublished images and papers from the Jo Spence Memorial Archive.

autopathographic process consisted in building a living archive / archive of living, one that she continuously reinvested with embodied performances and reactivations of her “self-archive.” In this respect, Spence’s autopathographic process shares some common ground with Wilke’s. On a political level, Spence’s living archive radically granted visibility to the experience of illness in a non-medical context, at a time when images of breast cancer were conspicuously inexistent. John Roberts has described the political facets of Spence’s work as consisting in an “archive-from-below,” which he relates to the “continuing power of photography to connect us to historical realities.”³ But on a personal level, like Wilke, the construction of a living photographic archive became the very means for Spence to perform her own survival, and she orchestrated her autopathographic archive according to her aesthetic, political, and therapeutic interests.

Diane Taylor describes the archive and the repertoire as two interrelated modes of knowledge transmission that are frequently misrepresented as mutually exclusive methodological binaries. Archival memory, Taylor explains, consists in “all those items [such as photographs] supposedly resistant to change,” while the repertoire is made of “all those acts usually thought of as ephemeral, nonreproducible knowledge.”⁴ The repertoire, she adds, “enacts embodied memory,” and while the archive may appear to be fixed, Taylor specifies that what “changes over time is the value, relevance, or meaning of the archive, how the items it contains get interpreted, even embodied.”⁵ Reading the archive and the repertoire through the lens of performance studies enables Taylor to present the two as functioning in tandem, rather than in opposition. Performances, she explains, “function as vital acts of transfer, transmitting social knowledge, memory, and a sense of identity through re-iterated, or what Richard Schechner

³ John Roberts, “Jo Spence: Photography, Empowerment and the Everyday,” in eds. Ribalta et al, *Jo Spence: Beyond the Perfect Image*, 66-84, esp. 80.

⁴ Diane Taylor, *The Archive and the Repertoire: Performing Cultural Memory in the Americas* (Durham: Duke University Press, 2003), 19 and 20.

⁵ *Ibid.*, 20 and 19.

has called ‘twice-behaved behavior’.⁶ Performance studies, Taylor later pursues, allows scholars to “take seriously the repertoire of embodied practices as an important system of knowing and transmitting knowledge.”⁷ In other words, performance studies do not let the repertoire be dominated or obscured by the archive’s authority, but rather tend to recognise the living dimension of the repertoire, to which the archive is always related. Inspired by Taylor’s approach, I regard Spence’s practice as her active engagement with the photographic cultural archive of disease in order to re/produce a dynamic, situated and embodied autopathographic repertoire. Spence’s production, in other words, does not strictly consist in visual documents of illness in my eyes; it also takes shape in the performative acts that are involved in producing and revisiting her living archive.

Spence’s constitution of a living archive, and her reactivation of existing photographic archives of herself, resonates with Taylor’s understanding of the reciprocal performative exchanges between the archive and the repertoire. For example, Spence’s photographic “traces” cannot be dissociated from the performances by which they were produced, nor by those which, in phototherapy, they will trigger anew. As with Wilke’s practice of posing, Spence’s performed repertoire consists in a series of embodied acts upon which her photographic archive depends. Further, as the dynamic index of these living acts, Spence’s photographic archive is also a collection of the “technologies of embodiment” that enable her past to be reactivated in the future/present.⁸ Amelia Jones has described this as the “not yet” potential of the self-portrait photograph.⁹ The past is reactivated on the one hand by the viewer’s present recognition of “that which has been” in the photograph, and also by his or her reinterpretation of the image. The photograph, in other words, functions as a dynamic archive, one whose meaning is subject to change. The archival “past” is furthermore reactivated by the surviving presence of the author who metaphorically haunts the viewing of her

⁶ Ibid., 2. Taylor cites Richard Schechner, *Between Theatre and Anthropology* (Philadelphia: University of Pennsylvania Press, 1985), 36.

⁷ Ibid., 26.

⁸ See A. Jones, “The ‘Eternal Return’,” and my Introduction. Jones refers to self-portrait photography’s potential to function as a “technology of embodiment.”

⁹ A. Jones, “The ‘Eternal Return’,” 975-76.

self-portrait picture: the photograph in this case functions as a technology of *survivance* in addition to embodiment, as we saw with the performatist images produced by Butter and Wilke. While the above considerations on self-portrait photography as a living archive / archive of living are especially relevant to Spence's autopathographic works, her earlier production already partook in reactivating the archive through studies in genre photography, and her re-embodiments of the archive as repertoire.

1. Photographic Language and Cultural Agency:

Coming from a working class background, Spence adopted photography relatively late in life. She was exposed to it somewhat by chance while working as a secretary in photography-related businesses, and essentially taught herself the necessary skills through observation. In 1967, Spence opened her own commercial photography studio, where she remained active until 1974. Her first forays into non-commercial photography, undertaken parallel to her remunerated employment, privileged documentary realism. It soon became apparent that Spence was committed to producing socially-engaged photography outside the commercial studio: in the bulk of her work, she endeavoured to use photography as a democratic and tactical weapon. By 1974, in collaboration with Terry Dennett, Spence co-founded "Photography Workshop Ltd," an independent research organization devoted to making photography more accessible to the general public through teaching and publications. Subjects explored by the group included worker photography, labour struggles, and the history of the British left. Photography Workshop aspired to transform the photographic gallery into "a site of social intervention."¹⁰ They developed various community-based photo education projects to this end, including the exhibition *Women, Work and Wages*

¹⁰ "Jo Spence: Biographical Notes," 1. Press material for the exhibition *Jo Spence: Beyond the Perfect Image* at Camera Austria, Kunsthaus Graz (April 1 to June 25, 2006), curated by Jorge Ribalta and Terry Dennett.

(1973-75).¹¹ At this stage in her practice, Spence was actively involved in creating an accessible ethnographic photo-archive of the British working class, and hoped that the dissemination of these images could promote social change, at the very least through education.

With the help of Photography Workshop, “The Hackney Flashers Women’s Photography Collective” was founded in 1977. Spence collaborated with the group on a number of projects, including *Who’s Still Holding the Baby?* (1978). Their exhibits combined traditional documentary photography with written testimonial accounts, newspaper clippings, cartoons, and educational materials. By displaying multiple sources of information, the idea was to promote an engaged form of viewership, so that the spectator would be forced to negotiate between diverse representations of “facts.” In these and most of Spence’s subsequent exhibitions, photographs and print documents were laminated in order to facilitate transportation. They were often presented in unorthodox exhibition spaces, more accessible to an audience that would not be drawn to traditional galleries. Spence’s non-commercial photographic practice was thus politically driven from the outset: in seeking to disseminate knowledge as a tool for individual empowerment, popular education through photography served as a form of pragmatic activism for Spence.

By 1978, Spence’s work took a clearer turn towards the autobiographical, and in 1979, at the age of 45, she enrolled in a photography program at the Polytechnic of Central London. Using the critical skills developed in her analyses of visual language, and in particular, in her explorations of the documentary format, she produced the exhibition *Beyond the Family Album* (1978-79), a photographic investigation into her own family history, whose reflections, both theoretical and formal, would inform many of her works to come. The critical analysis of photographic language was also put to work in the production of *Remodelling Photo History* (1982) with Dennett. For both of these exhibition projects, Spence’s creative process involved deconstructing existing structures of

¹¹ Amongst other things, Dennett and Spence developed techniques to teach photography to children, showing them how to build their own inexpensive cameras, and bringing mobile darkrooms to playgrounds.

photographic signification (the family album for the first, and the documentary/ethnographic photograph for the second), and critically reconstructing them. Each of these projects thus constituted a form of re-engaging with the photographic archive and with photographic practice as a tool for the dissemination of knowledge. The reconstructed images that resulted from Spence's revisions of existing archives and her re/productions of their repertoires reverberated the aesthetic/ideological traditions from whence they came. Through their distance from the "originals," the new photographs generated critical commentaries upon their sources.

At the heart of Spence's practice was a renewal of the signifying structures of photography that was formal in appearance, and radical in intent. The prime inspirations for her critical photographic work included the Dadaist montages of John Heartfield, the politically-driven aesthetics of Bertolt Brecht, and the socially-engaged pedagogical philosophies of Paulo Freire and Augusto Boal.¹² The latter's tactics also aimed at promoting critical reassessments of images by viewers, in order to effectively turn them into "spect-actors."¹³ Added to these influences were the critical theories of representation that Spence encountered in her work with Photography Workshop, and while studying under Victor Burgin at the London Polytechnic. By the time she would be confronted to breast cancer at the age of 48, Spence was already a highly informed critical reader and producer of visual culture. It only made sense to pursue her investigations into the construction of photographic knowledge and the reconstruction of the photographic archive by visualising her experience of breast cancer, and documenting the medical institutions she was obliged to frequent.

¹² Terry Dennett, Jo Spence Memorial Archive, personal interview, London, 12 January 2008.

¹³ Jessica Evans, "Against Decorum! Jo Spence: A Voice on the Margins," in eds. Jorge Ribalta et al, *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism* (Barcelona: MACBA, 2005), 34-62, 37. See also Augusto Boal, *Theatre of the Oppressed* (London: Pluto Press, 1979) and *The Rainbow of Desire* (London: Routledge, 1996).

2. The Politics of Rendering Breast Cancer Visible:

Spence's autopathographic production ranges from the first appearance of breast cancer in 1982, through her subsequent diagnosis with leukaemia in 1990, to her death in 1992. Throughout the decade during which she was exposed to illness, Spence used herself and her body as a case study for the construction of photographic, medical, and cultural "truths" about disease. She exploited her art as "politicised exhibitionism"¹⁴ to this end. Central to her project was the construction of a critical visual culture around illness that would be grounded in her own experience. Her task involved creating "counter-representational work"¹⁵ on disease from the patient's point of view, at a time when there were few, if any, non-pathological representations of cancer. In effect, Spence was stunned at "the *under-narrativisation* of certain experiences from the perspective of those who undergo them,"¹⁶ by which she referred more specifically to breast cancer. She found that, at that time, there were "no images for what [she] want[ed] to say," and indeed, she would be compelled to "produce these missing images"¹⁷ and construct this pathographic archive in lieu of none.

The experience of breast cancer and its photographic investigation strengthened the junction between Spence's personal life and her political participation. When comparing her autopathographic work on breast cancer to her previous aesthetic production, Spence, in hindsight, remarked:

as an artist, I had used my own body to make statements about the history of the nude [e.g., in *Remodelling Photo History*]. But that was totally different—the body I had put up on the wall then was not diseased and scarred. Those nudes had been about ideological things. Cancer was about my own history.¹⁸

¹⁴ Jo Spence, "Woman in Secret," in eds. Jo Spence and J. Solomon, *What Can a Woman Do With a Camera?* (London: Scarlet Press, 1995), 85-96, esp. 94-95.

¹⁵ John Roberts, "Jo Spence: Photography, Empowerment and the Everyday," in eds. Ribalta et al, *Jo Spence: Beyond the Perfect Image*, 66-84, esp. 74.

¹⁶ *Ibid.*, 73. Emphasis in original.

¹⁷ *Ibid.*

¹⁸ Jo Spence and Jan Zita Grover, "The Artist and Illness: Cultural Burn-Out / Holistic Health!" in eds. Ribalta et al, 410-416, esp. 411.

Spence had examined the history of the nude in art for the role it played in the construction of her self-image as both a woman and cultural producer.¹⁹ Similarly, in order to thoroughly examine the cultural meanings of cancer and their representations, Spence first had to explore her own imag(in)ings of the disease, and the place they held within her personal history. She would find that tacit ideological manifestations – in the form of biopower, the regulation of sick roles, and the production of (visual) illness metaphors in particular²⁰ – had significantly informed not only her family’s and her own personal relationships to disease, but also the broader cultural representations of illness to which they had been exposed. Photography, then, would have to be used not only as a personal response to sickness and to the dynamics of the medical establishment; in a broader gesture, it would also be employed to “re-write” the cultural image of illness, and of breast cancer in particular. Spence was driven to make her experience of sickness a useful one, personally and politically, as well as for the benefit of her peers.²¹

Using her body as the primary sign with which to construct a critical visual language of illness and to build her living archive, photography enabled Spence to continue to participate as a social actor, even while she was weakened and working through the private impacts of her disease. Documenting her visits to the hospital, and performatively photographing herself in the studio, Spence’s “*active self-dramatisation*”²² enabled her to take responsibility for her health and well-being firsthand, and to become an instrument in her own healing. Spence’s elaborate knowledge of theories of representation significantly informed her

¹⁹ The themes of femininity and self-image consistently re-emerged throughout Spence’s career. Before her work on breast cancer, these interests surfaced in her collaborations with The Faces Group (a women’s photography collective), Polysnappers (a photography group formed by Spence and colleagues at the London Polytechnic), and in her diploma project on Cinderella at the London Polytechnic.

²⁰ For details on these terms, see chapter 1.

²¹ Jackie Stacey notes that “‘empowering the patient’ has been a theme within feminist health politics for nearly thirty years,” and she includes Spence’s photography in this broader movement. Stacey, *Teratologies*, 207. This drive is consistent with “the movement from catharsis to altruism” found in literary pathographies of breast cancer in particular, as noted by Hawkins in *Reconstructing Illness*, 25. Looking back on her response to her breast cancer diagnosis, Spence describes, in the same vein: “I thought immediately about *how to be useful*, how to turn my illness into something useful.” Spence and Grover, “The Artist and Illness,” 410, emphasis in original.

²² Roberts, “Jo Spence: Photography, Empowerment and the Everyday,” 74.

photography of illness, allowing her to respond to aesthetic precedents. But her reflections on images of cancer and on the process of constructing a new imagery of disease also enabled Spence to experience her illness differently²³: she was able to critically reflect upon cancer in the process of its experience, and to respond to it creatively as well. When Spence used her camera in the hospital, it functioned as an empowering tool in a manner reminiscent of Wilke. Posing her experience of illness enabled Spence to claim it as her own, and to assert her subjecthood as an artist and individual, as it did for Wilke as well. Finally, Spence's performances before the camera similarly took on a therapeutic function, and she further explored these effects in the studio while developing "camera therapy."

In order to formulate her own visual culture of breast cancer, Spence adopted aesthetic tactics ranging from documentary photography to performative phototherapeutic re-enactments. She also explored a dialectical form of imagery, composed of poses combined with contradictory iconographic elements. One of the challenges in her autopathographic project would be to produce a "non-dogmatic form of photography"²⁴ that would present a variety of perspectives on disease through a diversity of aesthetic means, combining spontaneous and staged photography. It is in the way too that the presumed rigidity of the photographic archive was reinvested with the dynamism of living repertoire in Spence's practice. Her purpose was to demonstrate that the photographic sign, like the subjects it represents, is not fixed, but rather exists in process, negotiating pressures that exceed a seemingly frozen photographic "truth." She pondered:

if you are using yourself as "subject", how [do you] show that you are a subject in struggle, not passively accepting orthodox medicine, nor orthodox ways of taking photographs?[...] How do you try to contradict what most people assume commonsensically to be the truth of the illness? That it could be *seen* differently, and therefore *acted upon* differently is what I'm interested in.²⁵

Spence's production and her reflections on representation made an implicit connection between imagery and action. Cultural production, from her

²³ Ros Coward and Jo Spence, "Body Talk?," in eds. Patricia Holland, Jo Spence, and Simon Watney, *Photography/Politics: Two* (London: Comedia, 1986), 24-40, esp. 35.

²⁴ *Ibid.*, 38.

²⁵ *Ibid.*

perspective, has a concrete stake in the political apprehension of disease. The agit-prop work of early AIDS activism in both visual and performative forms attests to the power accorded to symbolism in the quest to change political and economic policies towards the disease. Yet, at the time when she was producing her works on breast cancer, Spence noted that

the representation and politics of cancer simply do not get debated in the world of politicised photography in Britain, whereas people who do cultural work on AIDS have available the language and theory developed around the politics of homosexuality.²⁶

Judging by this statement, Spence's political visualisation of breast cancer effectively stood on its own. Not only was there a lack of non-pathological imagery of the disease circulating in Britain, but there was also a significant paucity in the discourse surrounding cancer representations in general.

Today, the scarcity of breast cancer images has been filled by a proliferation of pathographic works, disseminated by both professional and amateur artists. Spence herself acknowledged that, since 1985, there has been a significant improvement not only in the resources available for breast cancer patients in Britain, but also in "the public/political climate" and its way of "fram[ing] breast cancer."²⁷ Breast cancer has at least become visible in the public eye since Spence's diagnosis in 1982. But various interested parties in Britain and America have guided the turn of breast cancer-related cultural production to such an extent that there is little diversity in the forms of its representations. Jessica Evans plainly states that "the contemporary culture of the disease is marked by patriarchal values and corporate self-interest."²⁸ One of the consequences of producing such "interested" representations of breast cancer is that the taboo today no longer lies in showing the illness, but in representing any negative emotions that might be tied to its experience. "The stigmatisation of breast cancer," Evans explains, "has given way to what can be called its popularisation," but only so long as its representations adhere to a "feel-good 'pink ribbon'

²⁶ Spence and Grover, "The Artist and Illness," 413.

²⁷ Jo Spence, *Cultural Sniping: The Art of Transgression* (London: Routledge, 1995), 132.

²⁸ Jessica Evans, "Against Decorum!," 48.

approach to the disease, one in which emotions of anger and depression are outlawed as negative or dissent, and in which the disease is itself redemptive or a rite of passage.”²⁹ Such are the new dominant illness metaphors of breast cancer: that it is a trial one bravely surmounts, which turns the individual into a “heroine” and “survivor.” In order to better situate Spence’s work as going against the grain of “licensed” breast cancer representations, the next section investigates the role of images in the rise of political breast cancer movements, for which the early representation of breast cancer in America provides a succinct case study. Although Spence was not working in America, but in Britain, the development of an American visual culture of breast cancer neatly summarises many of the ideological stakes at play in representations of the disease.

3. The Rise of the American Breast Cancer Movement³⁰:

Spence’s integration of illness as a theme in her photography in the early 1980s effectively made it a militant gesture *avant la lettre* in the realm of breast cancer representations. “Until the early 1990s,” writes Lisa Cartwright, “the typical media image of a woman with breast cancer was the smiling, middle-aged white woman, identified as a survivor – a woman whose clothed body and perfectly symmetrical bustline belied the impact of breast cancer.”³¹ When Spence produced her nude self-portraits for *The Cancer Project* in the early 1980s – photographs that on the contrary exposed the effects of the disease, and the

²⁹ Ibid.

³⁰ Jean Dykstra’s article, “Putting Herself in the Picture: Autobiographical Images of Illness and the Body” *Afterimage* (Sept-Oct 1995): 16-20, sets up a lineage for the visual representation of breast cancer, which I expand upon here. Dykstra engages in particular with the photographs of Susan Markisz, Matuschka, and Margaret Stanton Murray. Elizabeth Van Schaick’s research helped me to complement Dykstra’s lineage of the politics and visual rhetorics of breast cancer representations. See Elizabeth Van Schaick, “Palimpsest of Breast: Representation of Breast Cancer in the Work of Deena Metzger and Jo Spence,” *Schuylkill: A Creative and Critical Review from Temple University* 2, 1 (Fall 1998) <<http://www.temple.edu/gradmag/fall98/schaick.htm>> Last accessed May 11, 2007. Petra Kupperts also addresses the representation of breast cancer in contemporary arts practices in the Introduction to her latest book, where she considers the production of Canadian performance artist Pam Patterson in particular. See Kupperts, *The Scar of Visibility*, 11-16.

³¹ Lisa Cartwright, “Community and the Public Body in Breast Cancer Media Activism,” *Cultural Studies* 12, 2 (1998): 117-138, esp. 123.

dissymmetry of her bustline – there were few, if any, non-medical images of the effects of breast cancer treatments circulating in Britain. In America, Wilke was to exhibit the photograph of her mother's mastectomy in 1984, while Nancy Fried began to make one-breasted sculptures, modelled after her post-operative torso, in 1986.³² It was only by the early 1990s that the visual dissemination of the effects of breast cancer would take on a clearer political significance in the United States: unfortunately, the growth of an activist breast cancer movement was effectively spurred on by the drastically increasing rates of women being affected by the disease.³³

Although images would play a crucial role in the dissemination of breast cancer activism, the rise of the American movement owed much to literary efforts in autopathography. In particular, Audre Lorde's widely circulated *The Cancer Journals*, published in 1980, combined a critical analysis on the visual politics of breast cancer to her personal reflections on living with the disease. Lorde's writing notably promoted the refusal of post-mastectomy prostheses, on the grounds that they erase the visual, and by extension, political "difference" of women with breast cancer in society. Her ongoing reflections on blackness and lesbianism undoubtedly informed her militant perspective on "visible" otherness and on the representational politics of breast cancer. As a tool that visually masks the most prominent sign of cancer – an absent breast – the mammary prosthesis plays a fundamental role in the social representation of breast cancer.

In addition to personally informed accounts such as Lorde's, critical writings like Alisa Solomon's landmark essay "The Politics of Breast Cancer," published in the *Village Voice* in 1991, provided a broadly disseminated analysis of the cultural meanings attached to breast cancer. Solomon's investigation extended to understanding how cultural perceptions of breast cancer and its treatments can influence medical and therapeutic care, and how these perceptions may also have a hand in guiding the aims of pharmaceutical research. Although

³² Nancy Fried, "Artist's Statement," *Feminist Studies*, 21, 3 (Autumn, 1995): 541-552, esp. 541.

³³ One in 30 women were at risk of breast cancer in 1964; by 1998 the figure was closer to 1 in 8, and in some regions, 1 in 7. Margaret Stanton Murray, "The Canary and the Art Song," *Detail: A Journal of Art Criticism* 6, 1 (Fall 1998): 13-17, esp. 13, available online < <http://www.sbawca.org/detail/v6n1.pdf> > Last accessed June 18, 2007.

Solomon's article did not address the role played by art in particular in the socio-cultural construction of "illness metaphors," it was however accompanied by *The Warrior*, Hella Hammid's 1977 photograph of breast cancer survivor³⁴ Deena Metzger (fig. 3.1). With its inclusion of this image, Solomon's essay was groundbreaking not only for its examination of breast cancer from an extra-medical perspective, but also because it visually represented the disease in a non-pathological manner. Displaying a mid-length portrait of Metzger, standing nude, with her arms opened to the side, and looking up to the sky as if in a celebratory embrace, this was the first image of a mastectomy scar to be disseminated by popular media on this scale. It has since become a proud icon for people affected by breast cancer, and continues to be marketed as a poster along with a text by Metzger describing the regenerative significance of the tree that is tattooed over her mastectomy scar.³⁵

If Hammid's photograph passed in the public eye at a time when, according to Cartwright, America was still accustomed to hiding the damaging effects of breast cancer, it is most likely because her image displayed the subject in a triumphant, redemptive light. Amongst other things, Hammid achieved this by drawing upon the conventional association between the female body and nature in her photograph. Delaynie Rudner suggests that the image's "touch of innocent hippie celebration" helps to seduce the viewer through this association.³⁶ With the sitter's pose against the sky, the image suggests that Metzger regained her strength and health by tapping into a fundamental, natural power: a primeval source of healing. This notion is reinforced by Metzger's accompanying text, an excerpt of which reads: "There was a fine line across my chest where a knife

³⁴ The problematic use of the terminology "survivor" is discussed by Barbara Ehrenreich in "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch," *Harper's Magazine* (November 2001): 43-53. I am forced to use the term here since there is no adequate synonym to indicate the state of someone having passed through illness and returned, if only precariously, to a state of health. ("Recoverer" would be an equally awkward neologism.) The problem with "survivor" and its antonym in this context, cancer "victim," lies in their evocations of a quasi-militaristic confrontation between illness and the person who is "attacked" by disease, the results of which are problematically described in terms of victory (survival) or defeat (death).

³⁵ Swiss photographer Vera Isler-Leiner also documented the tattoo over her mastectomy scar in post-operative self-portraits and writings. See Vera Isler-Leiner, *Auch Ich...* (Berlin: Berlin Ost, 2000).

³⁶ Delaynie Rudner, "The Censored Scar," *Gauntlet* 9 (1995): 13-27, esp. 15.

entered, but now a branch winds about the scar and travels from arm to heart. Green leaves cover the branch, grapes hang there and a bird appears. What grows in me now is vital and does not cause me harm.”³⁷

By the early 1990s in America, not all images of breast cancer or mastectomies were to be received as openly as Hammid’s. When, for example, photojournalist Susan B. Markisz was invited to participate in the exhibition “Healing Legacies: A Collection of Art and Writing by Women with Breast Cancer” in the Cannon Building of the U.S. House of Representatives in October 1993, her autopathographic self-portrait was censored.³⁸ Having used her partly mastectomized torso as the model for *The Road Back: Self-Portrait II* (fig. 3.2), the photograph was excluded from the Rotunda by the Office of the Capitol Architect on the grounds of its being “unsuitable for viewing by the general public.”³⁹ The image consists in a mid-shot portrait of Markisz who, with bent elbows, holds her hands to her bare chest. Her eyes are closed and her head is turned over her right shoulder. Contrary to Hammid’s photograph of Metzger in *The Warrior*, Markisz did not make the portrait of someone else; hence, the grounds for excluding her photograph could not be the ethical problem of

³⁷ This excerpt is available online at <<http://www.deenametzger.com/>> Last accessed June 21, 2007. The text is an excerpt from Metzger’s autopathographic journal, first published in 1978 under the title *The Tree*. Hammid and Metzger produced the photograph to accompany the first edition of the book, but the image was refused by The Peace Press. The photograph only appeared in the book’s third edition, published by Wingbow Press. Elizabeth Van Schaick, “Palimpsest of Breast.”

³⁸ Margaret Stanton Murray’s *Figure #1* photograph from her *Transfiguration* series (1991-93), a self-portrait documenting her post-operative body with drains still attached to the right side of her chest, was also censored for the *Healing Legacies* exhibition. Both Murray’s and Markisz’s self-portraits were however exhibited and published in Jill Eikenberry, Terry Tempest Williams, et al, *Art.Rage.Us: The Art and Outrage of Breast Cancer* (San Francisco: Chronicle Books, 1998). See Susan B. Markisz, “Pain, Loss, Redemption,” *Digital Storyteller* (20 May 1998), <<http://www.digitalstoryteller.com/YITL/Susan%20Markisz/art.rage.us.html>> Last accessed June 26, 2007.

³⁹ Susan B. Markisz, “Healer,” *The Digital Journalist* (January 2002), <http://www.digitaljournalist.org/issue0202/assign/sm_journal0202.htm> Last accessed June 18, 2007. It was in fact the Capitol Architect who determined what was suitable for display in the Capitol’s Rotunda. The curator of the exhibit, Virginia Soffa, informed Markisz by mail of the Capitol Architect’s decision not the display this work in the Rotunda. *The Road Back* was instead presented behind the door to Congressman Bernard Sanders’ office, down a corridor and far from the Rotunda. Markisz however specifies that Soffa “creatively circumvented the censorship by putting [*The Road Back*] photo on the cover of the invitation, which was sent around to about 4,000 people” in Washington, including the President of the United States, Senators, and representatives from the House. Susan B. Markisz, email message to the author, 19 June 2007.

exploiting the image of another person's suffering, for instance.⁴⁰ Nor could it be that her nudity was deemed taboo, since Markisz covered her bare chest with her hands in this photograph. Her mastectomy scar is in fact barely visible in the image, except for a small line emerging between two fingers of her left hand. So it is probably not the explicit content of her image that elicited such reservations on behalf of the Capitol architect, but most likely its symbolic content instead.

Markisz's post-operative self-portrait brings the irresolution of her experience to the fore. Hers is neither a celebratory embrace, nor a recalcitrant defeat – it is the portrait of an in-between, with the experience of the illness still unresolved: “*dis-ease*,” as described in chapter 1. Markisz presented herself as living with the memory (and potential recurrence) of her illness. Cancer is not out of the picture, so to speak – it is not relegated to the past but still maintains a place in her presence. Markisz explains that by framing her photograph in a way that “does not objectify the icon” of her scar/illness, neither in a positive nor negative light, she put forward all the unresolved “emotions attached to the diagnosis.”⁴¹ This, in and of itself, may not have been so troubling for the curator of the Capitol exhibition, except for the fact that the image is not dominated by a sanctioned illness metaphor, such as Hamid's warrior spirit; it rather remains in an intermediary zone of uncertainty, process, and hesitation, as opposed to triumph, celebration, and a misleading sense of “survival.”⁴²

Ultimately, the bone of contention with this particular picture might equally have been related to its problematic figuration of femininity as to its evocation of disease. During a mastectomy, one of the most prominent visual signs of womanhood is removed along with the ailment. Markisz' picture is the paradoxical showing of herself in the act of hiding the site of this partial absence: she put her hands to her chest to cover the breast that is no longer there, or better yet, to cover up the very fact that it is gone. In this photograph, Markisz showed

⁴⁰ This problem has been raised with regards to Nicholas Nixon's portraits of *People With AIDS*. See Bethany Ogdon, “Through the Image: Nicholas Nixon's ‘People with AIDS,’” *Discourse* 23, 3 (2001): 75-105.

⁴¹ Susan Markisz, quoted in Tracey A. Rosolowski, “Woman as Ruin,” *American Literary History* 13, 3 (Autumn 2001): 544-577, esp. 546, in a personal communication with Rosolowski.

⁴² A high percentage of breast cancer patients suffer from relapses of the disease; complete remission, therefore, is somewhat atypical.

us her act of hiding, so that the picture itself ultimately neither hid nor showed, but rather revealed the pulls of Markisz's conflicting desires: to figure or to dissimulate her scar, to remember or to forget her operation, and to maintain the experience of her illness private, or to broadcast it publicly instead. Her photograph suggested that if the experience of disease is indeed to be shown, then it should only be shown in conflict. By photographing herself with her hands to her chest, Markisz continued to emphasize that there still is something to hide about breast cancer in public. She displayed her act of masking her non-/femininity, attributable to her now absent breast. Rather than simply present her body in a frontal, documentary-style pose, Markisz' physical gesture underlined the fact that something took place in and to her body, and that her struggle to negotiate a place for her transformed body as a woman in the world (and in the world of visual representation) was ongoing.

In her analysis of breast cancer images in popular media, Tracey Rosolowski concludes that "even the subtle suggestion of a *ravaged*, nude female form brings aestheticized physical damage into an uneasy relation with codes of normalcy, ideality, and beauty."⁴³ That Markisz puts her hands to her chest and depicts her experience of breast cancer as unresolved suggests that she has been ravaged, both physically and psychically, by her physiological transformation. The "problem" with the image is its connotation that Markisz remains ravaged by her experience, rather than on her way to being saved or healed. Judging by the fact that Markisz's photograph was, for all intents and purposes, censored from an exhibition on breast cancer, it is possible to conclude that not all images of breast cancer are deemed "palatable" for a larger public, and this, for reasons that go beyond the taboo subject matter of illness. As suggested earlier by Evans and Rosolowski, images such as Markisz's are marginalised because they show the subject as continuing to be troubled by illness even after having physiologically recovered from disease, and also because they openly admit that the illness has affected their feminine (self-)image.

⁴³ Rosolowski, "Woman as Ruin," 546.

Whereas Markisz's photographic autopathography was officially deemed unsuitable for the general viewing public in October, 1993, Matuschka's was placed on the cover of the *New York Times Magazine* on August 15 earlier that year. Her photograph illustrated a feature essay by Susan Ferraro entitled "The Anguished Politics of Breast Cancer."⁴⁴ Markisz's self-portrait had in fact been passed over by the *Times* editorial committee in favour of Matuschka's, whose visual aesthetic, in spite of its controversial subject matter, readily conformed to the standards of fashion photography.⁴⁵ Surprisingly, while Markisz's photograph hides most of her mastectomy scar, yet still remains controversial, Matuschka's *Beauty of Damage* readily exposes her scar, but is licensed for broad publication.

In her self-portrait, Matuschka wears a specially designed white dress that reveals the right half of her chest, and with it, her post-operative scar. Her head, wrapped in a long white turban, is turned in the opposite direction over her left shoulder, towards a source of light. Some have noted the irony of the caption accompanying the image, which reads, "You can't look away anymore," since that is in fact precisely what Matuschka does in the picture: she looks away from her scar. The image adopts the language of glamour photography and, aside from the exposure of her scar, Matuschka's slender body and pose also conform to its aesthetic conventions, as well as to expectations of feminine appearance.

Compared to Markisz's photograph, it seems that Matuschka's presented a more "palatable" image of breast cancer: conventional beauty reads as "triumphant" over disease, and a classical aesthetic survives in spite of the seemingly abject quality of the scar. In 1993, the uncensored image of the ravages of breast cancer had to be cloaked in the refined elegance of classic portrait photography. The publication of this image, however, still elicited a fair amount of controversial response.⁴⁶ It has since then been argued that this type of breast

⁴⁴ Susan Ferraro, "The Anguished Politics of Breast Cancer," *The New York Times Magazine* (15 August 1993), 24-27. For a detailed analysis of the various types of images employed to illustrate Ferraro's essay, see section 3, "Ambivalent Evocation," in Rosolowski, "Woman as Ruin," 567-573.

⁴⁵ This is not surprising, since Matuschka had earlier worked as a model.

⁴⁶ Rosolowski, "Woman as Ruin," 544. The paper received an unprecedented amount of phone calls and mail from its readers, ranging from praise and thanks for the artist's courage, to disgust,

cancer imagery unconsciously reinforces the implicit ideology whereby the good patient overcomes the debilitating effects of her disease by maintaining an attractive, feminine appearance, with or without prosthesis.

Judging by the overall responses to these two autopathographic photographs – censorship on the one hand, hyper-visibility and broad circulation on the other – it would seem that images of breast cancer were only considered fit to be seen in the U.S. when they conformed to some of the more heroic and reassuring metaphorical paradigms of pathography, as identified by Hawkins in literature. In (self-)portrait photographs of breast cancer, “the paradigm of regeneration, the idea of illness as battle,” and “the mythos of healthy-mindedness”⁴⁷ are especially recurrent. And as Rosolowski notes, the acceptance of these images is also contingent upon their conformity to standards of beauty and feminine appearance.⁴⁸ Outside of these symbolic cultural constructions of femininity and their attendant renderings of illness as metaphor, it appears that the un-idealized, unresolved reality of breast cancer continued to be too raw and provocative for public exposure at the time when these images were produced.

By restricting the types of images of cancer that are authorised for distribution to the public at large, editors and exhibition censors are in fact reinforcing the social role of the “good patient”: their choices effectively help to determine which sick role behaviours can and cannot be accepted. There is certainly nothing wrong with disseminating empowering images of cancer survivors; indeed, such images continue to inspire optimism in those who look upon them. But the restriction of public illness representations to those that either convey a fighting spirit or transmit a thankful lust for life might ultimately do a disservice to illness sufferers and those who tend to them: the reality of an illness like breast cancer is that many in fact will not survive. One of the dangers, then,

moral outrage and condemnations of vulgarity. Interestingly, the negative reactions came predominantly from men, while two-thirds of the positive response came from women (555-56).

⁴⁷ Hawkins, *Reconstructing Illness*, 27.

⁴⁸ Both Cartwright and Ehrenreich critique appearance-oriented breast cancer initiatives providing services such as makeovers for patients. Cartwright in particular notes that these initiatives are predominantly geared towards conventional prescriptions of feminine appearance for white, heterosexual, middle- and upper-class women. Cartwright, “Community and the Public Body,” 123.

in strictly disseminating redemptive images of the illness is that they can in turn negatively stigmatise those who do not recover.

If we reverse the typical rhetoric implicit to celebratory pathographic images, then *non*-survivors of cancer are figured as *non*-healthy-minded, *imbalanced*, or simply caught in a moral and physiological rut, unable to coax themselves out of their illnesses. In other words, redemptive pathographic images can suggest that while “survivors” have (re)gained a state of moral, spiritual, and physiological harmony (e.g., through the woman/nature association in *The Warrior*, or the classical aesthetic employed in *Beauty Out of Damage*), cancer “losers” – those in whom the illness persists – have not. The positive validation of a return to health in pathographic representations, combined with an indirect association between health and spiritual harmony, is a type of illness metaphor that particularly harms those who continue to suffer from the disease, and those who will eventually die from it. In a perverse way, by excessively celebrating the victor, images oriented towards the redemption of the survivor can contribute to a form of blaming the cancer victim.⁴⁹ This likelihood effectively extends Sontag’s analysis of the illness metaphors projected onto cancer patients, in that it is not simply presumed that a “cancer-prone”⁵⁰ personality contracts the illness in the first place, but further, that only a strong, truly courageous fighting personality will have any chance of overcoming the disease. With such renderings of illness as metaphor, cancer “victims” are indeed blamed twice: once for falling prey to illness, and once again for not managing to fight their way out.

Constructing illness metaphors exclusively through celebratory representations potentially precludes any critical discourse pertaining to the structural causes of the disease. This is especially politically relevant when the cause of a given disease is not strictly genetic or behavioural, but can also be attributed to environmental factors. Today, we are alerted to the presence of

⁴⁹ Ehrenreich makes a similar claim with regards to the excessive celebration of “survival” in breast cancer fundraising activities, and the accompanying risk that this celebration entails devaluing or even forgetting the dead. This is not to say, however, that all pathographic images need to take into account the sensibilities of all patients; rather, a distinction is being made here between a strictly autobiographical account of illness, and a more pointedly political one.

⁵⁰ According to a popular rendering of illness as metaphor, “the cancer-prone are those who are not sufficiently sensual or in touch with their anger.” Sontag, *Illness as Metaphor*, 25.

carcinogens in our environment, our food, and in the chemicals we consume and apply onto our bodies. We are also increasingly aware of our shared social, political, and economic responsibilities towards the rise of certain illnesses, including breast cancer, in the population. Still, these responsibilities are not addressed by most celebratory pathographic representations. They are similarly obscured by many good-will efforts that emphasize a return to normalcy while experiencing illness, as opposed to a critical scrutiny of the disease. The well-intentioned makeover initiatives for breast cancer patients, for instance, which are funded by cosmetics companies, promote a culture of normality that camouflages the negative evidence of the disease, such as loss of hair. These initiatives are certainly welcome by many patients, and undoubtedly help to promote their well-being. But from the perspective of a representational politics of breast cancer, the erasure of the negative signs of the disease may ultimately appease the need to investigate the underlying structural causes of cancer.⁵¹ If only a small portion of cancer patients are visibly ill, and if breast cancer is publicly represented predominantly in the context of survival celebrations, then in the public eye, the illness appears to be less damaging than it actually is, and the need to find preventive solutions against cancer is likewise perceived to be less urgent.

A similar logic is at play with the mammary prosthesis debate.⁵² The prosthetic breast effectively hides the illness once more, even after the post-operative scar and uneven bustline have rendered it visible. (To the naked eye, the illness is only seen through the indices of its treatments, which can lead to loss of hair and amputation of the breast. The cancer itself remains invisible.) Early breast cancer activists like Lorde refused to hide the marks of their illness – the visibility of their absent breast(s) – and encouraged others to do the same so that

⁵¹ For example, Ehrenreich makes an excellent analysis of the pink ribbon campaign and its infantilization of breast cancer patients. She questions why charitable campaigns emphasize the cult of survival and the regaining of a feminine appearance. She suggests that this “turns women into dupes of corporations that produce carcinogens and then offer toxic pharmaceutical treatments,” effectively sustaining their own “Cancer Industrial Complex.” Ehrenreich, “Welcome to Cancerland,” 52-53.

⁵² Interestingly, by many accounts, the “choice” of wearing a prosthesis is seldom given. In hospital wards, women are often presumed to want to be fitted with one – the question as to whether one might choose to decline the offer is not even posed.

the disease and its effects may not be obscured. Their appeal involved not only the reformulation of breast-less femininity and motherhood (both of which are so strongly identified with the seductive/nourishing breast); it also sought to make visible the damaging effects of our lifestyles and industrial development, each of which have been at least marginally tied to the rise in breast cancer incidences.⁵³

From these various perspectives, it becomes clear that the visualisation of breast cancer fundamentally has to do with the revelation of both its pathological and political invisibilities. In many contexts, the very act of rendering breast cancer visible – by refusing a prosthesis, or by publicly displaying a mastectomy scar – is perceived as a disruptive provocation. In Spence's case, her provocative acts were both personal and political in intent. By visualising her cancer, and in particular, its treatment, Spence not only took an active hand in transforming her own experience of illness; she also made a significant gesture towards changing the image of cancer in the public eye.

4. Jo Spence's Breast Cancer Autopathography: *The Picture of Health?*

The particular profile of the rise of a breast cancer movement in the United States in the early 1990s, along with the role played by images in either establishing or pushing the boundaries of the disease's normative "representability," gives an overview of the various social, economic, aesthetic, cultural and political factors involved in the attempt to visualise the experience of breast cancer firsthand for public dissemination. In producing her own provocative images on the subject of breast cancer, almost a decade before images of mastectomies would circulate in America, it is almost as though Spence unwittingly anticipated trends in the "marketing" of breast cancer imagery, and proposed unconventional visualisations of breast cancer instead.

Although the first works where Spence revealed her lumpectomy were contemporaneous with Wilke's and Fried's representations of mastectomies, the American artists' works were disseminated in gallery contexts, while Spence's

⁵³ See, for example, Ehrenreich's "Welcome to Cancerland."

were explicitly intended to travel beyond the spheres of high art into other community contexts. And rather than stemming from dialogue with other cancer sufferers in an emergent advocacy movement, as did many of the American photographers' works discussed above, Spence's early autopathographic photographs were significantly informed by her reflections on working class struggles in general, and analyses of systems of oppression in particular. Thus, her initial autopathographic works were not strictly involved in a discourse about the representation of breast cancer *per se*, but participated in a broader investigation into the representations of power and agency – of patients, women, and the economic underclass – in the hierarchical institutions where medicine and its attendant disciplines are practiced. What unites her endeavours to the American women artists' is the attempt to resolve fundamental questions as to how breast cancer ought to be represented, both from an autobiographical and activist perspective.

When, in 1982, a routine check-up revealed that Spence had breast cancer, her photographic practice moved from a focus on class- and gender-based group identities towards questions of individual subjectivity and health, both mental and physical. Rather than accept to undergo the mastectomy that had been ordered by her doctor after her diagnosis, Spence opted for a lumpectomy and treatments from traditional Chinese medicine. The following year she enrolled in a co-counselling course, and from then on her photographic work combined the multiple facets of her aesthetic and political interests. Continuing to use activism, popular education, and humour in her exhibitions, Spence's private practice before the camera evolved into a process described as phototherapy, a technique that she developed in collaboration with Rosy Martin.

When it came to picturing disease, Spence refused to propagate familiar illness metaphors, and aspired to use her camera as a "critical weapon" instead.⁵⁴ She wanted her works to serve as tools provoking further reflection on the subject of illness in order to help promote change in cultural mindsets about disease, and thereby affect behaviours as well as policies. At the center of this rattling of

⁵⁴ Indeed, to describe her activities, Spence referred to herself as a "cultural sniper."

“illness cultures” was the patient herself, whose roles and expected behaviours Spence was actively reevaluating. This reassessment directly informed her elaboration of a visual culture around her illness: “I think we should try to represent the struggle for becoming well and not just throw up a new breed of victims and heroines,”⁵⁵ Spence wrote in her autobiographical book, *Putting Myself in The Picture*. Heroines and victims had been, and all too often remain, the standard formulations for qualifying the “conquerors” and “casualties” of cancer in a metaphor that depicts “illness as battle.”⁵⁶ Yet the struggle for becoming well is far more complex than the militaristic opposition of “us against them,” not in the least because the so-called enemy-cancer is in fact already “one of us.” The body struggles against itself in order to emerge free of cancer. With chemotherapy, healthy cells are attacked just as fiercely as malignant ones. Thus, the suggestion that the fight against cancer comprises boundaries as clear as in military attacks is erroneous. Rather than constructing such a reductive, dualistic portrait of her illness experience, Spence’s images brought to the fore her ongoing struggle for recovery instead.

Conceived in 1983, *The Picture of Health?* was the first exhibition planned around Spence’s disease. As the question in the title suggests, the exhibition not only investigated how health and illness might be visually represented, but also how photographic language in particular could specifically be used in pathography. Developed with Jessica Evans, Rosy Martin, Maggie Murray and Yana Stajno (Spence’s traditional Chinese medicine practitioner), the laminated exhibit featured photographs from Spence’s *The Cancer Project* series, portraits from her family album and from phototherapy sessions, visual and written documents on alternative medicine therapies, tips for newly-diagnosed patients, and personal accounts written by Spence.⁵⁷ The exhibition initially circulated in various unorthodox venues, including clinics and community

⁵⁵ Jo Spence, *Putting Myself in the Picture: A Political, Personal and Photographic Autobiography* (Seattle: The Real Comet Press, 1988), 208-9.

⁵⁶ According to Hawkins, this is one of the recurring paradigms of illness in literary pathographies. Hawkins, *Reconstructing Illness*, 27.

⁵⁷ Some versions of the exhibition also included colour photocopies of Spence’s mother’s death certificate (who died of lung cancer six weeks after having received a mastectomy), as well as copies of private medical documents belonging to Spence.

centers. Although the factual information it comprises may now be out of date, it continues to travel today in galleries and museums as an art historical document.⁵⁸ This autopathographic archive of Spence's experience still transmits the educational and militant dynamism that originally fuelled it.

Like Spence's earlier collaborative projects, *The Picture of Health?* distinctly sought to educate its viewers. Having conducted extensive research on breast cancer treatments following her diagnosis, Spence found out that she had been secretly enlisted as a participant in a clinical trial. This explained her original scheduling for a mastectomy, in spite of the fact that survival prognostics after such a radical procedure were far lower than after a lumpectomy. Spence had refused the mastectomy that was ordered by her consultant, demanding a lumpectomy in its stead; she only later found out that she was in fact right in insisting upon a different course of treatment. Since Spence did not want others to face the risk of undergoing unnecessary mastectomies (an unfortunate probability at the time⁵⁹), she made her exhibition project an educational one, informing potential patients of treatment alternatives as well as cancer prevention techniques. Thus, in developing *The Picture of Health?*, Spence's motivation was also to empower patients by providing them with some of the knowledge that the medical system had failed to give her.

Spence also exposed the public to images of alternative health treatments. Having grown up in a working-class family whose members were repeatedly ill, Spence had only recently discovered the existence of alternative therapies. At the time of her diagnosis, such practices were not widespread in Britain, nor were they funded or promoted by universal health care. In *The Picture of Health?*, she displayed large-scale black and white photographs of herself performing her daily

⁵⁸ *The Picture of Health?* was first shown at the Camerawork in London in 1983. In 1985, a selection of images from phototherapy sessions were added to the circulating exhibition. Most recently, the archived version of *The Picture of Health?* has been featured at *Documenta 12*. It has also been shown in Austria and Spain in a touring retrospective of Spence's work entitled *Jo Spence: Beyond The Perfect Image*, curated by Terry Dennett and Jorge Ribara, and accompanied by a detailed catalogue. I had the opportunity to see the work at Camera Austria in Graz in 2006, and in Kassel in 2007.

⁵⁹ Matuschka, for example, successfully sued her doctor for having performed an unnecessary radical mastectomy.

Qi Kong routine, undergoing moxibustion, massage, and other traditional Chinese healing practices (fig. 3.3). Amongst these images is a photomontage of snapshots of various bodyparts, upon which, during a phototherapy session, Spence wrote words that make up the sentence “How do I begin to take responsibility for my body?” (fig. 3.4). The answer, presumably, was not only in undergoing the processes that are documented by her photographs, but also in exhibiting them publicly. By assembling and disseminating these materials, and performing this autopathographic repertoire, Spence constructed the picture of her own journey towards self-health.⁶⁰ She hoped that its archival documentation could contribute to others’ potential recoveries as well.

In addition to circulating alternative health and treatment information in *The Picture of Health?*, Spence began to publish texts and photographs in health magazines, and set up her own informal breast cancer resource centre at home for people who requested more facts. In 1986, a three-part series of articles also entitled “The Picture of Health?” was featured in the British feminist magazine, *Spare Rib*. Two of these articles, penned by Spence, conveyed her reflections on patients’ rights, health maintenance regimens, the role of photography in her activism and healing, and the impacts of illness on her personal and social relations. The feminist motto “the personal is political” was aptly transposed onto a patients’ rights advocacy initiative with this project. With *The Picture of Health?* and its attendant educational activities, the critical faculties Spence had once sought to awaken in her viewers in terms of their gender and class positions were being reoriented towards a form of patient empowerment and consciousness raising. The construction of a visual culture around her experience of illness – a dynamic, almost interactive autopathographic archive – played a pivotal role in her desire to promote a culture of autonomous and critical viewers and patients.

⁶⁰ Spence notes that “Alternative medical theories of illness assume that you can’t hope to get better unless you have an image of what being better is about, because it is totally abstract. In these terms the point of my images is that they show me acting rather than being acted upon.” Indeed, Spence’s images make up the picture of her endeavour to return to health, thereby “en-acting” or performing it, in this sense. John Roberts, “Interview with Jo Spence” in eds. Ribalta et al, *Jo Spence: Beyond the Perfect Image*, 88-103, esp. 94.

In Spence's words, *The Picture of Health?* was conceived as "a double narrative, juxtaposing a critique of the cancer industry with enlargements of [her] hospital snapshots."⁶¹ One of her collaborators described it as "a deconstruction of medical discourse and a model of how an individual could take responsibility for their own healing."⁶² Not only in terms of the subject matter, but also in terms of the visual materials that were developed and assembled for *The Picture of Health?*, Spence was effectively a pioneer in the field of visual autopathographies of breast cancer. For the purpose of their analysis, Spence's self-representations of the experience of breast cancer are grouped along the following, non-exclusive descriptors: documentary images and critical parodies of the medical gaze, phototherapy and re-enactment, performative acting forms, and dialectical imagery.

4.1. Documentary Images / Parodies of the Medical Gaze:

A significant portion of the images circulating in *The Picture of Health?* were gleaned from the many snapshots Spence took while undergoing hospital treatment. In the age of expensive, analogue photography, she used thirteen rolls of film and shot over three hundred photographs in clinical settings, before and after her lumpectomy. She primarily documented what was happening around her, rather than to her: consultants doing their rounds, nurses whizzing in and out of rooms and tending to patients, and attendants mopping the floor. Spence also photographed the hospital's architecture and furnishings, as seen from her bedridden point of view: closed curtains delineating individual spaces in wards, metal bed guards protecting the bedridden, bright windows and neon lights, files marked with the word "confidential," blankets inscribed with "property of...", and an empty bed with a sign warning "nil by mouth" (figs. 3.5 and 3.6).

Surreptitiously, Spence populated some of the clinical spaces that she photographed with romance novels relating affairs between doctors and nurses

⁶¹ Spence, *Cultural Sniping*, 132.

⁶² Rosy Martin, "Putting Us All in the Picture: The Work of Jo Spence," *Camera Austria* 43/44 (1993): 42-46, esp. 43.

(fig. 3.7) – modern fairy tales that also evoke the heroic role projected onto doctors. In associating doctor-patient and doctor-nurse relationships to idealised romances, Spence was making a connection between her hospital experience and the extensive research she undertook on fairy tales (in particular, *Cinderella*), whose images she had deconstructed in her studies at the Polytechnic. By connecting the gendered discourses of fairy tales and romance novels to her hospital experience, it is likely that Spence was conveying an acerbic comment on the role that was expected of her, as a docile female patient. There she was, about to sacrifice a part of one breast at the hands of a man to whom she ought be thankful. Like the nurse in the romance novel, Spence was presumably expected to regard her doctor in a heroic light, and remain obedient towards him; but Spence retained her say in the matter of her health, regarding her doctor instead as a peer. This complex hierarchical dynamic undoubtedly played a role in the exchange that took place when Spence negotiated her right to a lumpectomy in lieu of a mastectomy. With the inclusion of romance novels in these images, the question of patient empowerment in Spence's work can more specifically be referred to as female patients' empowerment. Not only does breast cancer primarily (but not exclusively) affect women, but the particular power dynamics in doctor-patient relations are also distinctly informed by gender.⁶³

The Picture of Health? sheds some light onto the otherwise unseen power relations that are embedded within the institutions of medicine, from the point of view of a white, working class, female breast cancer patient's experience. At the heart of Spence's situated analysis of interpersonal power dynamics in a hospital setting was her desire to actively participate, to the extent that she was capable, in her own treatment and "journey towards self-health." Rather than remain a docile patient, Spence opted to construct a space for agency within this foreign environment. Her provocative agenda particularly came to the fore in her reversal

⁶³ For instance, recent studies in Canada show that gender, as well as age, significantly impact the quality of care received when hospitalised: "Among patients 50 years or older, women appear less likely than men to be admitted to an ICU and to receive selected life-supporting treatments and more likely than men to die after critical illness." Robert A. Fowler, Natasha Sabur, et al, "Sex- and Age-Based Differences in the Delivery and Outcomes of Critical Care," *Canadian Medical Association Journal* 177, 12 (4 Dec. 2007): 1513-1519, esp. 1513.

of the clinical gaze, when recording her consultants' behaviours. She had to formulate creative strategies in order to be entitled to record her hospital experiences and noted, "it's not part of so-called patients' rights that you can take photographs in a hospital."⁶⁴

A series of snapshots taken in Nottingham for *The Cancer Project* series (1982) (fig. 3.8), which is included in *The Picture of Health?*, shows a consultant and his students doing their rounds, pulling aside the curtain of a nearby bed in a multi-person hospital ward. Hazy teacups and a newspaper are in the foreground of the image, making it clear that the photograph was hastily shot from the point of view of a bedridden patient. Spence admits that she immediately stopped to take these photographs once the consultant and his students approached her.⁶⁵ The hurried and un-staged aesthetic qualities of these *sousveillance* hospital snapshots – including blurred sections, irregular cropping, and points of view that distort perspective – suggest that these are not authorised photographs. They are in fact opposed in form to the conventions of legitimate portraiture, which generally present the subject in a balanced frame, facing the camera frontally or in a three-quarter pose, and depicted either in full stature or from the waist or shoulders upwards. The rushed and incomplete appearance of these photographs points to a more fundamental imbalance of power, which is translated in visual terms: Spence, as photographer, does not have access to the face of her consultant, nor is she situated on the proper level (neither spatially nor hierarchically) in order to photograph him or his students head on. Spence also does not have the time to conventionally frame her photographs, which remain hastily cropped.

Whereas hospital staff have the privilege and duty to visually map and physically invade a patient's personal and corporeal privacy, patients seldom have the right (let alone the opportunity) to examine those who are investigating them. The disproportionate visual access to a patient that is granted to the medical staff can be observed in the abundance of scopic probes, x-rays, and other visual investigations of the patient's body. By her own account, Spence was hesitant in

⁶⁴ Spence quoted in Evans, "Against Decorum!," 38.

⁶⁵ Spence, *Putting Myself in the Picture*, 158.

visually documenting not only those who were inspecting her, but also the means of her own inspection, as in the photograph of her mammogram (fig. 3.9). Exceptionally, a technician agreed, when asked, to photograph Spence during this procedure, for fear that she would insist upon doing it herself.⁶⁶ Spence surmised that “the medical profession is totally paranoid about being seen to make ‘mistakes’,” which are potentially documented by her camera.⁶⁷ Indeed, photographs could be used as evidence in the event of a lawsuit. Consequently, Spence believed that using her camera granted her a privileged position in the hospital, since doctors might accord her “better attention [...] if they think [she is] photographing what is going on.”⁶⁸

Although Spence claimed not to have “had the nerve to photograph anything happening to [*her*] directly,”⁶⁹ she occasionally managed to include herself in documentary photographs. To do so, she would either use shutter action delay, or ask someone else to take the picture for her, as when she was wheeled out of an operating theatre (fig. 3.10). Spence described her motivations in wanting to document herself in such positions:

Passing through the hands of the medical orthodoxy can be terrifying when you have breast cancer. I determined to document for myself what was happening to me. Not to be merely the object of their medical discourse but to be the active subject of my own investigation.⁷⁰

Again, Spence was injecting agency into her autopathographic archive. She not only needed to document what was happening to her, but also to witness herself undergoing treatment as if from the outside. In the process of “passing through the hands of the medical orthodoxy,” the camera lens provided a certain detachment from her immediate experience, and a simultaneous external perspective onto it. Spence explained how this process of dual perspective unfolded as she looked through her camera lens:

⁶⁶ Ibid., 153.

⁶⁷ Spence in Evans, “Against Decorum!” 38.

⁶⁸ Ibid.

⁶⁹ Jo Spence, “The Picture of Health? Part 1,” in eds. Ribalta et al, *Jo Spence: Beyond the Perfect Image*, 267, emphasis in original.

⁷⁰ Spence, *Cultural Sniping*, 153.

I used my camera as a third eye, almost as a separate part of me which was ever watchful: analytical and critical, yet remaining attached to the emotional and frightening experiences I was undergoing.⁷¹

During the difficult moments of hospitalisation, the dual perspective afforded by photography enabled Spence to metaphorically escape her body through her camera's "third eye." Then, after her treatments, the process of taking pictures enabled Spence to look back upon her experience from both an external and internal perspective. In looking back onto the printed image of her being wheeled out of the operating theatre, for instance, Spence could at once recall her own memories of the event, and look upon it as if from a detached viewpoint. The "objective" memory of the photograph could be integrated into Spence's subjective memory of the experience, thereby altering the memory of that initial event even after the fact. Both the intimate and extimate perspectives could ultimately be taken into consideration in her retrospective processing of the event through a photograph. The photographic archive thus had a hand in inflecting Spence's memory of her living repertoire.

Whether Spence took pictures herself in the moment of her treatment, or looked upon others' documentations in printed copies thereafter, the need to record her medical "processing" holds similarities with the "self-splitting" accorded by Wilke's autopathographic pose. Like Wilke's pose, Spence's auto-documentation enabled her to both undergo and distance herself from her hospital experience at the same time. Having a double perspective on the same experience opened up the possibility for multiple self-projections: the capacity to metaphorically project herself elsewhere in the present while taking pictures, and the capacity to alter her memories of the past by looking back onto photographs. Just as Wilke's pose enabled her to gain a certain psychological distance from her lived surroundings, so Spence's auto-ethnographic documentation helped her to approach her experience from both a subjective and objective point of view. Wilke's pose worked its transformative power by operating a certain removal from the hospital context; Spence's auto-ethnography served in turn to multiply

⁷¹ Ibid., 130.

the potential readings of this context when she returned home. Both these aesthetic techniques doubled as methods of emotional self-management, which enabled the artists to live with and cultivate the (self-)images of their illnesses.

Although the camera enabled Spence to document her own point of view within the hospital, and to gain an external perspective on her subjective experience, she was ultimately dissatisfied with the range of information provided by her photographic records. While photography allowed her to produce an ethnographic documentation of her hospital stay, it could not successfully provide evidence of her internal experiences, her perceptions of the various power dynamics at play within the hospital, nor the invisible processes and pressures with which she was forced to negotiate during her internment. The photographic archive, in other words, did not always succeed in encompassing the full range of Spence's pathographic repertoire. She explained:

it was possible to show the interaction of different classes, races and genders of people at their workplace, and between doctor and patient, but it was impossible to show how I was situated within that as a powerless patient, how I knew so little about my body that I had internalized my subjugation to the medical profession, or how the medical profession came to have the power of life or death which is rarely questioned.⁷²

Spence's photographic archive thus failed to reveal the workings of biopower that shape embodied social interactions. The limits of her documentary practice pushed Spence to further investigate what was left out of these attestations of her experience. In order to more adequately convey the full ramifications of her hospitalisation and illness experience, Spence needed to supplement the documentary format with more evocative forms. With phototherapy, Spence formulated a performative self-representational system that both utilised and went beyond photography's strict documentary functions.

As part of her broader reflections on the failure of documentary images to represent invisible power dynamics within the hospital, Spence revived her reflections on the functions of the family photo album. As a visual repository of mementos that typically fabricate the image of a picture-perfect family, the

⁷² Ibid., 105-107.

photographic album often elides fundamental aspects of a family's experiences, whether it be by obscuring a history of domestic violence, for example, or, closer to Spence's experience, by not including representations of the recurring bouts of disease that had plagued her family for years. Spence had been chronically ill with asthma in her youth, and had frequently suffered from eczema, hay fever, and bronchitis. At the age of 28, she developed an ovarian tumour. Although illness was a regular part of her childhood and adult life, none of these maladies had ever been documented in her family album. Her parents had also repeatedly suffered from recurring ailments – her mother in fact died of liver cancer six weeks after undergoing a mastectomy – but these were likewise omitted from the photo album archive.

Perhaps in order to compensate for these omissions, Spence incorporated images of herself as a child in *The Picture of Health?*. She also included images of herself as an adult, masquerading as her mother and father during phototherapy sessions, re-embodying in a sense this repertoire that had been archived in the family album. In a highly non-naturalistic form of role-playing, Spence impersonated her parents' postures in old photographs. Taking on her father's hunched back and bunched shoulders, for instance, Spence morphologically and metaphorically got into his skin (fig. 3.11). By "inhabiting" his bodily mask or pose, Spence could potentially better understand her father's psychological position before the camera in the moment when the original portrait was taken. This presents another similarity with Wilke's citational posing work. Just as Wilke's reproductions of wounds facilitated the communication of *caritas* towards her mother, so Spence's re-embodiment of her parents' poses enabled her to enact a particular kind of embodied empathy. By "wearing" their poses, Spence attempted to catch a glimpse of their points of view in an open and non-judgmental manner. It is possible that, in the process, she may have come to better understand their choices, their interactions with one another as well as with her. Above all, posing in the present as her parents had in the past – re-embodying their repertoire – allowed Spence to gain an experiential understanding of how her parents physically constructed their own self-images before the camera: how they

struck the pose, or embodied repertoire, that would be preserved for posterity in the family album archive.

By reinstating pathographic images of herself, and by including theatrical “portraits” of her family in *The Picture of Health?*, Spence counteracted the excision of those memories from the official portrait of her family in the album. In this way, she revealed the limits of the documentary purpose of her family album archive, by exposing its role in the creation of fictive or idealised family memories where illness appears to have no place. The significance of such elisions was also investigated in Spence’s phototherapeutic practice.

4.2. Phototherapy and Re-Enactment:

As described by Rosy Martin, Spence’s collaborator in developing the technique, phototherapy “refers broadly to the use of photographic representations within a context in which the intention is therapeutic: to promote self-awareness and healing.”⁷³ When they began to elaborate this approach while taking a co-counselling course together in 1983, Martin and Spence were unaware of the parallel investigations being undertaken in the United States under the same name. In order to distinguish their emergent practice from other photo-therapeutic approaches, they later renamed their technique as “re-enactment phototherapy.”⁷⁴

Drawing upon various psychodramatic techniques, re-enactment phototherapy enables the subject to “distil feelings/events/ideas into icons,”⁷⁵ according to Spence: in other words, to give the often-unnameable subjective

⁷³ Rosy Martin, “The Performative Body: Phototherapy and Re-enactment,” *Afterimage* 29, 3 (November / December 2001): 17-20, esp. 17.

⁷⁴ Since re-enactment phototherapy was only formally developed in 1983, Terry Dennett refers to Spence’s early therapeutic work with the camera as “Camera Therapy,” a distinction which I do not retain in this text. It is useful to note, however, that the works produced before 1983 should not officially be regarded as products of re-enactment phototherapy, although they too exploit the therapeutic benefits of photography. In an email to the author (12 April 2008), Dennett identifies two distinct Camera Therapy methods that Spence did not use in her later collaborative Phototherapy practice: Mirror Therapy and Scripting, which involves “working from a predetermined set of scripts like an actor in a play.” See Terry Dennett, “The Wounded Photographer: The Genesis of Jo Spence’s Camera Therapy,” *Afterimage* 29, 3 (Nov/Dec 2001): 26-27, esp. 27.

⁷⁵ David Heavy, “An Interview with Jo Spence,” in *The Creatures Time Forgot: Photography and Disability Imagery* (London; New York: Routledge, 1992), 120-133, esp. 131.

impressions of experience (and primarily, of painful or unresolved experience) an external visual and symbolic form. Through the medium of the photographic image and the process of image-making, the purpose of re-enactment phototherapy is transformative in nature, seeking amongst other things to facilitate a cathartic release in the subject. To paraphrase Spence, if psychoanalysis is the “talking cure,” then re-enactment phototherapy has the potential to be a seeing cure.⁷⁶ Phototherapy also utilises the transformative effects of performance, since the re-enactments performed in the safety of the studio have an active hand in re-shaping impressions, memories, and feelings.

Performing before the camera allows the subject to re-enact, play with, and to subvert identities within a safe environment. The element of play involved in the process reflects the freedom and non-judgmental atmosphere that are provided in a counselling context. The performance, in studio, is also granted the value of ritual, and is characterised by its practitioners as a “rite of passage.”⁷⁷ The “collaborative,” “therapeutic gaze” fosters an open exchange between participants. It dilutes the rigidity of individual control in the image-building process, and challenges in this way singular image authorship.⁷⁸ At the heart of the practice of re-enactment phototherapy is the fundamental desire for “embodiment and ownership”⁷⁹ of one’s experience, irrespective of whether it be perceived by the actor as positive or negative.

Some of the techniques employed in re-enactment phototherapy include the “deconstruction of the existing visual representations”⁸⁰ of the subject’s life, or in other words, a re-examination of the personal photographic archive. This essentially extends the investigations that Spence had begun with her family album some years earlier. Paralleling Spence’s conclusions about her family album and its elisions, re-enactment phototherapy similarly investigates the

⁷⁶ See Spence, *Cultural Sniping*, 150.

⁷⁷ Heavy, “An Interview with Jo Spence,” 131.

⁷⁸ Spence always credits her work to multiple authors. At *Documenta 12*, for example, authorship for *The Picture of Health?* was attributed to Jo Spence, Rosy Martin, Maggie Murray and Terry Dennett. See Ruth Noack and Roger M. Buergel, eds. *Documenta 12: Catalogue* (Cologne: Taschen, 2007), 118.

⁷⁹ Martin, “The Performative Body,” 17.

⁸⁰ Ibid.

“structured absences” that can be found in already existing (auto-)biographic photographs.⁸¹ A second technique employed in re-enactment phototherapy centres on the “task of reconstruction,” which enables the subject to explore a multiplicity of identities by performing before the camera, and then looking at the printed images produced. This consists in a renewal of the repertoire that is either preserved in or omitted from the archive. Camera performances sometimes reveal unexpected or suppressed aspects of the subject’s character, which can later be identified via the printed image. The driving principle behind reconstruction is the notion that, rather than being singular and stable, the self is “a series of fictions, [...] a web of inter-related stories told to us and about us.”⁸² Medical discourses around health, and in particular, around individuals’ prognoses and diagnoses, can also be included in these sets of self-defining stories.⁸³ This understanding of the subject as iterative, and even self-reflexively reiterative (particularly in photographic self-representation), is consistent with Judith Butler’s and Peggy Phelan’s notions of the performative body. Their writings have each been acknowledged as bearing relevance to the practice in Martin’s accounts of re-enactment phototherapy.⁸⁴

In the session that follows the performances before the camera, the subject and counsellor together look back upon the photographs produced, which function as both “a mapping of the session itself, and as *transitional objects* that lie between [the subject’s] inner and outer reality.”⁸⁵ Both these functions of the photo-object hinge upon the temporality of the image. In a phototherapeutic

⁸¹ Both Martin and Spence were middle-aged women when they began their explorations of phototherapy. Each was struck by the extent to which older women are excluded from popular and commercial imagery. In addition to responding to the structured absences that were revealed by their image analyses, therefore, both were also reacting to “the paucity of representations” that could reflect their current experiences as middle-aged women. For Spence, this “paucity of representations” also made reference to the absence of non-pathological images of breast cancer and its treatments in the early 1980s.

⁸² Martin, “The Performative Body,” 17.

⁸³ See Danou, *Le Corps Souffrant*. As described in chapter 1, many authors agree that narrative plays a crucial role in the subjective experience of illness, hence the need to recount such stories in literary autopathographies. See Brody, *Stories of Sickness*; Couser, *Recovering Bodies*; Frank, *The Wounded Storyteller*; Kleinman, *The Illness Narratives*; and Hawkins, *Reconstructing Illness*.

⁸⁴ See Butler, *Gender Trouble*, and Peggy Phelan, *Unmarked: The Politics of Performance* (London; New York: Routledge, 1993).

⁸⁵ Martin, “The Performative Body,” 17, emphasis added.

session, these functions also reflect the mutual dependency of the archive and the repertoire. The materiality of the photo-object and what it represents establish the frame of reference from which a therapeutic discourse can be elaborated. Photographs are regarded as objects from the past, pointing to past events, relations, and self-images. But they are also objects of the present, in that the subject undergoing phototherapy responds presently to the thoughts and feelings that are aroused by the image. Finally, they are objects of the future, in that the subject can, by performing before the camera once more, re-enact previous portraits of themselves or of others, and through this re-enactment, performatively transform the (memory of the) past in the future.

Although re-enactment phototherapy follows the model of individual counselling, its breadth exceeds the strict experience of the individual.⁸⁶ There is a concern to situate the individual's experience "within a societal frame, to address the politics of specific identity formations and the personal as political."⁸⁷ In this light, re-enactment phototherapy plays a role not only in the personal restoration of the subject, but also in his or her conscientisation of the structural pressures and power-plays that shape individual experiences. The role of biopower and biopolitics in individual experiences of disease are but some of the many structural pressures upon which the individual experiences of sick subjects narrowly depend. From this perspective, the subject – who in this context also coincides with the subject of a phototherapeutic representation – has the ability to convey not only his or her individual experience through a photograph, but also to potentially stand in for a confluence of experiential significations: the (photographic) subject becomes "the site of the articulation of representations, inscriptions and meanings"⁸⁸ that go beyond the distinct nature of his or her singular experience, and in Spence's case, beyond her individual experience of illness.

⁸⁶ Even when phototherapy takes a co-counselling form, each session is focused on only one of the actors, who reciprocates the counselling role in the following session.

⁸⁷ Martin, "The Performative Body," 17.

⁸⁸ Ibid.

Re-enactment phototherapy is thus about “staging the selves and knowingly using visual languages. It is about the constructions of identities rather than revealing any “essential” identity,”⁸⁹ and in an aesthetic correspondence to this multiplicity, phototherapeutic practices also privilege investigations into numerous photographic forms. The tactics used to represent bodies and subjective experiences in Spence’s phototherapy are as diverse as the identities by which they are inhabited. Since the body, the subject, and their representations are each perceived as the products, or continual reproductions (i.e., performances) of culture, then the photos produced in phototherapy likewise remain open-ended, subject to multiple readings and re-interpretations in counselling sessions, each of which hinges upon singular contexts of readership. This archive, in other words, is never closed or fixed, but invites continual re/productions of its repertoire. At its best, “phototherapy makes visible the self as process, a constantly changing act of becoming.”⁹⁰ Again, in an aesthetic equivalence, phototherapy presents the photographic “sign as a site of struggle,”⁹¹ always in tension and subject to reinterpretation.

4.3. Performative Acting Forms:

The performative aspects of phototherapy helped Spence prepare for the difficult moments that lay ahead – to rehearse them ahead of time, as it were, as she did on the night before her lumpectomy. In order to produce such “preparatory” performative photographs, Spence explored new techniques in collaboration with Dennett. Their methods were based on the performance-oriented self-portraits of Frederic Holland Day on the one hand, and on photo-theatre on the other. Modelled on the “staged studio tableau photography” of Carol Conde and Carl Beverdige, Spence and Dennett expanded upon the photo-theatre technique to create “scripted visual scenes.”⁹² On the eve of Spence’s

⁸⁹ Ibid., 18.

⁹⁰ Martin, “Putting Us All in The Picture,” 45.

⁹¹ Evans, “Against Decorum!,” 57.

⁹² Dennett, “The Wounded Photographer,” 26.

operation, these tableaux made a symbolic visual synthesis of the conflicting emotions and pressures she felt.⁹³ The images were endowed with such a strong acting power for Spence that she qualified the following one as a “magic fetish.”⁹⁴ Taken in collaboration with Dennett, *Property of Jo Spence* (fig. 3.12) forms part of a series of pre-operative snapshots, in which captions were written in black felt-pen on Spence’s cancerous breast. This image consists of an upper-body portrait of Spence wearing tinted glasses indoors, her chest naked but for the inscription “PROPERTY OF JO SPENCE?” and a bandage beneath her left breast. From the series of pictures produced that night, this is the photograph Spence ultimately chose to take along with her into the hospital as “a talisman” to remind her that she had “some rights over [her] own body.”⁹⁵

Although the title of the photograph reads as a statement (also reflecting the fact that this photographic *print* is her proud – and potent – property), the caption written on her breast in the image ends with a question mark, leaving the “ownership” of her breast undecided. When read as an allegorical image of illness, the question mark in the caption poses a more general question about patients’ authorities over their bodies in the context of medical care, and in the treatment of breast cancer in particular. In a biographical context, however, the question mark refers more pointedly to the fact that on the night before her operation, Spence was still uncertain as to whether or not her consultant would actually perform the lumpectomy she requested, as opposed to a complete mastectomy.⁹⁶ Spence made it a point not to wipe off the writing on her breast before going into hospital the next day. She has openly described her satisfaction at the thought that medical staff would be physically confronted to this question while preparing her for the procedure.⁹⁷ “Labelling” her breast also reassured

⁹³ Ibid.

⁹⁴ Spence, *Putting Myself in the Picture*, 157.

⁹⁵ Ibid.

⁹⁶ Dennett documents Spence’s uncertainty in his notes for an exhibition of *I Framed My Breast for Posterity*. See Susan E. Bell, “Photo Images: Jo Spence’s Narratives of Living with Illness,” *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 6, 1 (2002): 5-30, esp. 17.

⁹⁷ Dennett, “The Wounded Photographer,” 27 (footnote 18).

Spence, because it confirmed which breast was to be treated, thereby preventing surgeons from potentially amputating the wrong one.

With the risk of a complete mastectomy not entirely at bay on the eve of Spence's operation, she and Dennett produced *I Framed My Breast for Posterity* (fig. 3.13), a frontal mid-length portrait in which Spence literally holds an empty frame around her naked left breast. There is no caption on her breast in this image, but there is still a bandage beneath it. The photograph is taken indoors, with Spence wearing the same tinted glasses as in the previous image, as well as a string of wooden beads around her neck.

The beads she wears were featured in an earlier collaboration with Dennett for the *Remodelling Photo History* series (1982-82), in a diptych entitled *Colonization* that critiques ethnographic photography (fig. 3.14). In the first image of the diptych, Spence stands outdoors at the doorstep of a house, with two full milk bottles at her feet. She wears a cloth around her waist, holds a broom in one hand, and is barefoot and bare-chested, but for a watch and the same beaded necklace. The second image, taken in a typical medical-anthropometric style, features Spence's bare foot with a black line beneath it and the measure "5 CM." Susan E. Bell connects this diptych to *I Framed My Breast...* in a detailed reading of the latter. She suggests that the association of the two images through the iconographic sign of the beads, and through the use of ethnographic photography, helps to mark Spence's body in *I Framed My Breast...* "as one that is colonized, engaging in a dialogue about gender, medicine, and power."⁹⁸

Bell further notes that the frame in *I Framed My Breast...* visually covers Spence's mouth. Thus, while producing the photograph enables Spence to articulate her response to the treatment of her illness, its visual semantic content appears to be symbolically silencing her at the same time. Bell attributes this semiotic duality around voice to the dialogical conflict that arose between Spence and her consultant in agreeing upon a treatment method, and to Spence's uncertainty, on the eve of her surgery, as to whether or not her voice had in fact

⁹⁸ Bell, "Photo Images," 18. The use of ethnographic photography in *Remodelling Photo History* is associated with the connotation of medical photography (particularly with the presence of a bandage beneath Spence's breast) in *I Framed My Breast...*

been heard. This biographical conflict is tied back to the broader themes of “gender, medicine, and power” invoked by the photograph, since Spence’s personal encounter with her doctor was precisely mediated by gender and power dynamics. Bell pursues her reading of the picture by noting that the frame also makes a visual and spatial distinction between the locus of Spence’s cancer – her left breast – and the rest of her body and home. She interprets this as a division in Spence’s identity before and after the cancer. Although the frame has a symbolic dividing function, it does not however decisively cut off one part of Spence’s body from the other, nor does it cut the image into separate parts. The frame’s belonging is rather ambiguous, and for Bell, this specifically puts into play the question of the belonging of Spence’s breast, both as an organ and as a symbolic entity.

Questions of the breast’s belonging and of Spence’s authority over her body bring us back to the conflict with her consultant over the course of treatment to take for her cancer. It also confronts us to the performative efficacy of the photograph, which here both states and performs “*I framed my breast for posterity.*” If, on the day following the photographic capture, the surgeon does not in fact accord Spence her rights over her own body by respecting her wishes for treatment, then Spence will already have proclaimed that right nonetheless by having taken this picture. She can hold onto that right – the picture of her authority over her breast and body – forever (i.e., “for posterity”).

Both of these pictures, taken on the night before Spence’s operation, give an indication of the acting power that is invested into the performative photograph. Like traditional *ex-votos*, these images are transformative icons, whose acting power manifested itself not only in the process of their fabrication, but also in the moments when Spence looked upon them again. The above examples point to moments in Spence’s experience when the performative aspects of photography helped to psychologically prepare herself ahead of time for a difficult procedure. More often, however, Spence called upon the therapeutic aspects of photography only after experiencing troubling incidents.

With illness, the traumatic moment of diagnosis usually comes unexpectedly; the move towards a prognosis and the decision upon a course of treatment quickly ensue. Such moments cannot necessarily be anticipated; they can, however, be processed again by looking upon them anew. In Spence's experience, her empowerment as an active subject in the hospital took place to a large extent *post-facto*, through the re-enactment of particularly traumatic moments in the ward. One of the principal themes broached in phototherapy after Spence's surgery was her feeling of infantilization, the utter helplessness and disempowerment to which she was subjected as she waited for her turn under the knife. A particularly emblematic representation of Spence's "objecthood" during her medical processing is the way in which her cancerous breast was marked by her consultant. When it was decided that Spence would have to undergo surgery, the consultant entered, marked an X above her breast and declared, "This is the one that's coming off."⁹⁹ Martin explains that, in this very moment, Spence's "identity had been reconstructed at the point of the doctor's pen."¹⁰⁰ Spence reports having felt like a branded animal, ready to be sent to the slaughterhouse.¹⁰¹

Already aware of the transformative resources made available by using her camera, Spence asked Dennett to take a snapshot of her with this X above her breast right after the incident occurred (*Marked Up for Amputation*, 1982, fig. 3.15). In a subsequent phototherapeutic re-enactment, she pictured herself again with an X, this time in the safety of a studio (*Infantilization*, fig. 3.16). In the same phototherapy session, she also posed as a baby with a pacifier in her mouth, literally "acting out" the infantilization she had felt at the doctor's hands, and the projected role of the docile patient who is pacified and rendered silent by medical hierarchies and procedures.

The consultant's dismissive clinical marking of Spence's breast nourished an ongoing aesthetic and symbolic investigation into the marking of breasts over numerous photo-theatre sessions. The use of writing on the body is a recurring

⁹⁹ Martin, "Putting Us All in the Picture," 43.

¹⁰⁰ Ibid.

¹⁰¹ Evans, "Against Decorum!," 49.

motif in Spence's autopathography, and in her and Martin's phototherapeutic practices. Placards and written captions also frequently appear in their photographs. As Jessica Evans explains, Spence's phototherapy projects show a "concern with the surface of the body, which is shown as a site where others have made their mark" – with the consultant's gesture, quite literally so – "and often as a site where she can 'write back'."¹⁰² In this sense, Spence also treated her body as an archive of experience, but as one that maintained the potential for producing new repertoire. The notion of being able to "write back" to the medical establishment, and likewise to speak up and expect to be heard, is exemplified by the fact that Spence left the written caption on her breast for the medical staff to read before her surgery. Spence's phototherapy, then, was not only about exploring and nurturing her voice in a permissive, therapeutic context; it was also about disseminating this voice through its "exhibition," and communicating it to a larger public.

Spence further repeated the motif of the X, signifying amputation, silencing, and branding for slaughterhouse. Instead of using her own body, she placed the mark onto a series of Cindy dolls, for example in *Cancer Sisters* (fig. 3.17).¹⁰³ In other similar investigations, Spence sometimes shaved the dolls' heads or cut out their plastic breasts, and documented the stages of their treatments/mutilations with her camera. Each displaced re-enactment of the X marking the spot allowed Spence to subjectively invest herself in the process of her own clinical objectification, and in so doing, perhaps to subvert it or cancel it out – X-ing out her own X-ing. This repetition of the mark – the site of an anticipated wound, but also the echo of the one she bore – allowed Spence to symbolically transfer the violence enacted upon her onto these insensitive dolls,

¹⁰² Ibid., 54.

¹⁰³ Cindy dolls are the British equivalent to Barbie dolls. In Spence's earlier work on women's self-image with the Polysnappers, projects often involved taking pictures of dolls in tableaux to expose gender stereotypes and mores. In reference to these works, Don Slater explains that the "act of photographing someone had been so analysed as a relation of power that it came to be experienced as politically impossible. Jo Spence and colleagues would only photograph dolls. Any photography other than self-representation was deemed offensive." (Slater quoted in Evans, "Against Decorum!," 44). In Spence's autopathographic photography, working with the Cindy dolls allowed her to depart from immediate self-representation, and to work in a more allegorical manner.

whose visual mutilations bear potent witness to the invisible suffering she endured.

4.4. Dialectical Imagery:

The phototherapeutic images examined thus far are each invested with highly emotional stakes that include the assertion of Spence's subjectivity in an objectifying medical context, the expression of her rights as a patient and as an individual, and the communication of her distinct point of view. The pictures are all autobiographical in nature: except for the dolls, they are clearly portraits of Spence, and make reference to her particular experiences within the hospital, as well as her self-defined health maintenance routine. In addition to these self-referential photographs, Spence developed with Dennett a series of pictures that depict the experience of illness and hospitalisation more broadly. These images can be described as contemporary allegories of pathographic subject matter, which bring into relief some of the pressures at play in the attempt to visually represent illness, patient- and subject-hood, and hospitalisation. These photographs incorporate strong dialectical contrasts, and are fashioned in a provocative manner that uses irony, historical citation and recontextualisation in order to bring forth a new, critical perspective on stereotypical illness metaphors.

October 15th, 1984 (fig. 3.18) makes reference to the history of medical photography, as well as to criminal photographic measurement.¹⁰⁴ In stark contrast to the affective investment committed in her phototherapeutic practice, Spence documented her lumpectomy scar in this diptych by using the photographic language of anthropometry: a cold, objective impression of the mark of her surgery, undoubtedly informed by her earlier critiques of ethnographic photography in *Remodelling Photo History*.¹⁰⁵ As described in chapter 1, the representation of sick bodies in the history of Western visual culture has often

¹⁰⁴ E.g., in the vein of Alphonse Bertillon's photographs.

¹⁰⁵ Specifically, the photographs are based on *Regulation* from the *Remodelling Photo History* series. See Terry Dennett and Jo Spence, "Remodelling Photo History: A Collaboration Between Two Photographers, Terry Dennett and Jo Spence, 1981-1982," *Camera Austria* 25 (1988): 50-52.

shared characteristics with the depiction of criminals. Photographic techniques employed for both of these populations served to map the “deviant” body, so that it could be searched for evidence of disease or criminality; the resulting visual documents could be then be used as the basis for future identifications and comparisons.

Here, Spence operates a measure of distance towards herself that parallels the painfully objective perspective of her clinicians. Mimicking the visual language of medical archives, she adopts the most prominent photographic method to represent disease – clinical/anthropometric photography – and attests in this way to the paucity of precedents that exist in the visual culture of pathography. Her lumpectomy wound is visually processed from the front and from the side, as in a criminal mug shot, and her face is absent from the frame. She holds up a placard to indicate the date of her photographic/criminal capture. The “culprit,” as it were, is her distorted breast, or perhaps the cancer for which it has been misshapen, but which remains, no matter how sophisticated the measurement, always in excess of the picture. The document can only frame the mark that was left behind in attempting to remove the ailment. The ailment itself, the cancer, can only be visualised indirectly, by the sign of its (now) absence.

The *October 15th, 1984* photographs perform a detached re-enactment of how Spence was processed by the medical gaze in a strategy that is similar to her compulsive repetition of the consultant’s mark of an X above her breast.¹⁰⁶ In both cases, the medical processes that objectified Spence’s body are subverted by her firsthand reappropriations of those gestures. If the consultant’s X, and likewise, the medical photographer’s reduction of a patient to the mark of her ailment, each effectively negate the totality of the being who is ill, then Spence’s affirmative adoption of both methods acted against her implicit erasure.

¹⁰⁶ Implicit to many of Spence’s reflections in *The Picture of Health?*, and in her development of phototherapy, is the fact that Western medicine often fails to take the whole person into account. In visual terms, this is manifested by the division of the body into separate parts and organs, which are individually mapped through sophisticated techniques such as mammograms. In ideological terms, the division of the body into distinct parts parallels the division of medical knowledge into specialised fields, and the division of hospitals into specialised wards. It is beyond the scope of this chapter to elaborate further upon the connections between medical ideology and the visual culture of medicine in Spence’s work. For more details, see Roberts, “Interview with Jo Spence.”

Spence's appropriation and repetition of recognisable photographic genres renders her diptych as critical parody. In citing both medical and criminal photography, Spence's anthropometric photographs also invoke a history of stigmatic attributions to the sick body in representations at large. By reproducing the medico-criminal photographic "measure" of her body, the diptych shows how Spence's marked body, and the experiences to which it has been subjected, place her within the highly regulated socio-cultural context of the medical establishment, with its attendant (bio)power dynamics. The photographs point more specifically to the fact that such power dynamics can be maintained through conventions and techniques in visual representation.

Another set of dialectical images in *The Picture of Health?* employs structures of paradox that force viewers to reconsider each of the iconographic elements that are brought into mutual confrontation. Two techniques employed in these images were carried over from Spence's work with Dennett at Photography Workshop. The "intruder technique," which involves incorporating an element that should not normally belong in the picture, "an element that disturbs the normalised reading of the image forcing the viewer to 'Re-read' and reorientate themselves towards the content,"¹⁰⁷ and "making strange,"¹⁰⁸ an aesthetic device primarily inspired by the Brechtian *Verfremdungs*-effect.¹⁰⁹ Both these strategies aim to interrupt and contradict the primary social and visual tableau to which the photograph refers.

"Making strange" is a key performative tactic in Spence's autopathography. Using built-in contradictions within the image, she ensures that its subject matter remain unresolved in either direction. In exploiting an ongoing dialectical exchange between incongruous iconographic elements, the image

¹⁰⁷ Terry Dennett, "The Cancer Project," in *Domini Public* (Barcelona: Centre d'Art Santa Monica, 1994), 162.

¹⁰⁸ Personal interview with Terry Dennett, director, Jo Spence Memorial Archive, London, England (26 April 2006).

¹⁰⁹ Questioning traditional illusionism in artistic representation from within his privileged medium, the theatre, Bertolt Brecht developed an artillery of "dis-identificatory" practices that would provoke a *Verfremdungseffekt* (also known as alienation effect) in the spectator. Ideally, the spectator's critical awakening within the theatre would act as a springboard for political critique, and eventually action, in the world. See Brecht, *Brecht on Theatre*.

“acts” upon the viewer in such a way as to entice his or her “acting-back” upon the image; the spectator, in other words, is compelled to receive the image in an engaged manner. The use of such aesthetic formulas aims at “preventing stereotypic thinking and forcing the viewer to spend more time investigating the picture.”¹¹⁰ In a pathographic context, this leads the viewer to gain a personally informed, more critical perspective on the representation of illness.

Spence’s dialectical images primarily make reference to the fighting spirit that cancer patients are expected to conjure up when they are in fact at their most vulnerable. She acts out before the camera the difficulty of conforming to what medical sociologists call the “good patient,” one who adheres to regulated sick role behaviours, including that of wanting to get better.¹¹¹ By juxtaposing evocative poses, she frames these pressures within stark oppositions. In *Heroine or Victim?* (fig. 3.19), Spence transfers the military imagery that is often employed in describing the so-called “fight” against cancer into a dialectical image. On one side, we face a cancer “heroine.” Spence’s open shirt exposes her lumpectomy scar, but she stands tall and looks out into the distance: the future lies ahead, reflected in her sunglasses. She is strong, impenetrable, a victor over disease. On the other side, we are confronted to the image of a cancer “victim”: Spence is emaciated, frail, and her gaze is turned downwards. She seems despondent and appears likely to succumb.

The dual image shows that Spence can in fact embody both these roles. The juxtaposition of two extreme states of being in these images, which are each embodied by the same subject in the course of her illness, makes the failure of each of these states to adequately represent the totality of the subject all the more apparent. If both of these portraits are equally “true” to Spence’s experience, then she is likely to be much more than either a heroine or a victim, and certainly not exclusively either one. By using a strategic and deliberate form of editorialising in this image – the presentation of broad but insufficient extremes beneath the caption “Heroine or Victim?” – Spence effectively refutes the reductive type-

¹¹⁰ Dennett, “The Wounded Photographer,” 26.

¹¹¹ For details on the “sick role,” see chapter 1.

casting of sick subjects like herself in the social imaginary. “I see myself neither as ‘heroine’ nor ‘victim’,” she writes, “but merely as a person in struggle, changing and adjusting daily, and trying to keep a state of equilibrium which will allow me to function optimally, at the same time as I strive to regain health.”¹¹² The image of Spence undergoing moxibustion, presented above the caption, is one example of her daily adjustment to living with illness.

Crash Helmet Portrait (fig. 3.20) offers another example of Spence’s use of strategic contradictions. The portrait displays Spence’s naked upper-torso, her left arm raised above her head to expose her lumpectomy scar. She dons a motorcycle helmet, deliberately including an intrusive element within the photograph, one that appears to be incongruous with the action of showing her wound, and in stark contrast to the vulnerability it signifies. In incorporating these contradictions, the image synthesizes an indication of heroism (the quasi-martial helmet) and victimhood (in showing her wound.) It offers a material and symbolic “contrast between a ‘hard’ head and a damaged ‘soft’ body,” although the safety helmet also appears to act as a “protective shield against those who seek to wound her.”¹¹³

Images such as *Crash Helmet Portrait* and *Heroine or Victim?* provided the means for Spence to look back at the authoritarian order of medical practice, and to counteract the anonymity of her experience as a patient. These pictures invoke the fact that Spence will always exceed the strict patient role presumably projected onto her by medical staff. At the same time, and somewhat paradoxically, these images also stand in for cancer patients in general: they make an allegory out of the subjective tensions that many patients face when being “reduced” by their medical processing. Like the iconographic opposition between the wound and the helmet, the semantic descriptors of “heroine” and “victim” are extreme, and appear to leave no space in between for distinct individual experiences. Ailments are similarly described in such radical terms: a tumour, for instance, is either malignant or benign; there is no such thing as a semi-cancer.

¹¹² Spence, “The Picture of Health? Part 1” in eds. Ribalta et al, *Jo Spence: Beyond the Perfect Image*, 262-268, esp. 262.

¹¹³ Evans, “Against Decorum!,” 46.

Treatments, at least in Spence's experience, are likewise devised in the form of extremes: her breast could either have been left intact or been entirely removed, depending on the diagnosis. Spence was forced to negotiate her way to a compromise – a lumpectomy – which ultimately proved to be the better technique to manage her particular ailment. Given these many ramifications, Spence's juxtaposition of semantic and iconographic extremes in her photographs served to inject tension into the excessive dualism of medical definitions and practices on the subject.

In response to her breast cancer, Spence's photographic production allowed her to reformulate her self-image, and the image of her illness, on her own political and aesthetic terms. Above all, photographic creation enabled her to remain the active and critical subject of her experience, using her own body as the source of pathographic interrogation. Deconstructing and reassembling visual and textual codes of the medical archive in her practice, Spence devised an alternative, patient-centred, embodied portrait of disease. Phototherapy likewise played a pivotal role in fostering her sense of responsibility in the struggle to regain health. When Spence faced a second cancer in 1990, however, she found that her photographic questioning of the representations and politics of disease could no longer be figured in the same ways.

5. A "Crisis of Representation"¹¹⁴:

When Spence was diagnosed with the leukaemia that eventually took her life, she produced two new series of photographs. *Leukaemia Diary* and *The Final Project* have seldom been publicly displayed, and there are few critical writings about their images. Whereas her initial projects on breast cancer investigated the history of visual representations of disease in Western culture, Spence's works addressing leukaemia drew on precedents from other cultures' figurations of mortality. Forced to confront cancer again in her artistic practice, Spence found that the techniques she had earlier employed were now inadequate. On the

¹¹⁴ Spence's words in Spence and Grover, "The Artist and Illness," 414.

personal front, Spence had grown older, and her leukaemia was far more draining than what she had experienced with breast cancer. On the representational front, she faced an impasse: how does one visualise leukaemia, a cancer that is imperceptible to the naked eye? Whereas breast cancer had been visually signified, amongst other things, by the mark of its removal – her lumpectomy scar – there was no visual equivalent to indicate the presence of leukaemia, not even in the negative.

In an interview with Jan Zita Grover, Spence reported, “now that I have leukaemia, the language that worked with breast cancer doesn’t seem applicable.”¹¹⁵ Added to this was a moral fatigue, exacerbated by the fact that unlike breast cancer, “leukaemia is seen as a killer disease. There is no cure for it. If you deviate one iota from the path of chemotherapy, everybody, literally everybody, thinks you’re stark raving mad.”¹¹⁶ Spence could not simply rely on her own resourcefulness to find her way back to health. The naturopathic regimen that had kept her in remission for eight years could no longer be counted on, and she did not have the energy anymore to turn her personal struggle into a political fight. “When you’re as badly damaged as I am,” she confessed, “you just want to have nice things around you. I don’t really want to have to think about the *politics* of leukaemia.”¹¹⁷

The final chapter in Spence’s autopathography would thus depart from the route it had taken in the early 1980s, moving away from a critique of medical politics and a reformulation of the visual archive of illness towards more introspective image explorations. When Spence attempted to dabble in self-portraiture again, she staged herself before the mirror in order to prepare her photographs, just like she had done before. But she found that “her gaunt appearance was at total variance with the mental image she still had of herself – of a person active in struggle. This mind picture could not be captured with

¹¹⁵ Spence and Grover, “The Artist and Illness,” 414.

¹¹⁶ Ibid., 413-14.

¹¹⁷ Ibid., 416.

normal photography.”¹¹⁸ Spence therefore had to develop new aesthetic means to give form to her altered relationship with illness. In one performative photograph, she literally attempted to visualize her fight against cancer (fig. 3.21). Having projected a slide of cancerous blood cells against the wall, she photographed herself gesticulating before them, acting out the mental image of the battle against the unhealthy cells that cancer patients are often advised to rehearse. But this overt work on the theme of leukaemia did not satisfy Spence’s needs, and she moved towards more indirect forms of reflecting upon her disease and mortality.

Spence’s final autopathographic production continued to be collaborative. With Roberts, she made a photo-diary of her daily treatments and health regimen. She thus pursued the “self-health” documentation initiated in *The Picture of Health?*, and extended in this way her personal archive of living, which attested to the active steps Spence took towards maintaining her health. With Dennett, Spence paid closer attention to images of death, and looked into the representations and rites of dying in Egyptian and Mexican cultures. Spence also continued to explore phototherapy and photo-theatre, and broached themes such as self-corpsing and self-entombing, which I interpret here as performative forms of becoming-death.¹¹⁹

Aesthetically, the new types of images that Spence produced for her final series have been described as Photofantasy, an exploration of Magic Realism as applied to photographic language.¹²⁰ The technical devices she employed to this end included using a mirroring effect: an image is flipped horizontally or

¹¹⁸ Dennett, “Jo Spence. Autobiographical Photography: Self, Class and Family,” press material for the exhibition *Jo Spence: Beyond the Perfect Image* (Camera Austria, Kunsthau Graz), 5.

¹¹⁹ Thanks to Terry Dennett for giving me access to numerous unpublished images from *The Final Project*. As Spence was neither alive to see this work exhibited, nor to make a selection of preferred works, my discussion primarily examines the dominant motifs explored in her work on the theme of mortality. The titles employed to refer to these works are based upon the names of the digital photo files provided by Dennett; they are likely not the names that Spence would have chosen for her pictures.

¹²⁰ Magic Realism, predominantly a literary genre (notably in Latin American literature), is also found in the visual arts. Dennett explains the role it played in shaping Spence’s later works: “Remembering her earlier research on ‘Magical Realism’, she decided to abandon direct photography in favour of a fantasy approach that better expressed the sense of unreality she felt about the possibility of death and non-being. She noted the dialectical link between fantasy and realism, and considered the possibilities of intermixing them to make a hybrid magical realism, which she called ‘PhotoFantasy.’” Dennett, “Jo Spence. Autobiographical Photography,” 5.

vertically and juxtaposed to its original, adding an eerie touch to the photographic document, and changing the ways in which the image is read.¹²¹ This simple aesthetic device is employed in *Epic Journey* (fig. 3.22) from the *Leukaemia Diary* series. It makes a clear bridge between the documentary and fantasy formats, and also serves to trouble the photographic archive: the same image, flipped or doubled, takes on different shades of meaning. Another device frequently employed in Spence's Photofantasy was photographic layering, using the same analogue techniques that she had explored in her work with Photography Workshop. Layering involved going back to existing photographs Spence had produced and engaging with them anew through plural-image superimpositions. Again, the fixity of the photographic archive is challenged by its potential for reactivation. Since Spence had less energy to take photographs in the field, this technique enabled her to produce novel works out of existing materials, and to reengage with her own photographic archive. Tableaux and still lives made with dolls and masks also allowed Spence to work from home and to minimize her fatigue, while continuing to elaborate a new photographic language that would evoke her intimations of mortality.

Spence returned to existing materials through the subjects she explored as well. The theme of the family photo album, for example, was revisited in *Ancestors* (fig. 3.23), a photograph in which a hanging plastic skeleton appears to be looking and laughing at an old family picture. Spence also reworked a photograph of herself as a baby, which had been used to open the exhibition *Beyond the Family Album*. She had then produced a companion piece to her baby photograph: a nude portrait of herself taken in the same pose at the age of 44 (fig. 3.24). This first revisiting of her baby photograph was a light-hearted commentary on the passage of time. It clearly illustrated the work of photo-theatrical reconstruction based on materials in her family album. For *The Final Project*, however, Spence included her baby photograph as source material for a series of "decay" images. A layer of decomposing texture was superimposed onto the smooth surface of the photograph showing her naked baby skin (fig. 3.25). Her

¹²¹ Personal interview with Dennett (26 April 2006).

commentary on the passage of time continues in this picture, but reads as more poignant than light-hearted. Instead of time being contrasted in two juxtaposed images, the passage of time literally becomes inscribed into the image of youth, and through this image, the passage of time is also integrated into the archive.

Spence's re-investigations of her family album in light of her mortality privilege the *memento mori* motif, which is traditionally characterised by icons that mark the passage of time. Temporality is thus used as a litotes for death. Spence's images also make reference to the medieval *Totentanz*, where a skeleton stands as an allegorical figure for death. The skeleton is often jovial in this tradition, as it dances towards the living in order to announce their impending deaths. In *Ancestors*, the skeleton doubles as a self-reflexive commentary on Spence's role as a photographer. The skeleton appears to laugh at the (presumably deceased) people pictured in the old sepia photograph, but it may also be laughing at the futility of the document, which acts as the record of departed people, and is held onto as the memento of unknown ancestors in family albums. In facing her own mortality, how did Spence look back upon her numerous recordings of herself? How did she reconsider her own photographic archive?

The motif of the skeleton resurfaces as a skull in various still-life experiments from the *Skull Series* (fig. 3.26) and in *Death Props* (fig. 3.27). With these images, Spence made an inventory of both popular and high-culture figurations of death, and collected representations of mortality circulating in Western culture. In order to assemble her visual vocabulary of death, Spence also borrowed elements from Ancient Egypt (e.g., *Eye of Horus*, fig. 3.28) and from the Mexican festival, *Día de los Muertos*, (e.g., *Deathwork 5*, fig. 3.29). In the process of employing foreign referents to represent death, Spence began to photographically perform her own becoming-death. In *Spence Egyptian* (fig. 3.30), for example, she created a photomontage of herself in the place of a dead Egyptian pharaoh, embalmed and prepared for the afterlife. In the crudely constructed image, photographs of Spence's face and hand are cut and pasted onto a reproduction of a blue and gold sarcophagus. She holds a portrait of herself as a

young girl, which had been shown in *Beyond the Family Album*, and which she had also “re-embodied” in earlier performative phototherapy sessions.

In figuring herself as a pharaoh in the context of Egyptian mythology, Spence projected herself as remaining present even after her death. She also depicted herself as bringing an element of her past – her childhood portrait – to an otherworldly future. In Ancient Egyptian death rituals, it was customary for pharaohs to be entombed with objects of their earthly life. As Dennett explains, “the preservation of the body after death was important for the survival of the deceased in the afterlife in Egyptian mythology, so a proxy – usually a small statue – was the equivalent of an insurance policy today. In [Spence’s] case, perhaps this could be a photograph.”¹²² By including this childhood portrait in the image of her projected future, *Spence Egyptian* not only evokes the future in the present (i.e., Spence’s becoming-death); in the context of Egyptian mythology, the composite image also invokes the photograph’s potential as a “technology of embodiment,”¹²³ since an element of the past (her childhood portrait) has the mythic potential to convey life again in the future.

Another Egyptian death ritual that surfaces in Spence’s work is that of mummification. Spence had earlier transferred the marks of her breast cancer onto dolls; here, she practiced a similar ritual by embalming one (fig. 3.31). Like her *Cancer Sisters*, the *Mummy Doll* also stands in for Spence, giving her an indirect, objective way to visualize the rituals of (her) death. Spence was so taken by Egyptian mythology that she planned to make a mock Egyptian funeral while she was still alive. She drew parallels between ancient Egyptian culture and her own reality, positing that Egyptian tombs “decorated with scenes from the life of the dead person were really the family albums of the day.”¹²⁴ Her drive to maintain a sense of agency in the face of mortality by imag(in)ing her own death was maintained almost *ad absurdum*, in spite of the fundamental impossibility of

¹²² Dennett, “Jo Spence. Autobiographical Photography,” 5.

¹²³ See A. Jones, “The ‘Eternal Return’.”

¹²⁴ Dennett, “Jo Spence. Autobiographical Photography,” 5.

attending to it, nor to the rites by which it would be accompanied.¹²⁵ Still, Spence was inspired by the *Egyptian Book of the Dead* to make her own “travel guide to the death process,”¹²⁶ and intended to place hers in an urban setting, beginning with a journey in the London Underground.

Spence’s invocation of a travel guide to death echoes the medieval concept of *ars moriendi*, or art of dying, whereby one takes specific measures in order to prepare for death. As part of the process of her *ars moriendi*, Spence produced images that essentially made her living figure coincide with that of death. In many of these, Spence is awake and attentive, even while she is being subjected to death rituals. *Spence Egyptian*, for example, shows her with eyes wide open, even though she is depicted in/as a sarcophagus. There is an implicit paradox therefore in these images, which on the one hand stage Spence as being dead, but on the other, break this fiction by clearly showing her as still alive.

A similar confrontation emerges in the daring phototherapeutic experiments Spence undertook for *The Final Series*.¹²⁷ One particularly evocative image shows Spence standing in a cemetery before an open grave, looking straight into it (fig. 3.32). Spence is shot frontally, from across the empty ditch which fills the bottom half of the image. The vertical image is equally divided between the realm of death (the open ground and empty grave) and the realm of life (vegetation and tombstones, which identify the dead for the benefit of the living). Although Spence is neither dead nor buried in the image, the photograph nonetheless conjures an imaginative projection of her entombing. Spence stands securely in a broad stance as she looks squarely into the grave; there is no indication that she may fall into it. What transpires instead is a wilful confrontation between the mass of her body and the grave’s emptiness.

Spence undertook two phototherapeutic sessions in the cemetery, but found them to be too trying for her. In order to stage the image of her departure,

¹²⁵ Spence nevertheless “authored her own funeral, which was conducted in accordance with written instructions left with David Roberts.” Spence, *Cultural Sniping*, 218.

¹²⁶ Dennett, “Jo Spence. Autobiographical Photography,” 5.

¹²⁷ The title of this series referred to the fact that Spence wanted to retire from photography, and chose this to be her last work. It only posthumously took on added resonance to signify the last work of her life.

she resorted instead to plural image superimpositions of existing photographs.¹²⁸ Via this layering technique, and the concomitant reinvestment of the past with the present and future, Spence constructed immediate confrontations to her own impending death, all the while blurring temporal lines in order to evoke both timelessness and impermanence.

Decay Project/15th October, 1984 (fig. 3.33) confronts the cool detachment of the clinical gaze with the inescapable march of time. By projecting a decaying surface onto the skin of this criminally measured body, first encountered in *The Picture of Health?*, the disciplinary hold of the medical system is strangely dismantled. This double image could suggest that the sitter was cruelly left to rot. Such a reading would stir up anger towards the anonymity of patients in the medical system, the lack of humanisation in their treatment, and the feeling that, while they are the driving force of the medical enterprise, they are ultimately left behind. But another reading of the image intuits that the sitter has transcended this medical hold, and that her decay is in this sense freeing. Such a reading leaves the viewer with the calm reassurance that, no matter how hard the struggle, it too shall pass.

Looking Death in the Eye (fig. 3.34) used slide superimposition to present a direct coincidence between the figure of death, pictured as a skull, and Spence's portraits.¹²⁹ Instead of death coming to her, as in the medieval *danse macabre*, Spence is gradually becoming death, and her image is doubled in the process. Two faces, misleadingly similar, emerge from the encounter. The two different images of the same person show a subtle change in the substance of her body, and suggest that a more radical change in substance, from flesh to skeleton, will also occur in death. One eye of each of the two faces spatially coincides with the eye sockets of the skull that transpires beneath them. While it is logically impossible to "look death in the eye" since one cannot attend to one's death, this composite

¹²⁸ Generally, two slides were superimposed and duplicated in a Bowens slide duplicator.

¹²⁹ This is the only image produced with the slide superimposition technique for which three source photographs were used, rather than two. According to Dennett, the three slides were "sandwiched" together in one mount, and duplicated in a Bowens slide duplicator. Terry Dennett, email to the author (16 January 2008).

image seems to suggest that looking death in the eye(/I) amounts to squarely looking at the finitude inscribed within oneself.

A similar process is employed in *Portrait Skull* (fig. 3.35), where Spence's headshot is superimposed onto the image of a skull. The skeletal structure seems to glow from beneath her translucent skin. The skull's vacant eye sockets fill Spence's irises with black emptiness, and a gap in its jaw transpires through her fleshy mouth. Here again, Spence and death are shown to be becoming one. The same portrait is used in *Decaying Face* (fig. 3.36), but here it is superimposed with an image of colourful vegetation. Spence's flesh appears not as food for worms, but as nutrition for luscious organic life. The theme of decomposition after death is likewise explored in Spence's *Return to Nature* series, which was inspired by fertility cults and Egyptian rites. Spence's reference to an Egyptian afterworld, and her depictions of the energetic feeding that the body provides in the process of its decomposition, are each variations on the theme of looking at death not as an end, but as a transformation.

5. Staging Death / Performing Life: Photographic Autothanatography:

Spence's photographs invoking self-entombing/self-embalming and self-corpsing through decaying layers, or with the marks of the passage of time, together constitute Spence's visual and performative autothanatography. These photographs project Spence into an imagined future when she is dead, enabling her to perform / visualize a paradoxical presence-in-death. Since Spence, however, is portrayed as still being alive in her confrontations with the signs of death, these photographs both present and contradict the possibility of her attending to her own death. Retrospectively, since we now know that *The Final Series* was indeed to be the last of her works, Spence's autothanatographic photographs can be reinterpreted as consisting in a personalized *ars moriendi*.

As employed by Derrida in his reading of Maurice Blanchot's "The Instant of My Death," the term autothanatography refers to a first-person literary

chronicle of death.¹³⁰ Such an account can only consist in pure fiction – or possibly, esoterism – since it must by definition be undertaken by a voice from beyond the grave. Autothanatography is thus conveyed through a *prosopopeia*, a rhetorical device in which the speaker communicates through another person or object. Blanchot's (auto)thanatographic account, however, does not employ such a device, since it only takes the reader to the moment that immediately precedes the narrator's imminent death, when his execution is suddenly averted. In the end, the narrator/author is said to have "survived," because he narrowly escaped a prescribed death. His autothanatography, therefore, is not the account of his death, but rather the account of his life in the presence of an impending death; in other words, it is the account of his living with the intimacy of death.

In her reflections on autothanatography, Linnell Secomb notes that, having come so close to death, the survivor

carries the death within them, dwells with or lives, that death. The survivor does not simply elude death, but having been confronted with its alterity [...] is now responsible to death. The survivor carries death within, like a promise to the future – a *memoire* or memento – a promise and a warning of the death to come. In facing the other, this instant of death, the survivor lives on. He is forever claimed by death, awaiting the death interrupted and suspended.¹³¹

Having kept death at bay after her initial diagnosis, Spence lived on as a survivor for a decade. Her breast cancer had already reappeared 18 months after her lumpectomy, but was managed through naturopathic treatment until 1990.¹³² Spence thus lived for ten years with the intimacy of death, its presence evoked by the cancer that remained within her, threatening to re-emerge at any time.

In spite of the fact that cancer undoubtedly aroused Spence's awareness of mortality, her ongoing autopathography did not consist in morbid fascination; rather, it provided a means for Spence to maintain her physical and mental health,

¹³⁰ Jacques Derrida, *Demeure: Fiction and Testimony*, trans. Elizabeth Rottenberg (Stanford: Stanford University Press, 2000), 55. Maurice Blanchot, "The Instant of My Death," trans. Elizabeth Rottenberg (Stanford: Stanford University Press, 2000).

¹³¹ Linnell Secomb, "Autothanatography," *Mortality* 7, 1 (2002): 33-46, esp. 42.

¹³² Alan Radley and Susan E. Bell, "Artworks, Collective Experience and Claims for Social Justice: The Case of Women Living with Breast Cancer," *Sociology of Health and Illness* 29, 3 (2007): 366-390, esp. 372.

and in this way, to nurture life. Instead of an “*ars moriendi*,” therefore, Spence’s autothanatography might better be construed as an *ars vivendi*: a continuation of the work of her life, in the face – and in spite – of death. Looking back on her photographic production since her first cancer diagnosis, and on the personal development that accompanied it, Spence mused: “I can’t say in all this that I ever expected to ‘save my life,’ but rather to learn to live with myself and be ready for my eventual death.”¹³³ With hindsight, Spence recognised that the creative process would not ultimately defeat her death; it would, however, enable her to lead a thoroughly examined life, and in this way, to be “ready” for its closure. Central to this readiness was the drive to keep on working to the very end.

Throughout Spence’s career, the relationship between photographic work and personal / political “survival” played a crucial role. In the early days, this relationship was dominated by an activist drive: Spence’s photographic work enabled her to “survive” as an agent-subject, and to repel or rebut the silencing forces of political oppression. After encountering phototherapy, her activist drive continued to direct the subjects she broached in phototherapy sessions. But there, the relationship between work and survival increasingly articulated itself in personal terms, through the thorough investigation of Spence’s history, and the activation of her distinct voice. As a “cultural sniper,” Spence had learned to target social injustices by using critical photography as her ammunition. As a phototherapy counsellor, she continued to use image analysis in order to deconstruct her own self-perceptions; she then used photo-theatre to actively re-build them. Throughout her practice, Spence’s active re-engagement with existing photographic documents prevented these various archives from being left for dead; instead, they were frequently re-enlivened by her reproductions and recontextualizations of their materials.

A poignant image, devised by Spence and Roberts during a phototherapy session in 1988, attests to the fundamental importance of the bond between work and survival in Spence’s life and career. Shot in a studio, the photograph is taken at the foot of a narrow cot. A figure lies on it, covered by a white sheet. A toe-tag,

¹³³ Spence, “Identity and Cultural Production,” in *Cultural Sniping*, 129-135, esp. 135.

attached to a foot that sticks out from beneath the sheet, identifies the body as Spence's. The camera's perspective foreshortens the body, so that her head appears as if at the top of a triangle. Above its apex are two written placards with the indications "WRITE or be WRITTEN OFF" (fig. 3.37).

Spence's body lies dead before us; the caption suggests that she has failed to write. But Spence, the actor, has constructed this image. Behind this photograph is an author who has negated her own erasure – the content of this photographic performance – by actively proclaiming it: by producing an autothanatography.¹³⁴ Spence has written (photographed) her own writing off (death), and through this gesture, apotropaically defies it. So long as Spence continues to have a voice, and to cultivate her right and ability to speak, she resists her writing off. Autopathographic photography may not have abated her death, but in Spence's life, it kept in check the morbid effects of resignation and passivity.

¹³⁴ Petra Kuppers expresses a similar sense of paradox in the impressions of livelihood and morbidity garnered from the image of Spence's *Exiled*, a photograph that I do not examine here. Grounding her perspective on this photograph in "phenomenological reading theories," Kuppers explains that the intersubjective power of the image infuses it with a vibrant life that almost overshadows the reality of its author's actual death. Nevertheless, she adds, "*Exiled* sets up traces of another presence – a presence in some ways now gone from this world (Jo Spence has died), but alive in its effects on me." (Kuppers, *Bodies on Edge*, 19.) The image, in other words, at once persuasively carries the dynamic and affective impact of an embodied presence – that of Spence's flesh – all the while conveying the knowledge (through both circumstantial and iconographic information) that this vibrant presence *is* in fact no more. Considering the illness-related works of both Spence and Wilke, Jean Dykstra similarly concludes that "illness dissolves and destabilizes the socially constructed margins of identity and the distinction between life and death" (Dykstra, "Putting Herself in the Picture," 17.) In the same vein, Jo Anna Isaak proposes that, in confronting (the image of) death, Wilke and Spence are in fact expressing what she refers to as a "profound humour": one that acknowledges and accepts the transition from sense to non-sense that is found in the passage from life to death (Isaak, "In Praise of Primary Narcissism," 67).

CHAPTER 4

Semiotics of the Body in Auto/Pathographic Choreography¹

Dance has always celebrated exceptional physical performances, which can be attained only after years of rigorous bodily and mental training. How then are we to reassess the aesthetics of professional dance, both in terms of its form and content, when it unfolds in a potentially weakened body, one that perhaps no longer corresponds to traditional norms of choreographic representation? What are the forms and functions of auto/pathographic dance, and how do they contribute to a broader investigation into the singular impacts of autopathographic productions upon their receivers? These are some of the questions raised by the case studies examined in this chapter, which investigates more specifically the semiotics of the body in contemporary auto/pathographic choreography.

As this is the only chapter to address an art form that is generally excluded from the discipline of Art History, my readings of auto/pathographic choreographies are introduced by lengthier historical and theoretical considerations on the intersections between pathology and dance. Unlike image analyses, writing about the time-based and ephemeral medium that is choreography requires more detailed descriptions of works; it also depends upon other people's accounts of performances, and all too often relies upon video documentations of live works. The creative process in building choreographic works is granted more weight in this chapter than in previous ones, since the time spent choreographing and rehearsing in studio typically exceeds by far the hours of performance. Thus, the artworks being considered here are not limited to immediate encounters between performers and spectators: their "lives" begin with the processes leading up to performance, and extend into the critical receptions of works, long after performances have ended.

¹ My early research on the topic of auto/pathography in dance was published as "Pathographie du Corps Dansant: Modalités de la Représentation Chorégraphique de la Maladie," in ed. Sylvie Fortin, *Danse et Santé: Du Corps Intime au Corps Social* (Québec: Presses de l'Université du Québec, 2008), 271-288.

Like Wilke's and Spence's photographic processes, danced autopathographies similarly partake in the ritual power of performance and the acting power of performativity, but are additionally complemented by a belief in inherent bodily wisdom. Danced autopathographies often celebrate a certain cult of the body, as we will see with Jan Bolwell's choreography, *Off My Chest*. The distinct credo of bodily wisdom can thus be added to the notions of *pathei mathos* and pathography-as-pharmakon, which danced auto/pathographies share with other arts disciplines. Since the body, however, is "altered" by illness in autopathographic dance, its cult may not conform to the conventional ideals of aesthetic and athletic mastery that generally inform the discipline. In autopathographic choreography, then, the cult of the body often corresponds to that of certain alternative therapeutic practices. Like Spence's phototherapy and Wilke's autopathographic pose, auto/pathographic dance is similarly at a crossroads between performative form and function: it exploits the restorative benefits of certain types of bodily movement and performance, while also reinvesting the aesthetic codes of the choreographic discipline in order to achieve these ends.

Since the body generally functions as a primary signifier in the live arts, the immediacy of its status as a "time-based medium" significantly informs its reception. This implicit status gains particular resonance when the body in question is rendered vulnerable by disease. Reality and representation are not mediated by a technological apparatus in auto/pathographic dance, but by scenic conventions and choreographic form. This distinction explains in part why I have chosen to focus on choreographic practices in this chapter, rather than on body or performance art, for instance. Whereas the latter also employ the body and its actions as primary signifiers, the boundaries between the "not-fake" and the "not-real," as Amelia Jones describes them,² are perhaps not as clearly defined by

² Jones uses these terms when discussing body art practices that explore the tenuous line between the construction of the fake and the illusion of the "real." She writes: "There is no such thing as 'the real.' By not-fake, then, I do not mean to suggest a definitively determinable category of body art practice. Rather, I want to point to a kind of body art gesture that pushes in the direction of what may seem to be not-fake (by posing itself as 'authentic') while sustaining the possibility of

historical, formal, and aesthetic conventions as they are in contemporary dance. Thus, in the interest of more precisely delineating the semiotics of the body that are engaged when straddling the conventional lines that separate the representational and the “real,” I have chosen to investigate the heavily codified performing arts form that is choreography. In previous chapters, I sought to identify how pathographic subject matter at once exploits and alters the processes of signification that are integral to the photographic medium and to the act of posing. This chapter similarly examines how choreographic auto/pathographies twist existing stage conventions and expectations of the dancing body, so as to produce an impact on viewers that may extend beyond the realm of scenic representation.

Hal Foster identifies a dual trend in postmodern art production in *The Return of the Real*: “a turn to the real as evoked through the violated body and/or the traumatic subject, and a turn to the referent as grounded in a given identity and/or a sited community.”³ Auto/pathographic choreography strikingly brings together both these currents through the medium of the dancing body. The sick dancer’s body references illness and situated identity through its appearance, capacities, and its communication of firsthand experiences: it is the very “violated body and/or the traumatic subject” that points to the “real.” Choreographic form, meanwhile, gives that body a representational dimension that exceeds its everyday embodiment, thereby making that body function as a larger symbolic referent. The autopathographic dancing body therefore references itself and its immediate experiences, while also communicating an aesthetic positioning vis-à-vis the firsthand experience of illness: it dis/places pathos in representation, as does the autopathographic pose. The aesthetic positioning articulated through auto/pathographic choreography also carries a political function: the autopathographic dancing body similarly becomes both a site of reception (of illness, its treatments, and its stigmatic attributions) and of active autopathographic re-inscription. Rather than posing, this reinscription takes

the not-real.” Amelia Jones, “Rupture,” *Parachute: Contemporary Art Magazine* 123 (July/September 2006): 15 - 37, esp. 20.

³ Foster, *The Return of the Real*, xviii.

another form of bodily writing: choreography. Through the case studies examined in this chapter, I will argue that auto/pathographic choreographies exacerbate the dancing body's dual referencing of the representational and the "real" by accentuating its grotesque qualities in particular, and by exploiting certain scenic devices that further conjure the "real" from the sight of the dancer's body. By underlining the dancing body's capacity to highlight both its "real" and representational referents, auto/pathographic choreographies promote the cultivation of a plural vision in viewers. This plural vision enables spectators to recognise the passively received markings of sickness on dancers' bodies on the one hand, and on the other, to acknowledge their active reconfigurations of these markings through auto/pathographic performance.

One of the particularities of live auto/pathography is that it need not be "given flesh" by its author. In choreography, the line between pathography and autopathography is blurred when the "first person" experience of a choreographer is gesturally recounted by other dancers: autobiographical choreography can be directed onto other bodies for representation, and it can also be constructed with the help of other bodies in the studio. Unlike self-portraiture, then, choreographic autopathography need not be performed by the artist him- or herself. Instead, the dancer becomes an active intermediary in the creative and communicative process of auto/pathographic production. Because of the technical and energetic demands of live physical performance, the works examined in this chapter sometimes rely on the participation of healthy collaborators, as well as ill ones. In these instances, the pathographic referencing of the "real" is more clearly displaced through the use of choreographic form, and the transposition of the sign of illness onto healthy dancing bodies. Nevertheless, the impact of pathographic subject matter is so strong that it even taints the reception of pathographic works performed by healthy subjects, as we will see with the reception of Bill T. Jones' *Still/Here*.

The dynamics of receiving auto/pathography confronts the "ethics of response" discussed in my Introduction and chapter 1. Ethics of response are already at play when many participants, both healthy and ill, interact with each other in the creative process that leads to collaborative auto/pathography.

Receiving the performances of ill bodies can likewise place spectators in various uncomfortable positions. Voyeurism is of course at stake, as well as the rising emotions of empathy or pity, depending on a spectator's leanings. But the "live" evidence of a sick body confronts the viewer to a mirror of his or her own fallibility, perhaps in an even more compelling way than a narrative or still image. Whereas viewers of photographs or readers of books have the option to look away, it is difficult in a theatre to hide one's wish to leave a performance. One must be contended with closing one's eyes or mentally drifting away, so as to not make this rejection public. Alternatively, one can decide not to attend a potentially discomfiting performance at all. This is exactly what critic Arlene Croce did when faced with the prospect of Jones' choreography. The critic's response, justified at length in an article published in the *New Yorker*, is discussed in the final section of this chapter, and in a broader reflection on the reception of auto/pathography. Before undertaking the close readings of contemporary choreographic auto/pathographies that will lead me to a discussion of Croce's response, I briefly examine the intersections of dance and disease in history, in order to delineate more precisely the polysemic dimensions of the sick body onstage.

1. Dance, Pathology, History:

Ever since its earliest documented manifestations in the West, the public act of dancing has been attributable first and foremost to a search for spiritual health.⁴ In Antiquity, individuals danced in gestures of devotion: dancing served as a medium for communing with the divine. The exuberant cult of Dionysius, for instance, was celebrated through dance. Early Christians then integrated dance into their religious rites, themselves drawing upon prior Judaic practices.⁵ It is

⁴ See Paul Bourcier, *Histoire de la Danse en Occident* (Paris: Seuil, 1978), and W.O.E. Oesterley, *The Sacred Dance: A Study in Comparative Folklore* (Cambridge: Cambridge University Press, 1923).

⁵ Dance constituted a part of worship and celebrations in ancient Judaism. There are also numerous references to dance in the Old Testament and in the Apocrypha. See Bourcier, *Histoire de la Danse*, 23 – 25, and Oesterley, *The Sacred Dance*, 31- 43.

only later that public dancing would come to be seen as an act reliant upon the immanence of *social* co-presence, a form of popular interaction that would overshadow dance's claim of divine interaction.

In spite of the historic proximity between dance and the ritual enactment of faith, the act of dancing has regularly been associated with various forms of moral and spiritual transgression since the Middle Ages. In the thirteenth century, the formal ties between dance and the Christian Church were deliberately severed, for fear that souls might be stirred away from their spiritual pursuits if summoned by the flesh.⁶ There is no doubt that the source of hesitation as to the devotional merits of dance is attributable to its grounding in the body, and its demand that the “corporeal vessel” be exacerbated for both its gymnastic and symbolic potentials. Socio-cultural perceptions of dance have been caught in a hesitant duet since the Middle Ages, torn between the benefits of artful physical activity on the one hand, and the menace of indulging in pleasures of the flesh on the other. Whereas the dancing body had earlier performed and signified devotion in numerous religious contexts, in Medieval Christianity, it came to pose a threat, potentially distracting ecstatic dancers and faithful onlookers alike. Since then, the act of dancing has remained in a fine moral balance between the virtues of physical mastery and devotional praise on the one hand, and the vices of physical excess and dangerous indulgence on the other. This fundamental duality, coupled with the historical filiations between dance and disease in history, helps to explain how dance has taken on associations to pathology in general, and in particular to venereal diseases in modern times.

1.1. Historical Intersections between Dance and Pathology:

Just as the history of dance is intertwined with that of religious practice, so the history of purgative healing rituals integrates elements of dance. The term “choreography” finds its root in *choros* and *chorus*, the Greek and Latin words

⁶ In the twelfth century, choreae were forbidden in churches, cemeteries and processions. In 1209, the council of Avignon announced that dance was to be forbidden in church during saintly vigils. Bourcier, *Histoire de la Danse*, 53.

referring to the remedial function of dance in orphic rites. During these rituals, cult members danced around the ill person in the hopes of transferring a curative effect through gestures and invocations.⁷ By the fifteenth century, the word *chorea* came to describe a neurological disease characterised by spasms, and thus resembling a dance. Popular circle dances, however, originating in Ancient Greece and still practiced in Medieval Europe, had also been named “chorea,” thereby leading to a semantic confusion: “chorea” designated both the dance-like disease and the symptom-like dance, just as “choros” had referred both to the dance and to the healing ritual in Antiquity.

A similar uncertainty arose with the naming of the Saint Vitus dance. In the Middle Ages, the feast of Saint Vitus (also known as Saint Guy) was celebrated through dancing, but the “Saint Vitus Dance” also came to describe the spasmodic symptoms of the nervous disorder “chorea.”⁸ Consequently, what is referred to as the dance of Saint Guy or Saint Vitus can either refer to the disease, or to the dance. These dances, moreover, historically accomplished a double task, in correspondence with their double meanings: the Saint Vitus Dance described the actions of those suffering from a “choreic” pathological condition, but in the Middle Ages, it could also refer to the gestures of those who wished to be spared from the disease. In this sense, performing the Saint Vitus Dance potentially accomplished an apotropaic function: by actively engaging in a choreic dance, one hoped to avoid choreic affliction. The pre-emptive incarnation of the chorea’s spastic symptoms with the Saint Vitus Dance served in effect as prevention against the contraction of choreic disease.

In sum, just as dance had become dubious in its expressions of religious fervour in the Middle Ages, so the body would become indistinguishable in its danced expressions of illness and its incarnations of a symptom-like cure. Central to each of these ambiguities is the fact that the body functions as a plural signifier,

⁷ Thierry Grandmougin et al, “De la Danse de Saint-Guy à la Chorée de Huntington: Rappels sur l’Émergence d’un Concept Médical,” *Les Sélections de Médecine/Sciences* 7 (September/October 1997): 56-60, esp 56.

⁸ This condition, which is characterised by muscular contractions that lead to involuntary movements, can be triggered by Huntington’s disease, rheumatic fever, and by reactions to certain drugs. In the medical field, Sydenham’s chorea in particular is also known as the Saint Vitus dance. See Grandmougin et al, “De la Danse de Saint Guy,” 57-58.

especially when it is performing live. The dancing body is not only dubious or ambiguous; as a mobile sign, it is moreover polysemic, expressing amongst other things various shades of being between representation (or the “not-real”) and everyday embodiment (or the “not-fake”). The following example from the Romantic ballet helps to demonstrate how the polysemia of the dancing body is further exacerbated when choreographic subject matter holds pathographic connotations.

1.2. Pathographic Subjects in the Romantic Ballet:

In *Dance Pathologies: Performance, Poetics and Medicine*, Felicia McCarren retraces the association between dance and pathology from the Middle Ages to the nineteenth century. She suggests that Romantic dance won its lasting acclaim thanks in part to the taboo connotations of its ties to pathology. According to the author, the ballet’s success was attributable to the tension evoked between the indirect representation of madness on the one hand (as a residue of “demonic” medieval dances⁹), and the representation of a desire for control and order on the other, an aesthetic preference established by the court dances of Louis XIV in Versailles.¹⁰ McCarren grounds her conclusions in an analysis of Jean Coralli and Jules Perrot’s ballet *Giselle*, first performed in 1841, with a libretto written by Théophile Gautier and music scored by Adolf Adam.

Giselle’s main plotline uses supernatural figures to invoke the deadly dangers of dancing. The Wilis, spirits of maidens who have died before their wedding day, dance in the night to lure men to their deaths. The menace posed by dancing is evoked early in the First Act of the ballet, when Giselle’s mother foresees in a dream that her daughter is destined to become a Wili.¹¹ Following intrigues of dissimulated identities, Giselle learns that her beloved Loys is in fact the prince Albrecht in disguise, and that he is already betrothed to another

⁹ McCarren cites medieval “dances of possession” in particular. Felicia McCarren, *Dance Pathologies: Performance, Poetics and Medicine* (Stanford: Stanford University Press, 1998), 3.

¹⁰ Ibid.

¹¹ Some renditions of the ballet also show her mother admonishing Giselle’s love of dancing, because her weak heart makes Giselle too fragile to dance.

woman. By the end of the First Act, Giselle's heartbreak leads to madness and to her death, so she is indeed fated to become a Wili, just as her mother foresaw.¹²

In the Second Act, Hilarion, a jealous man responsible for the revelation of Albrecht's true identity, stands in mourning by Giselle's grave. The Wilis, who dwell in the land of the dead, compel Hilarion to dance until exhaustion, and seize the opportunity to drown him. The queen of the Wilis then summons the ghost of Giselle and orders her to dance. Giselle's dancing lures her beloved Albrecht, who had also sought to mourn by her grave. During their supernatural encounter, Giselle is torn between her affection for Albrecht on the one hand, and her burgeoning Wili-nature on the other, which longs for his death. In the passionate duet between the ghost of Giselle and Albrecht who desperately clings onto life, the couple's dance at once evokes the romantic love they shared, the sexual relations they never consummated, and the ominous encroachment of death.

With its through-line of vengeful female spirits who dance in order to achieve vindication, McCarren reads a subtext of hysteria in the ballet *Giselle*, a psychic pathology which she links specifically to venereal disease. In the First Act, Giselle is driven to madness when she finds out that Albrecht/Loys is betrothed to another woman. Depending on the interpretation, her folly leads either to natural death or to suicide. When contextualised against the history of the Paris Opera in 1841, McCarren suggests that *Giselle* is a "paradigm case of the interconnections between dancing and ill health, poetry and performance, and illness and madness."¹³ To explain these ties, Wainright and Williams note that "dancers were openly prostituted by the Paris Opera administration" at the time of *Giselle*'s original production. They add that "this unregulated prostitution outside of brothels was deemed to be a key factor in the spread of syphilis."¹⁴

¹² Some versions of the ballet suggest that Giselle dies of folly over a broken heart; others hint that she is driven in her despair to commit suicide.

¹³ S. P. Wainright and C. Williams, "Giselle, Madness and Death" *Medical Humanities* 30, 2 (2004): 79–81, esp. 80.

¹⁴ Ibid. Art historical scholarship has similarly delved into the hidden discourses pertaining to disease and prostitution in the Impressionist portraits of dancers and bathers painted by Edgar Degas, for instance. See A. Callen, *The Spectacular Body: Science, Method and Meaning in the Work of Degas* (New Haven: Yale University Press, 1995) and eds. R. Kendall and G. Pollock, *Dealing with Degas: Representations of Women and the Politics of Vision* (New York: Universe, 1992).

Since syphilis has detrimental effects on cognitive functioning, the representation of madness is not untied to this particular venereal disease. Furthermore, the many forms of *chorea* referred to earlier – the dance of Saint Vitus or Saint Guy, as well as the spastic neurological condition – were at the time of *Giselle*'s premiere perceived “as types of silent madness, where the performing body functioned as the bearer of the expression of the symptoms of hysteria.”¹⁵ Following this logic, certain forms of bodily movement became the signs of psychic imbalance; accordingly, spastic physical symptoms denounced a hidden origin located in the mind or soul. With such associations, we are not very far from Sander Gilman's conclusions about the popular attributions of a “*mens non sana*” to a “*corpore insano*.”¹⁶ In the nineteenth century, the spectacular appeal of extreme bodily expressions was to be found not only on the stage, but also in the clinic.

The writings of McCarren and Wainright and Williams make reference to the popularity of Dr. Charcot's public lectures at the Salpêtrière clinic. The numerous photographic documentations of his patients exhibiting spastic bodily contortions are examined at length in Georges Didi-Hubermann's *Invention of Hysteria*. Wainright and Williams remark that “hysteria can be seen as a profoundly dance like form of madness,”¹⁷ noting the link between the etymologies *chorea* and *choros*, and underlining the acute physicality of the hysterical “performers” at the Salpêtrière clinic. McCarren takes these pathological and performative associations one step further, by suggesting that the ballet *Giselle* somewhat covertly “stages longstanding cultural connections between dance, sex, madness, and death.”¹⁸ She concludes that “[s]yphilis forges the missing link between sex and death in *Giselle*.”¹⁹ For our purposes, it also

¹⁵ S. P. Wainright, C. Williams, “*Giselle*,” 80.

¹⁶ Gilman, *Picturing Health and Illness*, 74. Emphasis added.

¹⁷ S. P. Wainright, C. Williams, “*Giselle*,” 80.

¹⁸ Felicia McCarren, “*Swan Lake / Last Night / Still Here: Dance, Sex, Sickness and Silence at Century's End*,” *Proceedings: Society of Dance History Scholars*, Twenty-First Annual Conference, 18-21 June 1998 (Riverside: Society of Dance History Scholars, 1998), 253-264, esp. 255.

¹⁹ McCarren, *Dance Pathologies*, 70.

establishes the missing link between the choreographic representation of illness and the portrayal of “deadly” sex.

By including this broader historical contextualisation regarding the semiotics of the sick performing body in a reading of the original production of *Giselle*, the following may be concluded: while the plot narrative tells a dramatic tale of unrequited love, in which the main participants are punished by a potentially deadly dance, the subtext invokes real sagas of sex and death in which the dangerous participants are not supernatural beings, but dancers in the flesh. We therefore find a historical precedent in *Giselle* for the choreographic association of dance with death, both within and beyond the plot narrative. In this example, the “real” body of the performer subtly reinforces the symbolic potential of the character being played. The Wilis are fictitious beings who lead men to their deaths by dancing, but they are played by ballerinas who may also be “leading men to deaths” with their sexual activities off-stage. The performer’s body, in this context, is thus doubly figurative: once for its conveyance of the ballet’s narrative and form, and once more for its conveyance of non-fictional sexual intrigues involving the viewers and performers of the Paris Opera.

In this reading of *Giselle*, the dancer’s body becomes polysemic in numerous ways. Its process of signification exceeds the allegorical function of the medieval *Totentanz* tradition, where the figure of death danced from one imminent victim to another, like the Wilis dance to their “preys.” Here, the deadly effects of dancing in the fiction are compounded by the deadly associations conveyed by the “real” bodies that are onstage. Moreover, the figure of death does not simply dance from one person to the next; rather, it is the act of dancing which in and of itself functions to “spread” mortality. The act of dancing – the mobility of kinetic energy – symbolizes the motility and spread of disease-as-death. Given this contextualized reading of *Giselle*, the ballet sets a precedent for associating dance more closely with sexually-transmitted illness and the *infectious* spread of death, which leads to the false belief that death, rather than infection, can inadvertently be “caught” through promiscuity. These imbricated associations between dance, disease, infection, and death – associations which directly oppose

choreography's celebration of the body at the apex of its vital potential – surface again in choreographies at the end of the twentieth century.

2. Polysemic bodies:

McCarren suggests that Romantic ballet achieved its poignancy beyond entertainment thanks to its underlying themes of madness and hysteria, and to the moral and sexual transgressions that were dissimulated beneath its apparent values of rigour, symmetry and idealism.²⁰ Drawing upon her conclusions, I argue that the covert conjunction of the “real” to the fictional is what helped to make Romantic ballets such as *Giselle* all the more relevant to theatre-goers' experiences of modern life. The ballet was no longer but an aesthetically and phenomenologically pleasurable depiction of the sagas of long-gone, mythical, or distant societies; it turned into a contemporary social portrait that pertained directly to its participants, both on and before the stage. This change was specifically effected through the vehicle of dancer's body, which both conveyed the fictional scenic action, and connoted non-fictional behaviours and experiences.

Dance still cannot be severed from its pathological, and by extension, macabre connotations today. With the prevalence of HIV/AIDS, illness and death have so marked the dancing community that they now constitute important choreographic subject matters, both intentionally on the part of choreographers, and also through the interpretive projections of spectators onto dancers' bodies.²¹ These projections are most likely the contemporary equivalents to those of nineteenth-century ballet-goers, who may have read pathological meanings in the bodies of female dancers in *Giselle*. In this vein, McCarren concludes that “the cultural association of dance with sex and dancers with sexually transmitted diseases in the nineteenth century, repeated today, makes dance a site for the

²⁰ Ibid., 3.

²¹ This is one of the main arguments in David Gere's *How to Make Dances in an Epidemic: Tracking Choreography in the Age of Aids* (Madison: University of Wisconsin Press, 2004).

representation of the sexualization and pathologization of illness.”²² Dance managed to take on these multiple pathological meanings because it is anchored in the performances of bodies that are by definition polysemic.

The conjunction of dual signifying functions – the “real” and the representational²³ – within the single body of the dancer is particular to the live arts, where the performer’s agile body, alive and *in situ*, effectively constitutes the aesthetic medium. Choreography, moreover, potentially exploits the human body both for its constitution of choreographic form, and for its transmission of thematic content: the dancing body, in other words, can forge both the appearance and the meaning of a given choreographic work. Since choreographic expression is anchored in trained bodies that are both “lived” and performed, dance at once puts forward the human body’s virtuosity as well as its potentially imminent vulnerability. This particular appeal of the physical arts is perhaps most evident when witnessing a circus performer walking on a high-rope without a net, for instance. While the risk factor may be subdued in less gymnastic forms of dancing, the evidence of the body’s athletic achievement is always accompanied by the menace of its possible failure. As such, forms of performance whose primary medium is the trained, agile body²⁴ make a uniquely compelling appeal to their audiences, one that draws upon the imminent vulnerability of the “real.”

To its viewers, the medium of the dancing body signifies both the immanence of an embodied “I,” all the while indicating a passage towards “liminal” embodied states, such as madness, illness or death in choreographies

²² McCarren, “*Swan Lake / Last Night / Still Here*,” 255.

²³ For the sake of linguistic efficacy and stylistic simplicity, I revert to these terms rather than employ Amelia Jones’ more nuanced understanding of the “not-fake” and “not-real.” The reader will understand that neither of my terms are exclusive, and that there is always a portion of “representation” to the performative “real,” and vice-versa.

²⁴ Here I am specifically distinguishing codified forms of physical performance from body and performance art on the one hand, and from ritual practices on the other. By “codified forms of physical performance,” I mean to include all forms of dance or physical theatre that are destined for the stage, and whose gestural vocabularies are precisely defined, even when they do not correspond to those of traditional forms. In these “codified forms of physical performance,” the body becomes a medium for the production of specific movements that are aesthetically arranged according to line, rhythm, variations of level and plane, and other exigencies. Forms in which the nature of the action performed by the body takes precedence over the manner in which the action is performed (e.g., in certain forms of action-based performance) are therefore not included in this description. A similar logic extends towards distinguishing these “codified forms of physical performance” from ritual practices.

such as *Giselle*, and alternatively, mystical or orgasmic ecstasy in ritual practices, for instance. The polysemic quality of the articulate body can be attributed on the one hand to the coincidence in one body of the character being performed and the dancer who embodies it, just like an actor “gives body” to a role: this can be identified as the “theatrical duality” of the dancing body. On the other hand, bodily polysemia also has to do with the coincidence between the quotidian or unspectacular body of the dancer, and its distinctly trained athletic abilities, which are displayed in performance. Both the “daily” and “extra-daily” bodies are visible when a performer dances, but the extent to which they are identifiable as such is to a large extent dependent upon the aesthetic leanings of the choreography, as well as the performer’s acting abilities. I refer to this duality as the “extra/daily” qualities of the dancing body, which oscillates back and forth between the spectacular and the quotidian. When watching a choreographic performance, therefore, spectators are faced with at least two dualities emanating from the dancing body: the “theatrical” and the “extra/daily” polysemia of the dancing body, which also functions as choreographic form and signifier at once.

The polysemia of the dancing body and its relevance to pathographic subject matter will be examined in further detail after a brief overview of the changing symbolic functions of the body in twentieth-century dance. In order to better understand how the dancing body’s semiotic pluralities further resonate in the context of auto/pathography, I turn to Ann Cooper Albright’s critical analyses of disabled dancing bodies on the contemporary stage. Her conclusions are then expanded upon in order to frame David Gere’s readings of the pathologization of male dancers in the late twentieth century, and to interpret auto/pathographic choreographies.

2.1. A Brief History of Bodily Aesthetics in Modern and Contemporary Dance:

Before undertaking a short review of the major movements in twentieth-century Western choreography, it should be noted that the terms employed to describe aesthetic and historical currents in dance do not necessarily correspond to equivalent movements in other art forms.²⁵ “Postmodernism,” for instance, when applied to dance, designates practices that are more likely to be described as “modernist” in the painting tradition. In both cases, the primary characteristics referred to by these designations include the artwork’s exaltation of certain structural and structuring formal properties that are specific to the medium employed. A modernist characteristic of painting, then, is the exploration of the canvas’ two-dimensionality. The avant-gardes of the twentieth century invested the flatness of the canvas with the Cubist and Constructivist treatments of geometric surfaces, for example. Dance, however, came to a self-reflexive exploration of its primary medium – the moving body – with the rise of choreographic postmodernism, as we will shortly see.²⁶

In the history of Western dance up until the twentieth century, the expressive accent was placed on the motility of limbs (arms and legs), as in classical ballet. With the advent of modern dance, the body was released of its corset and tutu, allowing the pelvis and torso to replace the arms and legs as the primary expressive centers of the body. An expressive passage was thus effected

²⁵ For further details on the use of modernism and postmodernism in Dance Studies, see Sally Banes, “Introduction to the Wesleyan Paperback Edition,” *Terpsichore in Sneakers* (Middletown, CT: Wesleyan University Press, 1987), xiii – xxxix.

²⁶ While experimental Dadaist and Futurist performances involving movement and gesture emerged in the early twentieth century, these aesthetic exercises were mainly based on explorations stemming from other disciplines, namely literature and the visual arts. Consequently, the scenic and costume designs for such performances underwent greater transformations than did choreography. Musical revolutions caused significant changes in the phrasing and staging of the ballet, however – Stravinsky’s *Sacre du Printemps* as interpreted by Les Ballets Russes is one such noteworthy example – but again, these innovations in the manner of dancing remained subordinate to Stravinsky’s reformulation of music. The profound reassessment of the foundations of Western choreography would only occur in the second half of the twentieth century; still, this renewal would have been unfathomable without the expansion of movement vocabulary facilitated by the development of modern dance.

from the bodily periphery to the bodily core in the production of codified movement. Liberated from constricting clothing and shoes, the dancing body found new intra-corporeal alignments with which to produce its expansions and contractions, its internal dynamic tensions and external linear oppositions. This restructuring of the dancing body engendered novel materials for composition, and its resultant innovative aesthetic vocabularies and techniques were soon systematised by various schools.²⁷

By the 1960s, a new generation of “early post-modernist”²⁸ dancers set out once more to renew the language of their dance masters. “Presenting themselves as defiantly ordinary and unbeautiful,” as Judith Mackrell explains, these artists “went about the business of reclaiming everyday human activities as the material for dance.”²⁹ Dance historian Sally Banes describes postmodern dance aesthetics as follows:

...the acknowledgement of the medium’s materials, the revealing of dance’s essential qualities as an art form, the separation of formal elements, the abstraction of forms, and the elimination of eternal references as subjects.³⁰

According to Banes’ description, choreographic postmodernism (whose aesthetics correspond to modernism in other disciplines) is likely to be cool and formalist; yet it is also the first moment in the history Western dance when the “real” emphatically proclaimed its right to exist on the choreographic stage.

With the influences of John Cage and Merce Cunningham, amongst others, the definition of what constitutes dancing was enlarged to include such quotidian activities as walking and running in early postmodern choreography. A younger generation of Minimalist choreographers in New York City – notably, participants in the Judson Church group – took this incursion of the quotidian one

²⁷ In America, modern dance was spearheaded by the innovations of Isadora Duncan, Ruth Saint-Denis and Ted Shawn (Denishawn school), and their students (in particular, Doris Humphrey and Martha Graham), and in Europe, by Rudolph Laban and his student, Mary Wigman. See Bourcier, “Tableau Synoptique de la Danse Moderne,” *Histoire de la Danse*, 286.

²⁸ See Judith Mackrell, “Reading Post-Modern Dance” in *Reading Dance* (London: Michael Joseph 1997), 88-116, esp. 88.

²⁹ Ibid.

³⁰ Banes, *Terpsichore in Sneakers*, xv. Banes also notes that the term “postmodern” as used in dance studies is more of a chronological descriptor than an aesthetic one, and is generally used to distinguish contemporary choreography from the modern dance tradition.

step further, by forging every performance into a negation of dance's academic history. Each of their performances asserted itself as a negation of form, content, and spectacle. Arlene Croce disparagingly qualified the movement as "non-dance," while one of its main proponents, Yvonne Rainer, penned a manifesto riddled with the word "no": "NO to spectacle no to virtuosity no to transformations and magic and make-believe," and so forth.³¹ Like Minimalists in the visual arts, Rainer aspired to an elimination of hierarchies and climaxes in her choreographic forms, aspiring to make each gesture an equally constitutive part of the intricately structured whole. The result was that the only possible subject matter for postmodern dance would be the body in performance: a body that potentially becomes both the medium and the message of postmodern choreography.³²

Minimalism and early postmodernism in dance opened the choreographic terrain, and in so doing, allowed for an expansion of who might be recognised as a dancer.³³ The breach that was created in the dance world through the expressions of early postmodernists would not only lead to an eventual mixing of formal traditions (the "dance fusion" phenomenon), it would also open up choreography to non-traditionally trained performers. Actors, martial artists, circus artists, and performers from folkloric and non-Western dance forms all began to appear in the productions of professional Western dance companies. With this broadening of the professional definition of the dancer, distinctly localised bodies also entered the choreographic scene, thereby accentuating the scenic infiltration of the "real." Untrained bodies, disabled bodies, bodies that were "other" to the conventional dancing norm until then progressively appeared on the professional stage.

³¹ Yvonne Rainer, "No Manifesto," (1965), cited in Mackrell, "Reading Post-Modern Dance," 89.

³² For a more elaborate discussion of the dancing body as pathographic "medium" and "message," see Cheong Wai Acty Tang, "(Refusing to) Look at Trauma: Visibility and the Noisy Politics of Representation," in "Gazing at Horror: Body Performance in the Wake of Mass Social Trauma" (M.A. thesis, Rhodes University, 2005), 47 – 82, esp. 63.

³³ Contrary to expectations, Minimalist choreographies, while on surface "un-spectacular," are generally quite technically exacting. As such, they demand a rhythmic and spatial precision from the dancer that often exceeds – or at least, differs from – "traditional" choreography. Untrained bodies are thus likely to be challenged in performing such works, while trained bodies are aesthetically required to cloak their virtuosity.

Parallel to this expansion of the dancing terrain, the symbolic register of the dancing body likewise grew. Since the 1960s, the dancing body has moved from acting strictly as a medium for dance or “as an instrument for expressive metaphors,”³⁴ to potentially becoming the very subject matter of choreography. While the polysemic potential of the performing body to combine the “real” and the representational could already be detected in the Romantic ballet (notably, in the above reading of *Giselle*), it only became an explicit and therefore thematically exploitable resource with the advent of postmodern dance. Thus, alongside the formal explorations of Minimalists, postmodern choreographers also delved into the symbolic potentials of their personal histories and distinctly embodied experiences. Hence the inclusion of text and speech in postmodern dance, and the trend towards theatrical choreography rooted in the autobiographic improvisations of company dancers. Under the direction of Pina Bausch, the Wuppertal Tanztheater has turned dance-theatre into an international phenomenon, whose influences can be perceived in a vast selection of contemporary productions.

By the end of the twentieth century, choreographers had a variety of formal and aesthetic sources to choose from: academic dancing traditions from the West and beyond, non-dancing forms of physical training and expression, traditional and atypical dancing bodies, and a symbolic register for the dancing body that ranged from the conveyance of character and fiction to the self-reflexive here and now. The next section examines how these plural sources of choreographic aesthetics inform each other when the performing body is visibly “other” to the conventional professional dancing norm.

³⁴ Banes, *Terpsichore in Sneakers*, xviii.

2.2. Between Reality and Representation: The Recursive Polysemia of “Other” Dancing Bodies:

In “Moving Across Difference: Dance and Disability,” Ann Cooper Albright refers to Mary Russo’s study of classical and grotesque bodies “in order to call upon the cultural constructs that deeply situate our attitudes towards bodies.”³⁵ Russo’s *The Female Grotesque: Risk, Excess and Modernity* makes reference to Mikhail Bakhtin’s understanding of the carnivalesque in literary works by Rabelais,³⁶ and she bases her distinction of classical and grotesque bodies upon Bakhtin’s analyses. Russo specifies the following characteristics:

The grotesque body is the open, protruding, extended, secreting body, the body of becoming, process, and change. The grotesque body is opposed to the Classical body which is monumental, static, closed, and sleek, corresponding to the aspirations of bourgeois individualism; the grotesque body is connected to the rest of the world.³⁷

It is against these “cultural constructs” of the classical and grotesque, as they pertain to bodies in general and to dancing bodies more specifically, that Albright frames her readings of the productively disruptive presence brought forth by disabled performers in contemporary dance. According to Albright, the aesthetics of ballet celebrate both the form and cultural functions of the classical body. Many other forms of dancing, however, conjure up the grotesque body instead.³⁸

³⁵ Ann Cooper Albright, “Moving Across Difference: Dance and Disability,” in *Choreographing Difference: The Body and Identity in Contemporary Dance* (Middletown: Wesleyan University Press, 1997), 56 – 92, esp. 63.

³⁶ See Mikhail Bakhtin, *Rabelais and his World*, trans. Helene Iswolsky, (Cambridge: MIT Press, 1968).

³⁷ Mary Russo, *The Female Grotesque: Risk, Excess and Modernity* (London; New York: Routledge, 1994), 62 - 3.

³⁸ Anna Kisselgoff explains that, in the history of dance, “[i]t was classical ballet, in its very beginnings, that made room for the grotesque as a distinct category. The noble dance, as reserved for Louis XIV and his courtiers, remained the highest type in dance when ballet - now performed by professionals - moved in the 18th century from the court ballroom to the theater. The early court ballets also provided a gamut of other ‘types’ - including the ‘danse grotesque’ for buffoons and dancers similar to commedia dell’arte characters.” The classical ballet, in other words, allowed for the constitution of grotesque dance. These choreographic forms may be regarded as stylistic manifestations that correspond to the cultural constructions of classical and grotesque bodies. Their dialectic, however, risks being confused for a binary that reduces all non-classical forms to a heterogeneous grotesque. See Anna Kisselgoff, “Dance View; Grotesque Imagery has

Rather than present the disabled dancing body as the grotesque “other” to the classical norm, Albright uses these dialectical categories to gain insight into the ways in which atypical bodies are popularly perceived onstage. Her interpretation of the strategic potential tied to representations of the grotesque emphasizes what I consider to be the grotesque body’s connotation of the “real,” with its indications of vulnerability and fallibility in particular.

Albright argues that the presentation of atypical dancing bodies not only forces a reorganisation of spectatorial vision, but also carries the potential for a renewal of choreographic vocabulary. In the past decades, a number of disabled and integrated³⁹ dance companies have been established in North America and Europe. DV8, a British company renown for having pushed the boundaries of choreographic form in the past, has also included a leg-less dancer, David Toole, whose mobility is far from being restricted. Toole’s distinct physiognomy, and the particular type of mobility derived from it, has generated a new type of gestural vocabulary for the rest of the company dancers. The dance video *The Cost of Living* (2003)⁴⁰ attests to the creative potential drawn from including “atypical” dancing bodies such as Toole’s in contemporary choreography. “Old” bodies have likewise informed the choreographies of the Nederlands Dans Theater III,⁴¹ as well as “large” bodies, like Laurence Goldhuber’s, in the Bill T. Jones / Arnie Zane Dance Company.

Albright’s chapter on dance and disability opens with a quote from Théophile Gautier’s depiction of the Romantic ballerina Marie Taglioni, whom he describes as a vision and a fairy. The poet’s portrayal seizes upon the ethereal qualities that are generally expected to emanate from a classical dancer. Albright explains the idealisation of the ballerina as follows: the “ultimate illusion [...] is

Come to Dance” *The New York Times* (April 15, 1984), available online <<http://query.nytimes.com/gst/fullpage.html?res=9C02EFDC1738F936A25757C0A962948260&sec=&spon=&pagewanted=all>> Last accessed April 15, 2008.

³⁹ This is the term conventionally used to describe companies that combine able-bodied and disabled dancers.

⁴⁰ *The Cost of Living*, a dance video conceived and directed by Lloyd Newson, is based on an earlier stage rendition of the work (DV8 Films, 35 min., 2004).

⁴¹ An “old” body in conventional professional dance would refer to a body over 40 years of age. The NDT III was closed in 2006 due to financial constraints.

that of a perfect dancing body – one completely unhampered by sweat, pain, or the evidence of any physical negotiation with gravity.”⁴² Through the deception of naturalism, the dancer’s apparent transcendence of matter translates into the balletic ideal of the sylph.⁴³ Accomplished dancers are furthermore taught to disguise taxing gymnastic achievements under the cloak of absolute ease. Effort should pass undetected in the male dancer’s jumps and lifts, for instance. These are but some examples confirming that dancers are trained to foreground their “extra-daily” bodies; the spectator’s ability to perceive their “daily” bodies is minimised in the process.

“As an expressive discourse comprised of physical movement, dance has traditionally privileged the able body,”⁴⁴ according to Albright. She adds, “the prevailing vision of professional dance [...] equates physical ability with aesthetic quality.”⁴⁵ A “good” choreography, therefore, is expected to feature mastered athletic performances delivered by nimble, agile bodies: bodies that are trained to provide a broad expressive range and which appear to show little mechanical resistance. Such aesthetic criteria, however, may favour conventional gymnastic abilities over other forms of physical expressiveness. This definition of “good” dance leaves little room for certain postmodern dance expressions, nor for the Minimalist explorations of Rainer, for example. It also limits the discussion of an efficacious scenic presence to the formal conventions of a given choreographic aesthetic. A rigorous analysis of the figurative polysemia of the performing body should not be limited to the prescriptions of given choreographic forms or

⁴² Albright, “Moving Across Difference,” 56.

⁴³ While it is far from being the only genre of dance practiced professionally in the West today, classical ballet still dominates the majority of dance company repertoires. (In a September 2006 survey of American dance companies with operating budgets exceeding one million dollars, ballet companies outnumbered modern/contemporary dance by a ratio over 3-to-1. See “National Statistics” of Dance USA, the national service organisation for professional dance, <http://www.danceusa.org/facts_figures/national.htm#1> Last accessed April 15, 2008). In accordance, the aesthetic of the ballerina, while changing, continues to set the dominant precedent for the look of the dancer’s body. Classical dancers typically aspire to projecting weightlessness and immateriality. Even today, the pathologically slight physique of dancers contributes to their literal underplaying of embodiment and gravity.

⁴⁴ Albright, “Moving Across Difference,” 63.

⁴⁵ *Ibid.*, 57.

individual tastes; I would therefore like to broaden this stereotypical definition of quality in performance.

Theatre Anthropology describes performance technique and the criteria for quality in performance as follows: in “an organised performance situation,” writes Eugenio Barba, “the performer’s physical and mental presence is modelled according to principles which are different from those applied in daily life. This extra-daily use of the body-mind is what is called technique.”⁴⁶ The work of the International School of Theatre Anthropology has consisted in surveying and analysing the common foundations of extra-daily techniques across cultures, in order to better define and understand the “pre-expressive” qualities of the body in performance.⁴⁷ It is on these qualities, rather than on the aesthetic prescriptions of a given genre, that I base my discussion of the performing body’s polysemic presence. ISTA’s definition of theatrical expressivity as consisting in the use of “extra-daily” techniques suggests that no matter what the physical condition of the performer (nor, for that matter, his or her cultural background), performative presence is cultivated through a form of training that exceeds the use of the “body-mind” in everyday life. Thus, from a theatre-anthropological perspective, the definition of what constitutes performativity, in the sense of theatrical expressivity, is tied to an individual’s distinct capacities, rather than to a stylistic or aesthetic norm.

When “dis-” or otherwise-abled bodies are placed on stage, the focus of the dance shifts away from the “extra-daily” expressive body – regardless of its style or genre – to the dancer’s distinct and localised experience of embodiment in

⁴⁶ Eugenio Barba, “Theatre Anthropology,” available online at <<http://www.odinteatret.dk/ista/anthropology.htm>>. Last accessed April 21, 2008.

⁴⁷ “The performer’s different techniques can be conscious and codified or else unconscious but implicit in the use and repetition of a scenic practice. Transcultural analysis shows that it is possible to distinguish recurring principles in these techniques. The recurring principles, when applied to certain physiological factors - weight, balance, the position of the spinal column, the direction of the eyes in space - produce physical, pre-expressive tensions. These new tensions generate a different energy quality, they render the body theatrically ‘decided,’ ‘alive,’ ‘believable’ and manifest the performer’s ‘presence,’ or scenic bios, attracting the spectator’s attention before any form of message is transmitted. This, of course, is a matter of a logical, and not chronological before.” Eugenio Barba, “Theatre Anthropology,” available online at <<http://www.odinteatret.dk/ista/anthropology.htm>>. Last accessed April 21, 2008. See also Eugenio Barba, “Introduction: Theatre Anthropology,” in Barba and Savarese, *A Dictionary of Theatre Anthropology*, 8-22.

everyday life. The “real,” in other words, threatens to overpower the representational in such instances. Albright has remarked that the theatrical expressions of disabled dancing bodies force spectators to observe the dance with a “double vision.”⁴⁸ Atypical dancing bodies in general – be they fat, old, or otherwise different from the professional dancing norm – already attract extra attention from the viewer’s gaze. For a long time, this was also the case with “raced” bodies. But the dancing body’s hypervisibility is especially accentuated when its atypical status comes from physical impairment, since it is conventionally believed, as Albright notes, that aesthetic quality in dance is dependent upon physical ability. In my view, Albright’s identification of a spectatorial “double vision” corresponds to, but also exacerbates, the basic semiotic plurality of the dancing body – its capacity to evoke the representational and the “real” – because the disabled body repeats onstage the “invisible theatre” that accompanies it in everyday life.⁴⁹ Its distinctly embodied status is in effect reiterated in physical performance, and its projected “incapacity” is also potentially further accentuated. This results in a tension that is difficult to resolve between the body’s perceived “extra-dailyness” and theatrical expressivity on the one hand, and its quotidian experience of situated embodiment on the other. In other words, when watching a disabled dancing body, the “extra/daily” polysemia of the performer’s body risks being reduced to a simply redoubled “dailyness.” The sick dancer is likewise vulnerable to such semiotic reduction.

While the emphatic self-reflexivity of the dancing body may have opened the terrain for postmodern choreography, it potentially restricts the symbolic range that is reserved for diseased and disabled dancing bodies. Indeed, unconventional dancing bodies risk being “essentialised” as both the form and content of choreography, and are potentially trapped by this essentialising tendency: the dancer cannot escape his or her condition of embodiment, not even in symbolic terms, and the choreographic subject matter in turn is likely to be reduced to the appearance of the dancer’s body.

⁴⁸ Albright, “Moving Across Difference,” 58.

⁴⁹ For a discussion of the “invisible theatre” that accompanies disabled bodies, see eds. Sandahl and Auslander, *Bodies in Commotion*, 2, and chapter 1 of this thesis.

It is perhaps precisely because atypical bodies stand out in comparison to the professional dancing norm that they appear to be addressing issues of corporeality more directly.⁵⁰ Not only is the unconventional dancing body rendered hypervisible in performance with the doubling of its everyday theatricality, it is also on some level expected to communicate something particular about its distinct embodiment. In other words, the diseased or disabled body in performance apparently cannot aspire to a certain “aesthetic disinterestedness.” Prejudicial projections are indeed so strong that Gere concluded the following in a discussion of works produced by HIV-positive choreographers:

even if a choreographer lets it be known that his piece is not about AIDS, it may still signify as such, even against his will. In short, the creator of a dance may control the representation of eros and mourning in his work, by shaping the choreographic imagery. But he cannot control his own status as a signifier and therefore cannot foreclose the spectator from associating the work with AIDS.⁵¹

Pathographic subject matter is thus likely to be read into works by diseased choreographers, even when able-bodied or healthy dancers perform them. In these instances, spectatorial “double vision” is not bifocal, but rather blurred, in that it effectively turns a performance into something other than what it intended – this, thanks in part to the overbearing semiotic force of the choreographer’s “daily” body.

⁵⁰ In a similar vein, feminist and postcolonial scholarship has furthermore shown that “otherness” tends to signify embodiment more directly: women and “raced” bodies are stereotypically perceived as being “more” embodied than white, able men, for instance. See Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), who on page 14 writes that Western culture positions women as “more biological, more corporeal, and more natural than men.” Regarding race, Radhika Mohanran concludes on page 16 of *Black Body: Women, Colonialism and Space* (Minneapolis and London: University of Minnesota Press, 1999) that “the indigene functions as the body and the Caucasian as the mind.”

⁵¹ Gere, *How To Make Dances*, 20.

2.3. The Exploitation of Bodily Polysemia in Choreographic Acting Forms:

Gere's pioneering study, *How To Make Dances in an Epidemic: Tracking Choreography in the Age of AIDS*, makes a thorough analysis of the pathological and political significations that were popularly projected onto male dancing bodies in the late twentieth century. One of his more striking conclusions suggests that the American public's lack of education on the subject of AIDS at the end of the 1980s made it is easy for many spectators to project two interrelated interpretations onto the bodies of male dancers: on the one hand, that all male dancers were presumed to be homosexual, and on the other, that these presumed-to-be-gay male dancers were also assumed to be HIV-positive. Gere concludes that, in effect, the male dancing body was indirectly associated with HIV/AIDS during this period of intense paranoia and misinformation about the disease.

Gere describes the American public's interpretive projections onto male dancers as an "epidemic of signification" attached to AIDS and to homosexual bodies. He explains that, in this context,

the male dancing body is presumed to be infected, or at the very least to stand as a surrogate for an infected body. From that moment the dancer is no longer himself, his own identifiable corporeality, but rather a scrim upon which countless semiotic images may be projected.⁵²

What Gere ultimately discerns in this paragraph is the nature of the audience's confusion towards the male dancing body's polysemic functions. In the spectator's eyes, the dancer is "no longer himself" – an individual, lived body: his singularity is rather eclipsed by the cultural meanings that are attached to his body. These meanings are so compelling for the audience that they even obscure the choreographic or aesthetic significations that the male dancing body might intend to convey onstage. Whereas the nineteenth-century ballerina could still have been mistaken for a sylph on the stage, even when her "real" body might

⁵² Ibid., 47.

have connoted syphilis, the late twentieth-century male dancer is condemned to being an infected and possibly lethally “contagious” homosexual onstage.

For Gere, dance indeed constitutes a critical centre that confounds a number of social meanings attributed to AIDS: shame, taboos, fear, and prejudice. To illustrate this conflation of the male dancing body with AIDS, he puts forward a detailed analysis of the polysemic functions played by bodily fluids in particular.⁵³ Sweat, for instance, denotes the height of physical training as well as the symptom of a feverish illness. Blood dripping off of an injured foot likewise indicates a dancer’s efforts at all cost, but also signifies the potential danger of contamination. Whereas Albright noted that the ballet dancer takes care not to show any signs of physical effort in order to conform to the classical bodily ideal, Gere argues that certain contemporary choreographers productively exploit the polysemic potential of displaying bodily fluids. Joining Gere’s analysis to Albright’s, I suggest that the intentional exhibition of bodily fluids before the audience provocatively conjures up the cultural construction of the bodily grotesque, and facilitates the infiltration of the “real” to the representational onstage.

In his study, Gere refers to a 1988 solo entitled *Saliva* by Keith Hennessy, where saliva was used as a metaphorical substitute for sperm.⁵⁴ Towards the end of his performance, Hennessy asked spectators to spit into a crystal bowl circulating amongst the audience. He recovered the bowl, and added an antiviral agent that is usually employed for sexual relations to the fluid it contained. Gere describes how Hennessy agitated the mixture with his bare hand and spread it over his body. Although it was known by the late 1980s that HIV could not be transmitted through saliva, Gere interprets Hennessy’s performative gesture as an attempt to de-stigmatise the presumed-to-be-gay male dancing body, and to release it, through a collective ritual, from its associations with disease and mortality. What Gere recounts in his interpretation is the desired-for, performative

⁵³ Ibid., 43-45.

⁵⁴ Sources for all references to this performance are from Gere, *How To Make Dances*, 51-63.

accomplishment of Hennessy's actions: that a change be effected in the minds of those partaking as "spect-actors" in Hennessy's ritual-performance.⁵⁵

Following Gere's interpretation, it can be argued that Hennessy actively performed his own de-stigmatisation with his gestures, and that this accomplishment could only be realised by implicating the audience in his purgative ritual. More than a passively viewed spectacle, then, his dance took on a transformative function: it became an acting form. Hennessy's body acted as the medium for this action, and to a certain extent, as its "form" and "content" as well. Spectators' bodies meanwhile were actively implicated in his transformation. Expanding upon Gere's interpretive analysis, Hennessy's body would have moreover doubled as the locus of his embodied subjectivity on the one hand, and as the generic stand-in for contemporary choreographic masculinity on the other. As such, his choreographic "acting form" is projected to have had potential repercussions not only on his own embodied experience, but presumably also onto that of other contemporary male dancers who would be seen by the viewers who participated in Hennessy's collective ritual experiment.

The example of Hennessy's *Saliva* is but one of the many choreographies Gere investigates for their semantic treatment of illness and the "infected" gay/male/dancing body. His exhaustive study authoritatively attests to the fact that, by the late twentieth century, choreographers openly addressed experiences of disease and loss that continued to mark the dance community as a result of the spread of HIV/AIDS. To this end, they intentionally put forward some of the pathological associations already tied to dancing bodies, notably their dangerous and potentially "contagious" sex-appeal. The intentional exhibition and engagement with the grotesque – here manifested as the saliva which stands in for "infected" sperm – provides a bridge between Gere's readings of pathology in contemporary dance, and Albright's analyses of disabled dancing bodies. Hennessy's goal, according to Gere, was the active transformation of his bodily semiotics. By performing a purgative ritual, he not only sought to destigmatise his

⁵⁵ The notion of "spect-actor" comes from Boal, *Theatre of the Oppressed*.

own body, but also to reformulate the spectatorship of viewers, who might learn to see sick bodies in everyday life with a more generous “double vision.”

When disabled bodies are dancing, Albright explains that spectators have to “negotiate between the theatrical representations of dancing bodies and the actuality of their physical experiences.”⁵⁶ Rather than flattening out their interpretation of a performance to an essentialised reading of disability, I would add that spectators must make a particular effort to see disabled dancers with the “double vision” Albright describes,⁵⁷ one that corresponds to their daily conditions of embodiment *as well as* their extra-daily performances. In this double spectatorial vision, the “real” and the representational may be confounded, but they can also be productively distinguished, allowing the viewer to both see and see beyond the body’s illness or disability at the same time. What most likely occurs in practice is that the double vision becomes stereoscopic at times, oscillating between seeing the “real” and the representational as distinct, to flattening the quotidian and the “extra-daily” into a misleadingly harmonised image.

The recursive polysemia of “other” dancing bodies remain at risk of being reduced by the spectator to a singular, essentialising image in either direction: this is when the constructive double vision is metaphorically reduced to an unrepresentative blur, as Gere’s study attests. Performances of atypical dancing bodies – disabled and diseased ones in particular – are faced with the challenge of reformulating spectatorial visions if they aspire to exceed these essentialising tendencies. Distinct strategies need to be elaborated to this end: tactics that challenge conventional structures of choreographic creation and reception. Hennessy’s collective purgative ritual is one such proposition. In discussing the works of disabled dancers, Albright surmises that “a traditionally voyeuristic gaze can be both fractured and reconstructed by looking at bodies that radically question the ideal image of a dancer’s physique.”⁵⁸ If choreographic reception is potentially reformulated by the conspicuous presentation of diseased or disabled

⁵⁶ Albright, “Moving across Difference,” 58.

⁵⁷ Ibid.

⁵⁸ Ibid., 57.

bodies, then it follows that choreographic aesthetics are renewed in the very same process.

In the upcoming examples of auto/pathographies, choreographers have indeed attempted to reformulate the reception of diseased bodies in various ways, both onstage and in their “everyday theatres.” Spectators are encouraged to perceive the sick dancing body with a double vision that distinguishes their “daily” embodiments from their “extra-daily” performances; the secret hope underlying each of these works is that this double spectatorial vision might also be carried over into readings of diseased bodies at large. Just as the disabled dancer may regret being mistaken for the “essence” of a dance, so the diseased person resists being reduced to the projections that are attributed to his or her illness. If the reformulation of spectatorship can force viewers to see both the daily and extra-daily bodies of impaired performers, then it may also help to do as much with the perception of sick subjects in everyday life.

3. Choreographic Auto/Pathographies:

The above reflections on the polysemia of disabled dancing bodies and the reformulations of spectatorship are usefully carried over into a discussion of the choreographic treatment of illness. The potentially exhibitionist/voyeuristic exploitation of the diseased body is compounded in a medium such as dance, where the image/sign of illness coincides with that of the “extra-daily” and “real” bodies of the dancer. In live autopathography, the figurative functions of the performer’s body in effect double its everyday lived experiences, in the same way as the theatricality of the disabled body is rendered hypervisible in performance. Similarly, in autopathographic dance, the performer’s body on the one hand figures pathos by communicating pathographic subject matter in choreography, but it also potentially invokes pathos directly with its own “invisible theatre.” This was examined in chapter 2, for example, with Wilke’s use of the autopathographic pose, and also above with Gere’s discussion of male dancers and the spectatorial projection of an HIV-positive status.

Like literary and visual autopathographies, the autopathographic impulse in dance can be attributed, amongst other things, to a choreographer's need for "biographical reconstruction."⁵⁹ A belief in the merits of the pathographic pharmakon, and likewise, in the adage *pathei mathos*, also underlies many danced autopathographies. But unlike other forms, the need for corporeal reconstruction plays a distinct role in the generation of choreographic autopathographies during and after the experience of illness. Bodies affected by HIV/AIDS, cancer, and their pharmacological treatments can find their abilities and energy levels significantly altered. Such illnesses make patients acutely aware of their "temporary able-bodiedness," especially when they are accustomed to using their bodies as agile expressive tools. For a once nimble dancer, this change in status requires a thorough adjustment in the manner of dancing. In order to undertake the choreographic process, the trained body, altered by illness, must cultivate its mobile eloquence anew. The resulting autopathographic choreography is written on and with the body, a body which itself already carries the marks of pathological experience; alternatively, it can be written onto other bodies, bodies that do not directly signify being "marked" by illness in everyday life. Auto/pathographic choreography thus constitutes another form of *dermographia*, another modality of bodily inscription and performance.⁶⁰ By re-writing the experience of illness on, through, and with the body, danced autopathographies in particular turn the expressive body into a multiple signifier once more: one that is "passive," as the locus of illness and the reception of medical treatment, and one that is "active" as the site of situated bodily re-inscription.

What follows are accounts and interpretations of auto/pathographic choreographies that manipulate the dancing body's polysemic potentials in

⁵⁹ Howard Brody, for example, suggests that the experience of illness usually constitutes a break in one's personal narrative. Here, I am transposing Brody's notion of autopathographic reconstruction (discussed in chapter 1) to choreographic production. See Brody, *Stories of Sickness*, and also Simon J. Williams, chapter 5 of *Medicine and the Body*.

⁶⁰ Citing Jackie Stacey's *Teratologies: A Cultural Study of Cancer* (London, New York: Routledge, 1997), 84, Tina Takemoto writes: "Scratching leaves scars on the body, permanent reminders of illness in the form of what Stacey calls 'dermographia' or 'skin drawing'." Tina Takemoto, "Open Wounds" in eds. Sarah Ahmed and Jackie Stacey, *Thinking Through the Skin* (London; New York: Routledge, 2001), 104-123, esp. 110.

various ways. Their aims often correspond to those of visual autopathographies, yet their means are modified by the specific requirements of live performance and by dance's aesthetic tradition. Like auto/pathographic portraiture, choreography also functions as an acting form that potentially transforms personal and collective perceptions of the diseased body. Choreographic autopathography can similarly perform healing and recovery. Finally, like Spence's phototherapy and Wilke's autopathographic pose, it can actively communicate an aesthetic and political positioning in response to illness while still in the process of working through the experience of disease.

3.1. *Off My Chest*: The Affirmative Dance of Recovery:

The choreographic process of bodily self-inscription can be aligned to the performative self-portraits of Wilke and Spence. In each of their creative practices, posing before the camera re-wrote the image of illness onto their bodies, while also reformulating their own self/images. In previous chapters, I have suggested that by continuing to produce artworks, Wilke and Spence were also simply pursuing their trades, and doing what they knew best. Their practices evolved along with their states of health. Their work was not altogether "interrupted" by illness, and this is in part what constituted the restorative effects of their autopathographies.⁶¹

The same logic can be applied to the practices of professional dancers, who are regularly reminded of the fact that their bodies must be honed and nurtured in order to remain versatile expressive signifiers. It goes without saying that dancers are likely to feel at a loss when the "mastery" of their bodies is challenged by sickness and its treatments⁶²; in this context, going back to physical training represents not only a return to normalcy, but also a recovery of the body's

⁶¹ Howard Brody, Michael Bury, Anselm L. Strauss, and Irving Kenneth Zola are some of the authors who regard illness as the interruption of a life plan. Autopathography serves in a sense to re-write illness into the life plan.

⁶² See, for example, the testimonial of dancer Nathalie Buisson in Sylvie Fortin, Christine Hanrahan and Nathalie Buisson, "Coeur en Tête," in ed. Sylvie Fortin, *Danse et Santé*, 249-260, esp. 251-252.

symbolic and expressive potentialities. Reconnecting with the bodily instrument has reparative value in and of itself for the dancer, even when its aptitudes have changed due to illness, surgery, and medical or pharmaceutical treatments. In creating *Off My Chest*, a “first-person” choreographic autopathography, Jan Bolwell was similarly driven to rediscover her body after undergoing a double mastectomy.

In many respects, *Off My Chest* is a prototypical autopathographic choreography: it was created and danced by a performer who had breast cancer, and the express purpose of her choreographic process was to work through the aftermaths of illness both physiologically and psychologically.⁶³ The title of Bolwell’s piece reflects these dual ambitions: it evokes the subject matter of the performance – her two mastectomies, when her breasts were literally taken “off” her chest – and also makes reference to the expression “to get something off one’s chest,” or to divest oneself of a burden. *Off My Chest* thus self-reflexively refers to the fact that building and performing the show was to have a restorative effect on the dancer, since Bolwell stood convinced “that somehow [her] psychological healing [was] intimately connected with dancing again.”⁶⁴

Bolwell was 49 years old as she recovered from her second mastectomy, and she had not performed publicly in over ten years. She gave herself only three months to prepare the twenty-minute performance, which was presented at the Soundings Theatre in Wellington, New Zealand in 1999. Gillian Whitehead had composed the cello score, entitled *The Journey of Motuku Moana*, during her own chemotherapy treatment for breast cancer five years earlier. The stage design for the performance was limited to a settee chair covered in white cloth, and an upstage screen upon which slides were projected.

While still recovering in hospital, Bolwell could barely lift up her arms. She decided then and there to include a handstand or a cartwheel in her

⁶³ Information about *Off My Chest* is gleaned from Jan Bolwell’s statements in the film *Titless Wonders*, a documentary directed by Gaylene Preston (Gaylene Preston Productions, 72 min, 2001), which also features Bolwell’s choreography; from personal correspondence with the author; and from Bolwell’s text, “The Pink Nude” in ed. Margaret Clark, *Beating Our Breasts: Twenty New Zealand Women Tell Their Breast Cancer Stories* (Devonport: Cape Catley, 2000), 11-21.

⁶⁴ Bolwell, “The Pink Nude,” 15.

performance, in order to be sure that she would still be capable of supporting her own weight. These actions were difficult for the dancer in her weakened state, and they came to symbolise a moral challenge that would be just as important to her recovery. Developing the choreography thus corresponded to meeting certain pragmatic, physiological challenges that Bolwell would face in the process of healing. The creative process enabled her to establish concrete goals and deadlines for her physical recovery, and the resulting work also allowed her to publicly present an aesthetic and political position with regards to her illness and its treatments.

For the purpose of its analysis, *Off My Chest* can be divided into four sections that synthesize Bolwell's experience of illness, from her hospitalisation right through to her post-operative readaptation. At the beginning of *Off My Chest*, the lights rise slowly on Bolwell, who is lying down on the covered lounge chair, wearing a hospital gown. A medical image of cancerous breast tissue is projected onto the upstage screen. Bolwell describes her interior monologue during the opening scene as follows:

I am taking myself right back into that moment. I am taking myself right back into that powerlessness of being on that hospital bed, being wheeled into a[n operating] theatre, where you are completely in the hands of other people. You're lying in a horizontal position, and these large figures [are] looming over you, doing things to your body.⁶⁵

The choreographic narrative of Bolwell's illness begins with her surgery. The focus of her autopathography is thus on medical treatment and recovery, rather than on her initial response to a breast cancer diagnosis. Bolwell's description in the above passage echoes the *sous-veillance* perspective of Spence's hospital photographs, which similarly reflect the photographer's feelings of helplessness during hospitalisation.

The dancer slowly rises from her bed, accelerates downstage, and brings her hands to her chest. Her hands make gestures that mimic the opening of her ribcage. Running her fingers from the centre of her chest to her sides, her actions

⁶⁵ Bolwell in *Titless Wonders*.

briefly evoke a choreographic self-surgery. They are followed by a series of expressionist gestures that can be read as the dancer's mixed reactions to her post-operative bodily state. Subsequent actions evoke conflict and determination, confused emotions, and the will to survive.

Bolwell removes her hospital gown, and reveals two bare, round breasts that are affixed upon an emerald green evening dress (fig. 4.1). At this point in the choreographic narrative, the audience is either projected into Bolwell's past, or into the realm of fantasy. The costume is completed as the dancer slips on two long green gloves. In this inverted striptease, Bolwell acts out the role of a sex symbol, embodying the seduction that might be attributed to her pastiche breasts. Bolwell's exaggeration of feminine stereotypes makes her performance veer to the grotesque: she grimaces broadly, proud to flaunt her excessive attributes, and blows kisses to each of her breasts. But when she finally removes the costume layer that holds her false breasts and places it onto the floor, Bolwell walks away in an almost ceremonious manner. She is left wearing another green dress with a high-waist seam that accentuates the flatness of her chest, and discretely references her post-operative scars.

With the visual cues accompanying the removal of her pastiche breasts, Bolwell's performance transitions from the embodiment of feminine artifice to the cultivation of a warrior spirit. Low-reliefs and antique sculptures of Amazon women are projected onto the upstage screen, and are eventually replaced by *The Victory of Samothrace*. This Nike has not sacrificed her breasts, but her arms and head have disappeared. The figure's courage and commitment transpire through her posture nonetheless, with her chest thrust fully forward, ready to affront the challenges ahead. With the Nike in the background, Bolwell dances a light allegro punctuated by hops, as her arms cut well-defined lines and angles into the air. Before this *Winged Victory*, Bolwell performs the Amazon's gesture of lateral expansion in the moment preceding her shot. The movement recurs as a leitmotiv: Bolwell "rehearses" resilience, as well as her attack/recovery.⁶⁶

⁶⁶ It is of note that just as in literary pathographies, military imagery and the notion of "illness as battle" transpire in Bolwell's choreographic autopathography.

The dancer sits on the edge of the lounge chair, this time with her back to the audience. She reaches for a silicon mammary prosthesis, and places it gently on the top of her head, slightly inclined to the rear (fig. 4.2). At the same time, an image of the prosthesis is projected onto the upstage screen. Bolwell slowly rises and navigates feelingly through space with her hands, as if she had suddenly become blind. The relationship of her body to the surrounding space no longer appears to be familiar. She moves the prosthesis from her head to her hand, and once there, the object seems to guide her in a succession of fluid movements (fig. 4.3). She lifts the object, as if to present it in an offering, and finally lies with her back against the floor, placing the prosthesis on top of her abdomen.

At the end of the choreography, Bolwell gently places the prosthesis on the highest edge of the lounge chair, and sits to face the audience. She looks at the prosthesis once more, then turns her head towards spectators with a slightly lifted gaze. It seems as though Bolwell has gesturally narrated the story leading to her present state, and that she is now ready to look straight ahead, like the Nike who is blindly thrust forward. Bolwell's choreography recounts her hesitations in redefining the look, the feel, and the navigation of her post-operative body. Her choreography, however, also addresses the symbolic importance of the prosthetic breast in defining her person on and off the stage.

Bolwell chose not to undergo reconstructive breast surgery after her two mastectomies, and opted against wearing mammary prostheses. Her rejection of artificial breasts is grounded in an informed political stance: inspired by Lorde's *Cancer Journals*, Bolwell refused to hide the marks of her cancer. "Prosthesis offers the empty comfort of 'Nobody will know the difference'," Bolwell quotes from Lorde. "But it is *that very difference which I wish to affirm*, because I have lived it, and survived it, and wish to share that strength with other women."⁶⁷ In wanting to affirm this difference, Bolwell does not put the marks of her surgery directly on display in her choreographic autopathography. Instead, she represents

⁶⁷ Audre Lorde, *The Cancer Journals* (San Francisco: Aunt Lute, 1980), quoted in Bolwell, "The Pink Nude," 14, emphasis added.

the symbolic struggles that complexify the direct link between femininity and the cultural meanings of breasts.

In the sequence I described earlier as “grotesque,” where visibly fake breasts are unrealistically exposed on top of her green evening dress, Bolwell purposely inverts the mammary prosthesis’s ability to mask the evidence of cancer. The prosthetic breast, which in a culture privileging the healthy and normal connotes discretion and reserve, is here turned into an abject and hypervisible entity. Instead of being tasteful, it is gaudy, and instead of being discrete, it is obscene. In the narrative construction of the choreography, however, what are shown as visibly fake breasts placed on top of Bolwell’s dress can be interpreted as representing the dancer’s own “real” breasts in the past. Whereas these visibly fake breasts might refer to Bolwell’s “real” breasts, the actual prosthesis that later appears onstage is instead read as an authentic fake: there is no doubt that the object shown is a mammary prosthesis.

Bolwell’s choreographic study of the symbolism of breasts inserts a tension between the fake and the real. Because the choreography is explicitly autopathographic, viewers know that the dancer underwent a double mastectomy, even though they do not see her bare chest. They know, in other words, that Bolwell currently has no “real” breasts. Given the theatrical setting, however, the pastiche breasts on top of her dress can be interpreted as “stand-ins” for real breasts. In the narrative of the choreography, it makes sense to interpret them as her past, “real,” breasts, or, alternatively, as her “real” breasts in the fantasy life of her mind. At the same time, however, the viewer sees right away that these breasts are not real, and that they are, indeed, stand-ins for the real. The spectator’s “double vision” is made explicit in this scene: the viewer processes both the dancer’s “daily” body, which is breastless, and the dancer’s representational body, which, in the theatrical context, is well endowed with breasts. As an “affirmation of difference” in homage to Lorde, the subject matter of the dance lies precisely in generating a visual and semiotic oscillation between the fake, the real, and their inversions, which are located in authentically “fake” or symbolically “real” breasts.

The subsequent passage with the prosthesis evokes the potential comfort and reassurance that can be brought on by fake breasts: as we have seen in the previous chapter, the prosthesis has the ability to reproduce the familiar and to give the appearance of the real. When Bolwell navigates hesitantly, as if suddenly disoriented, the prosthesis ultimately grants fluidity to her movements, allowing her to regain the familiarity of her body in space. In its regular usage, the prosthetic breast likewise recovers the familiarity of the body by visually erasing the effects of surgery. In Bolwell's choreography, the prosthetic recovery of a visual "normalcy" is symbolically transformed into the dancer's recuperation of mobile fluidity in space, as she is "led" by the mammary prosthesis. In the end, however, what Bolwell's choreography describes is her decision to leave the prosthesis aside, in spite of its reassuring effects. And what the dancer ultimately presents to the audience is her body *sans* prostheses and *sans* breasts.

By the end of *Off My Chest*, the representational narrative coincides with the present moment of Bolwell's life. Thus far, Bolwell has danced without wearing prostheses. The only prosthetics she wore were visibly fake breasts; the "authentic" mammary prosthesis was never worn in the rightful place, but carried on various bodily parts other than the chest. The choreography metaphorically relates the deliberations Bolwell underwent in order to come to the decision of not wearing fake breasts. At the end of the dance, the choreographic fiction thus coincides with the present "real" of Bolwell's bodily appearance. Autobiographical narratives similarly often end in the "real time" present of the author's writing.

Bolwell's choreography provides a legible bridge between the aesthetic formulas and aims of visual and literary autopathographies, and the factors that specifically pertain to danced autopathographies. *Off My Chest* directly addresses the subject matter of Bolwell's illness, and confronts some of the themes typically related in the literary mode of pathography: illness-as-battle (in the Amazon sequence) and pathography-as-pharmakon, for instance. It also adds somatic "reconstruction" to the recuperative functions of autopathography. The choreography further holds a certain documentary value, in that it gesturally

transmits Bolwell's impressions of her illness and its treatments, visually projects medical imagery, and attests overall to her lived experience firsthand.

A closer and contextualised reading of the choreography shows that Bolwell broaches the theme of patient disempowerment. Her gown, covered in the repeated imprint of "HOSPITAL PROPERTY," can function as an ironic commentary on the anonymity and objectification of patients. Her interior monologue in the opening sequence of the dance reinforces this reading. The subject matter of Bolwell's work thus also comprises an element of contestation, which is likewise to be found in visual and literary autopathographies. As explained, *Off My Chest* articulates a political-aesthetic positioning vis-à-vis Bolwell's choice not to wear prosthetic breasts. Since the final image of the choreography corresponds with the present state of the dancer in the here and now, Bolwell's political-aesthetic positioning, as conveyed in the danced narrative, can be interpreted as corresponding to her position in everyday life.

Since it marks the end of a live, first-person autobiographical address, the fictional position of Bolwell's "extra-daily" body corresponds to that of her "daily" body in the choreography's final image. Consequently, the symbolic trajectory effected by the performer onstage can rightfully be attributed to Bolwell when she is not performing. Whereas Gere noted the erroneous tendency to project interpretations of homosexuality and an HIV-positive status to male dancers both on and off the stage, it is perfectly legitimate, after watching Bolwell's performance, to intuit that she has chosen not to wear mammary prostheses. Her first-person autopathographic choreography reads as an artist's statement: with her dance, Bolwell visibly affirms that she has been marked by illness, and there is little doubt that she intends for this statement to tint the readings of her person in everyday life.

3.2. Identity Politics and the Choreographic Auto/Pathographies of Bill T. Jones:

My interpretation of Bolwell's choreography frames it as an affirmative statement produced in response to illness. As we have seen with the writings of Gere and Albright, however, when it comes to pathographic subject matter, few people are in a position to guide the readings of their bodies in choreography. Many, in fact, are trapped by their bodily markings in everyday life, and the particular meanings that these marks carry over into a choreographic context.

As a homosexual, HIV-positive⁶⁸ African-American dancer/choreographer emerging from the postmodern avant-garde, Bill T. Jones is not immune to having prejudicial associations projected onto his body and person. Many of his works in fact anticipate these projections by either identifying them explicitly, or provocatively responding to them.⁶⁹ Jones' stage signature typically combines the formal trenchant of postmodern dance aesthetics to the self-referential indexicality of dance-theatre identity politics.⁷⁰ His handling of the body in performance is both seductively confrontational and aesthetically precise. But his use of at least two aesthetic codes is, for some critics, disturbing: on the one hand, Jones' choreographic language adheres to the formalism of "aesthetic disinterestedness," but on the other, it emphatically displays all the "interests" at play in his performances onstage, be they tied to race, sexuality, avant-garde culture, or even illness. In many cases, Jones' gestural language corresponds to the high formalism of postmodern choreography, while the other scenic elements at work – in particular, his use of language in the form of text, speech, lyrics, or

⁶⁸ Jones was "outed" as HIV-positive in a 1994 *Time Magazine* cover story.

⁶⁹ One such notable instance is Jones' *Fever Swamp* (1983), a choreography whose name was chosen in a playful rebuke to Arlene Croce, after she used the expression "fever swamps" to derogatorily describe one of his earlier works. See Marcia B. Siegel, "Virtual Criticism and the Dance of Death," *The Drama Review* 40, 2 (Summer 1996): 60-70, esp. 65.

⁷⁰ Consider, for example, this description of Jones' 1992 solo *Last Night on Earth*: "Jones, clad only in white briefs, combined semi-spontaneous meditations on the history of his pin-up physique with gestures and poses abstracted into design. The result highlighted the fine line between self-aware honesty, a clarion issue for Jones, and attitudinizing self-indulgence, an accusation sometimes lobbed at him by critics." Martha Bremser, "Bill T. Jones" in *Fifty Contemporary Choreographers* (London; New York: Routledge, 1999), 123-128, esp. 123-124.

narrative – make reference to the “daily” or extra-fictional significations of his person. Jones’ equal attention to the aesthetics and politics of his representations makes him an innovative but controversial figure in contemporary dance. His works have often fuelled larger discussions pertaining to the role of culture in late twentieth-century America.

A novel mixture of personal, political, and aesthetic preoccupations, postmodern dance became a prime candidate for the debates and debacles of identity politics during the American Culture Wars of the 1990s. As an embodied medium, dance is particularly apt for making self-reflexive comments on the political and cultural symbolic potentials of the body. Certain trends in postmodern dance are furthermore anchored in the biography of the dancing body, so that these potential commentaries additionally reflect not only the body, but also, its “bearer.”

The workings of identity politics hover between the physical markings of the body on the one hand, and the cultural meanings attributed to those markings on the other – meanings that are often erroneously projected to be biographically “essential” to the bearer. Identity politics are grounded in cultural interpretations of bodily markings and their “indications” of sex/gender, class, race, sexuality, and ability.⁷¹ As we have seen, physical marks of “difference” have had little place in conventional dance aesthetics; nevertheless, the dancer’s body can be marked as “other” through the interpretive projections of spectators. Gere’s analyses of late-twentieth century choreographies in particular stipulate that the dancer’s body is (re)marked as “other” through the interpretive projections of spectators, who attribute the cultural meanings of “gay” and “positive” to male dancing bodies. These peripheral associations to the meanings of the gay male dancing body seem to have had an indirect impact upon the reception of Jones’ arguably most controversial work.

⁷¹ Judith Butler’s theory of gender performativity similarly suggests that the body’s gendered cultural meanings are (re)constituted by behaviours that are socially interpreted as providing information on the body’s sex. These behaviours are interpreted as “originating” in the body’s physical markings or signs, and this erroneous but habituated association leads to the tendency to conflate gender with sex. A similar logic can be extended to bodily signs that point to class, race, sexual preference, or even ability. See Butler, *Gender Trouble*.

In 1994, the dance community, and the larger American cultural scene, were marked by a notorious incident sparked by the press release for the premiere of the Bill T. Jones / Arnie Zane Dance Company's performance of *Still/Here* (figs. 4.4 and 4.5). The press materials for Jones' choreography fuelled a polemic tirade by esteemed dance critic Arlene Croce. Originally published in the *New Yorker*, Croce's article, "Discussing the Undiscussable," in effect reviewed a performance that she had never seen.⁷² Croce explained that she in fact refused to see the show on the grounds that it was a piece of "victim art,"⁷³ and as such, impossible to critique. The rhetoric in Croce's quasi-manifesto echoes many of the tensions at play during the Culture Wars.⁷⁴ For one, it cites the "intolerably voyeuristic" nature of Jones' spectacle as reason enough not to attend the performance,⁷⁵ and warns that "the cultivation of victimhood by institutions devoted to the care of art is a menace to all art forms."⁷⁶ Before examining Croce's response to the press release for the performance in more detail, I examine the process that lead to the creation of *Still/Here*.

3.2.1. Jones' Collective Auto/Pathographic Choreographic Process:

The press release for *Still/Here* revealed that source materials for the performance had been gathered from testimonials by individuals living with chronic or life-threatening diseases, such as cancer, AIDS, or cystic fibrosis. Words, gestures, and images were gleaned from participants involved in "Survival Workshops" orchestrated by Jones and his collaborators, and conducted in eleven different cities across the United States between 1992 and 1994. Bjorn Amelan assisted Jones in the process, while video artist Gretchen Bender recorded the workshops.

⁷² Arlene Croce, "Discussing the Undiscussable," *The New Yorker* (26 December 1994): 54-60, reproduced with responses in *Dance Connection*, 13, 2 (2005): 20 – 28, 50. I cite the latter publication.

⁷³ *Ibid.*, 22.

⁷⁴ See Homi K. Bhabha, "Dance This Diss Around," *Artforum* 33, 8 (1995): 19-20.

⁷⁵ Croce, "Discussing the Undiscussable," 20.

⁷⁶ *Ibid.*, 22.

Whether conceived in a narrative manner, like *Off My Chest*, or in the more abstract formal “translation” that would characterize the performances of *Still/Here*, the elaboration of both these auto/pathographic choreographies suggests that there is something constructive to be taken from the experience of illness, and that this experiential learning is worth communicating to others. Jones clearly relates this intent in explaining the drive behind making *Still/Here*: “I want to find out what this time of my life means,” he states plainly. “For me, as a person who has to deal with his own possible early death, I was looking for people who were doing the same thing.”⁷⁷ Thus, at each of the fourteen Survival Workshops conducted, Jones would introduce himself as follows:

I am not a therapist nor am I a practitioner of any kind. I am here because I feel that you have information that I, as a man, might benefit from, and as an artist, will be inspired by. And yes, I need my hand held in dealing with this thing as I take my place in the world.⁷⁸

This “thing” to which Jones refers is the virus that he carries, and the illness that will sooner or later manifest itself, as it did, six years earlier, in taking the life of Arnie Zane. In the Survival Workshops, which Jones also called “Moving and Talking about Life and Death,” participants were invited to “walk [their] life,” from birth to death, including the moment of diagnosis. These were improvised autopathographies, as well as projected choreographic autothanatographies, that turned the pivotal elements of each participant’s existence into movements, punctuations, and changes in level, direction, and rhythm.

The overwhelming majority of the eighty-four participants involved in the Survival Workshops were not trained performers.⁷⁹ They came from diverse ethnic and class backgrounds, and also faced differing “illness cultures,”

⁷⁷ Bill T. Jones in *Bill T. Jones: Still/Here with Bill Moyers*, a documentary produced by David Grubin and Bill Moyers (PBS Fims for the Humanities and Sciences, 57 min., 1997).

⁷⁸ Bill T. Jones, “Marian Chase Annual Lecture: An Evening with Bill T. Jones,” *American Journal of Dance Therapy* 20, 1 (1998): 9.

⁷⁹ One exception is Raymond J. Ricketts, a former dancer who participated in the Pittsburgh, Pennsylvania Survival Workshop in November 1993, and wrote an account of the experience. See Raymond J. Ricketts, “Working with Bill T. Jones,” *Dance Now* (Autumn 1995): 47-53.

depending on the stigmas attached to their particular diseases.⁸⁰ Jones began each of the sessions with group warm-up and trust exercises in order to have Survival Workshop participants get accustomed to moving, as well as to each other. One of these exercises consisted in a blind sharing of weight, where one participant would fall backwards into the arms of one or two others. The stakes of the exercise gradually increase as the participant is brought from a standing position to one in which he or she is laying on the floor. With the help of others, the movement is effected smoothly and without harm. While this is a common introductory exercise to collective movement work, Jones reflected on the larger significance of such gestures in an autopathographic process: “Who will receive me?,” he asked, “Who will give me the privilege of receiving them? Who will receive me into death? Who will? Where will I lay down?”⁸¹ He then added, “Who cares?” with an inflection that seemed to ask “who will effect this gesture of caring for any of us?”

Thus, from the very beginning of the workshop, even the simplest of gestures potentially resounded with auto/pathographic meaning. Untrained participants quickly learned that everyday movements can be invested with intentions that render them symbolic and extra-daily, and were introduced in this way to the choreographic process. Over a period of four hours, participants were invited to express their life experiences through images, gestures, and words, from birth, through the moment of diagnosis, to their imagined deaths. Jones first asked them, “how could you conceptualise your life if you could draw it as a line, one smooth line?”⁸² while participants were given a sheet of paper upon which to draw. Jones later invited them to “walk your life,” and participants walked through their “life-lines” in space, forwards and backwards. They began to move in extra-daily ways. One by one, they lead the group through the movements of their lives, supported by all the workshop participants who were linked, hand to

⁸⁰ The socio-cultural diversity of the workshop groups is apparent in the PBS documentary, where young HIV-positive men interact with elderly women suffering from breast cancer, for instance. Added to the diversity of their “illness cultures” is the racial diversity in the workshop groups. See *Bill T. Jones: Still/Here with Bill Moyers*.

⁸¹ Jones in *Bill T. Jones: Still/Here with Bill Moyers*.

⁸² *Ibid.*

shoulder, to each other.⁸³ Participants took turns in enacting and recounting their lives from birth to the moment of death. The trajectory of one individual became that of the collective, and his or her testimony was granted active “empathic listening” through the physical engagement and participation of the group.

Jones’ colleague and life-partner, Arnie Zane, had died of AIDS-related illness in 1988; Jones remains healthy to this date, despite his HIV-positive status. Although *Still/Here* does not constitute a direct autopathography for Jones, the process of building it nonetheless reverberates with his own experiences of illness. In conducting the Survival Workshops, Jones was driven by the need to derive some form of knowledge from being marked by illness, and gleaned this knowledge with the help of others who found themselves in similar positions: “Let’s go out and deal with the people who know, who are frontline,” Jones states with reference to the Survival Workshop process. “What do we have in common that the average person does not?”⁸⁴ Implicit to Jones’ question is the belief that illness breeds a certain kind of wisdom: *pathei mathos*. The auto/pathographic process of the Survival Workshops provided a forum in which to learn from others, to share in this pathographic wisdom, and to communally bear witness to singular experiences. Two other elements emerged from Jones’ accounts of the creative process, both of which specifically pertain to the condition of embodiment: the notion that the body contains a singular wisdom that he, as a dancer, wishes to mine, and the need to cultivate or rehearse a particular state of presence in the face of death – what Jones refers to as “here”⁸⁵ – that is anchored in the body.

Belief in bodily wisdom is not uncommon to physical arts practitioners of all kinds, and to dancers in particular. Psycho-corporeal techniques based on similar beliefs abound, while much alternative medicine philosophy is grounded

⁸³ This group linking structure is reminiscent of popular round dance formations, such as the “choros” referred to earlier in this chapter.

⁸⁴ Jones in *Bill T. Jones: Still/Here with Bill Moyers*.

⁸⁵ When Bill Moyers asks Jones “what is “here”?”, in reference to the title, *Still/Here*, Jones answers by giving numerous quotidian examples of being present in the moment in spite of various distractions.

in comparable ideology.⁸⁶ Underlying many of these notions of bodily wisdom is a sense of separation between the body and the mind that needs to be repaired. Jones suggests that “movement begins to negotiate the distance between the brain and the body,”⁸⁷ and has reparative value in this respect. As we saw with *Off My Chest*, the desire to reconnect with the bodily instrument is a specific motivation for danced autopathographies; the notion of cultivating bodily wisdom is another distinct characteristic of gestural auto/pathography. “The body is a reservoir of all sorts of tensions and dark forces, and it is also a potential source of amazing energy,”⁸⁸ Jones explains. His celebration of the wisdom of the body, and his belief in the body’s ability to “redeem” itself through movement, fundamentally inform both his auto/pathographic and choreographic approaches. The beliefs that “movement is liberating” and that “movement is good for you”⁸⁹ play a strong role in Jones’ choreographic renditions of pathography-as-pharmakon. What is particularly appealing about Jones’ work, however, is that the auto/pathographic process does not end with its reparative effects: Jones brings together the therapeutic aspects of movement with his more “disinterested” formal preoccupations as a choreographer.

Cultivating a certain form of embodied presence underpins Jones’ choreographic and auto/pathographic processes, and emerges most clearly in confronting death. Like martial artists, trained performers also cultivate a bodily presence that is anchored in the here and now; Eastern meditation practitioners do so as well. The “rehearsal of death” that is performed by all the Survival Workshop participants in their walk-your-life exercise is not unlike meditations on death practiced in certain religions. Although it is not named as such, autothanatography is presented as a communal choreographic task in the Survival Workshops and constitutes an integral part of the basic gestural autopathographic exercise.

⁸⁶ For an excellent critique of the mind/body split in popular alternative medicine ideologies (a topic which is unfortunately beyond the scope of this thesis) from an autopathographic perspective, see Stacey, *Teratologies*, especially the chapters entitled “Metaphors” (30-64) and “Bodies” (97-136).

⁸⁷ Jones in *Bill T. Jones: Still/Here with Bill Moyers*.

⁸⁸ Ibid.

⁸⁹ Ibid.

Examples of this shared autothanatographic process are presented in a PBS documentary by Bill Moyers featuring Jones, the Survival Workshops, and the creative process leading to *Still/Here*. Jones asks participants to describe the place, time of day, smells and sounds they perceive at the end of their life-line improvisations, and to recount these details of their imagined deaths in the present tense. In one instance, just after this moment has passed, Jones pronounces the name of the participant, stating that he has but recently met her. “Someday she’s gonna be someone’s memory,” he pursues, “and we’re all with her now. Now let’s let [her] be alone for a moment.” The group retracts, leaving the participant physically disconnected from the group for the first time in her gestural re/enactment of her life. There is a long pause during which the participant is left face to face with the performed reality of her death, after which Jones reassuringly says, “Let’s come be with her again.”

In this group rehearsal of the participant’s death, Jones’ words emphasize that strangers surround her at present, and remind her that she will be survived by others’ memories in the future. The interpersonal ties of both these moments – in the struggle to survive and in the passage into death – are reinforced by his words. Although the participant is left alone to face this performance of her death, the ritual, reinforced by Jones’ words, seems on the contrary to strengthen interpersonal bonds in the face of mortality, even when such ties are fostered with strangers.⁹⁰

In the documentary, Moyers asks Jones to conduct the same walk-your-life exercise himself. When Jones arrives to the end of his life, he describes the smells, sights and sounds preceding his death. He then enacts the moment in present tense, and dies mid-sentence while reciting the Maha Mantra from the Hare Krishna tradition. This clue lends credence to my interpretation of Jones’ verbal and performative autothanatographic exercise as a “rehearsal” of death. In

⁹⁰ This gesture reminds me of Jean-Luc Nancy’s notion of being-in-common as intrinsically tied to mortality. In *The Inoperative Community*, he writes that communication “consists before all else in this sharing and in this compearance (*com-parution*) of finitude: that is, in the dislocation and in the interpellation that reveal themselves to be constitutive of being-in-common.” It seems to me that Jones and the workshop participants are essentially performing such a “compearance” amongst each other as strangers being-in-common. Jean-Luc Nancy, *The Inoperative Community* (Minneapolis: University of Minnesota Press, 2001), 29.

many religions, the mind is trained through meditative practice to welcome death without agitation: meditation cultivates a state of being “here,” as Jones describes it, and this presence has particular importance at the time of death.⁹¹ In spiritual terms, meditation functions as a rehearsal of presence and attention (or higher consciousness) in preparation for the unpredictable arrival of death. In this sense, meditation, like Jones’ autothanatography, similarly functions as an *ars moriendi*. Jones explains: “I have a little time-bomb supposedly ticking, right?” referring to his HIV-positive status, and then to the creative process leading to *Still/Here*. “I want to find out what this point in my life means. Arnie is gone, many friends are gone. I may be gone. You know how the old song goes, ‘Lord, I wanna be ready’? I say this is getting ready.” In the process of getting ready, Jones’ own autopathographic and autothanatographic explorations are imbricated with those of willing participants in similar positions of precarious health.

Although the work undertaken in the creative process functions as an *ars moriendi*, Jones has also described it as a “survival technique” – hence the workshops’ names. While the autopathographic relevance of the creative process is explicitly stated in Jones’ accounts of the Survival Workshops, it is however refuted when he speaks about the finished work. Like Wilke, who insisted that her artwork in the hospital was about living, Jones similarly asserts that *Still/Here* is not about AIDS, nor about the other diseases circulating amongst workshop participants, but which are likewise left nameless in the production. In conversation with Gere, Jones affirmed that he had “never made work specifically about AIDS.” He explained, “I’ve made work about loss, about sex, about death but never specifically about AIDS.”⁹² Interestingly, although the words “slash,” “poison,” and “burn” recur in the *Still/Here* soundtrack, and refer specifically to breast cancer treatments, the name of the disease is never heard. Gere also notes that “HIV” and “AIDS” remain unspoken, and that the telltale signs of the disease are not shown:

The faces displayed in Gretchen Bender’s videography [for *Still/Here*] display no visible Kaposi’s sarcoma lesions, no rail-

⁹¹ In particular, it is thought to have significant repercussions on future incarnations.

⁹² Jones in Gere, *How To Make Dances...*, 20.

thin bodies suffering the effects of undiagnosed wasting syndrome, no catheters, no tubes, no hospital garb, no medical apparatus whatsoever. Far more than half the images are of women or of older men; no obviously gay men are depicted.⁹³

There are of course pragmatic reasons for these omissions: people who are in advanced stages of disease may be more heavily challenged in their movements, and are thus less likely to have participated in the Survival Workshops. It remains that, although illness experiences constitute the foundations of its visual, audio and choreographic materials, the treatment of illness emerges indirectly in *Still/Here*. Whereas Survival Workshop participants confronted disease and mortality head on, *Still/Here* aesthetically “bypassed” the topic through its formal and thematic transformations of source materials.

Gere’s larger study would lead him to conclude that HIV/AIDS is nonetheless present-by-association in Jones’ work, because of the significations indirectly attached to the male dancing body in the mid-1990s. He infers that the disease is not presented directly in the performance “because the word *AIDS* carries the stigmas both of transgressive sexuality and of transgressive grief, [and] we in American culture have already learned to speak of it without words.”⁹⁴ Gere’s position is reinforced by similar conclusions drawn from studies of AIDS in visual culture of the same period.⁹⁵ Rather than strictly silencing the disease, however, I would like to put forward an alternate reading as to why the choreographic treatment of illness transforms its representation in *Still/Here*.

⁹³ Ibid.

⁹⁴ Ibid., 24.

⁹⁵ Sander Gilman’s study of AIDS in popular visual culture similarly identifies a certain secrecy in representations of the disease. While death is often portrayed either literally or through a symbolic figure, dying is most often excluded from representation – most notably in the public poster campaigns around AIDS in the late 1980s and early 1990s. Gilman also demonstrates that educational posters about AIDS often reverse the association of health with beauty and illness with ugliness, so as to not doubly stigmatize the images of gay men (who have already been labelled as pathological in medical history). Thus, these posters portray the beautiful as either being potentially threatened by disease, or as “secretly” carrying it. The secrecy that Gere refers to in stage practices is thus to a certain extent reflected by practices in popular visual culture. See Gilman, “The Beautiful Body and AIDS,” in *Picturing Health and Illness*, 115-172.

3.2.2. Aesthetic Tactics of Pathography in *Still/Here*:

The conflation of multiple signifying functions in the single body of the dancer makes it difficult, and perhaps even less interesting in scenic terms, to directly treat the “real” subject matter of illness. A number of symbolic and medial transformations are required to provide a distance from the “real” evidence of the sick body, and to allow for the aesthetic treatment of the pathographic subject matter being addressed. In the passage from the creative process of the Survival Workshops to the staged performances of *Still/Here*, many communicative “translations” were effected, the most important being the fact that healthy dancers ultimately performed the autopathographic accounts of workshop participants.

In the beginning of *Still/Here*, dancers present a “glossary” of their gestures, and attribute them by name, one by one, to the Survival Workshop participants who originally produced them. Modified videos of the creative process taken during the workshops, as well as interviews with the participants, are projected onto screens at various intervals in the performance, but their images are for the most part transformed. Performers dance to the audio accounts of workshop participants, whose words provide the lyrics to gospel singer Odetta’s songs. Their voices are sampled into music composed by Ken Frazelle, and played against Vernon Reid’s live guitar. With all of the medial transformations involved in the production of *Still/Here*, it is difficult to identify singular narratives in the final performance, which reads instead as a transposed amalgam of individual experiences. In the present analysis, therefore, the creative process is treated separately from the performances of *Still/Here*, which effectively translated firsthand autopathographic communications into an aestheticised representation of pathographic subject matter for the stage.

In the passage from the autopathographic creative process to the finished work, Jones modulated the scenic presence of the “real.” In contrast, Spence’s and Wilke’s self-documentations could only but fake the “real,” since they privileged the photographic medium. Their works could not be mistaken for portraits of the

sick suddenly made flesh, in spite of the fact that they each exploited the photograph's potential as a "technology of embodiment,"⁹⁶ and the power of its indexical "conjuring." In the stage arts, it is perhaps more difficult to control the reception of an embodied, mobile image. Unlike the photographic portrait, the live performing body does not benefit from the still photograph's indication of the "not-real": as we have seen, "dailyness" and "extra-dailyness" are confounded in the body of the performer. "Real" difference in the performer's body (e.g., race, sexuality, ability) moreover functions as a particularly loud signifier that threatens to overshadow the body's fictional significations, as shown in the analyses of Albright and Gere. In this light, the reluctance to directly present the evidence of disease in a danced performance may not simply be the product of aesthetic conservatism; it may instead be a response to the fact that the potential transformation of the performer's body is to a certain extent limited by its evidence of the "real."

Since choreography is a form whose legibility is highly subject to interpretation, it is difficult to attribute specific meanings to movements in the same way as one conducts an iconographic analysis, for instance. There are, however, devices that render choreography more legible in relation to precise themes. Hennessy's choreography indirectly signified HIV by using saliva as an iconic element, for instance. In *Off My Chest*, the symbolic functions of the breast (and with them, Bolwell's response to her illness) were conveyed through the dancer's manipulations of various representational breasts (the fake breasts as stands-in for real ones, and the prosthesis as an "authentic" fake). In both these autopathographic choreographies, illness is given form through the symbolic transposition of the subject matter into "legible" icons. Bolwell's and Hennessy's bodies are already marked by their illnesses and, following Gere's and Albright's logic, potentially re-marked by the interpretive projections of spectators in turn. In order to actively manipulate the representation of illness, therefore, they locate its treatment in an identifiable, extra-bodily sign; at the same time, they also make the most of the polysemic and pathological associations that are conveyed by their

⁹⁶ See A. Jones, "The 'Eternal Return'."

own bodies. In both cases, these extra-bodily signs are nonetheless fundamentally attached to the body: saliva is a bodily excretion, while the breast is presented as a removable / replaceable “part” of the body, especially in relation to mastectomy. In this light, like Wilke and Spence, Hennessy and Bolwell construct the formulas of pathos with which to affirmatively address autopathographic subject matter. Rather than let their bodies be strictly read as the passive recipients of pathographic projections, they reformulate the meanings of specific bodily signs which they actively manipulate. The rhetorical structures of their choreographies cultivate a “double vision” in the spectatorial gaze, in a manner that is structurally reminiscent of Wilke’s use of formulas of pathos.

Disease remains present as a subject in *Still/Here*, yet it is signified indirectly by dancers who are not sick, but who rather “cite” the autopathographic choreographies performed by sick bodies in the Survival Workshops. The dancers’ bodies effectively become the “extra-bodily signs” of those who authored their movement autopathographies, and this semiotic displacement is orchestrated by Jones’ choreography. As a participant in both processes, Jones communicates with all of the implicated bodies, providing the mobile link between them.

In its opening “glossary” of choreographic terms, *Still/Here* renders explicit the distinction between the original bodily writing of autopathography, and the bodies with which these autopathographies are ultimately presented. This introduction makes it plain that there is a distinction between the “self-writings” or “autodermographia” of the illness experiences being shown, and the bodies that perform them onstage. This distinction should help viewers to modulate or attune their double visions for the rest of the performance: they ought to be able to see both the dancer and the dance, and not reduce the former to the latter because of the overbearing associations attached to pathographic subject matter.⁹⁷

⁹⁷ In *Allegories of Reading* (New Haven: Yale University Press, 1979), Paul de Man poses the question, “How can we know the dancer from the dance?” (11-12), a line which Craig Owens interprets as “testimony to the indissoluble unity of sign and meaning that characterizes the (symbolic) work of art” in “The Allegorical Impulse: Towards a Theory of Postmodernism Part 2” *October* 13 (Summer 1980): 63. Jones’ transposition of autopathographic production onto the bodies of healthy dancers in *Still/Here* ought to facilitate the audience’s capacity to distinguish the

In analysing the rhetorical structures employed in *Still/Here*, Cheong Wai Acty Tang comes to a similar conclusion. “An important distinction needs to be made between a dancing body that communicates suffering and trauma through the self-reflexive, formal action of dancing, and bodies that experience trauma,” Tang specifies.⁹⁸ In one choreographic sequence, Tang identifies this distinction as follows:

The visual codes of the dancer – shaven head, hand gestures referring to breast (cancer) and groin (sexuality) – clearly referred to the cancer sufferer; while the technical dance movement, along with the “long, lithe” body of the dancer, reminded the audience that they are watching a work of art.⁹⁹

Tang reads the choreography *Still/Here* as a clearly coded message, one that emerges from the expressions of sufferers of traumatic experience, but one which is communicated by agile bodies that are trained to transmit legible signs. The dancer’s capacity to act as a precise bodily signifier differs from the immediate expressions of workshop participants, who do not necessarily convert their expressions into legible codes. Like Hennessy’s use of saliva as a precise symbol, the dancer clutching her breast and groin conveys the pathographic associations to these bodily parts by actively designating them; her technique and trained body renders these gestures legible as signs. Tang concludes that “what Jones offered [in *Still/Here*] was a highly crafted dance *language* which mediated trauma in a highly artistic (artificial) manner.”¹⁰⁰ Jones’ choreographic gesture, in other words, provided a bridge between personal expressions of trauma and the aesthetic crafting of a collective pathography, aided by the use of specific formulas of pathos, for which dance technique constituted a primary code.

“real” and representational signs of illness attached to the performing bodies. This displacement should also prevent the audience from losing sight of the aesthetic and representational treatment of illness, in spite of the overbearing power that is attributed to the pathographic “real.”

⁹⁸ Tang, “(Refusing to) Look at Trauma...,” 70.

⁹⁹ Ibid.

¹⁰⁰ Ibid., 69.

3.2.3. *D-Man in the Waters*: Between Choreography and Performance:

The transformation from illness experience to crafted pathographic subject matter is central to Jones' endeavour in *Still/Here*. Aside from the practical considerations pertaining to the capacities of sick or untrained bodies to perform Jones' choreographic expectations, a previous illness-related dance incident may also have influenced his decision to have healthy dancers perform *Still/Here*, and in so doing, to further delineate the aesthetic displacement from the direct expression of pathographic experience to its symbolic communication.

In 1989, the year following Zane's death, the Bill T. Jones / Arnie Zane Dance Company premiered *D-Man in the Waters*, a choreography commissioned by the Saint Luke's Chamber Orchestra to the music of Mendelssohn's *Octet in E Flat Major*. Jones describes the initial creative process for this work as primarily consisting in a formal exploration of the composition's four movements, to be executed by nine dancers.

Early in the rehearsal process, Damien Acquavella, a company dancer, became increasingly sick with AIDS. Kaposi Sarcoma lesions spread across his body and his musculature progressively depleted. Acquavella's personal experience of illness propelled a shift in the choreographic process, triggered by the following image, which Jones recounts in his autobiography *Last Night on Earth*:

I had a daydream, almost a vision, in which I saw Damien and a myriad of friends, living and dead, in a body of water. Perhaps it was a lake as vast as the ocean, a lake emptied by an immense and unforgiving waterfall. This company of people was struggling against the current. Some had already drowned, others were grasping their comrades to save them, still others were swimming confidently, almost enjoying their effort.¹⁰¹

What Jones describes is at once a collective allegory of life with its existential struggles, and a more specific parable pertaining to Jones and his collaborators: those who had been lost to AIDS, those who cared for the sick, those who still struggled against the disease, and those who remained untouched by it. Following

¹⁰¹ Bill T. Jones with Peggy Gillespie, *Last Night On Earth* (New York: Pantheon, 1997), 194.

this daydream, Jones decided to tie his allegorical vision to the company's current choreographic explorations, and he dedicated the dance to Acquavella's struggle, which would be named after his sobriquet "D-Man."

Jones explains that subsequently, as a result of AIDS-related dementia, Acquavella "became obsessed with returning to perform with the company—in *D-Man* particularly."¹⁰² Jones promised him a place in the show. By the time *D-Man in the Waters* premiered, Acquavella was so weakened that he had to be carried onstage. Jones effectively provided the legs for his solo, because Acquavella could only manage the upper-body sequences. In subsequent performances, when Acquavella was too weak to appear, and later, after he died, the visual and choreographic gap left by his bodily absence was not filled. The imbalance on stage served as something of an inverse-monument to his memory: his absence was metonymically marked, as Jones writes, by "oddly asymmetrical groupings."¹⁰³

D-Man in the Waters was met with international acclaim, and Jones won a Bessie award for his choreography. Yet some critics expressed their discomfort with the production, not only for Acquavella's performance, but also for Jones' choice, as a choreographer, to present Acquavella in such a weakened state. Marcia Siegel wrote that "[w]ith Acquavella's participation, *D-Man in the Waters* sacrifice[d] acute comment for immediate catharsis."¹⁰⁴ Her response led Albright to conclude that, like "Croce's critical tirade, Siegel's comments reflect a deep fear that the emotional impact of the 'real' (read grotesque) body will get in the way of a more intellectual appreciation of Jones' choreographic composition."¹⁰⁵ Once an accomplished dancer, it appears from certain responses that Acquavella could no longer fulfil the role that was expected of him: his body conveyed the

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ Marcia Siegel, "Survival by Drowning," *New York Press* (April 17, 1989), cited in Albright, "Moving Across Difference," 75.

¹⁰⁵ Albright, "Moving Across Difference," 75. While I concur with many of Albright's conclusions, I hesitate to make too quick an equation between the grotesque and the "real." The grotesque is certainly involved in referencing the "real," and with it, abjection and morbidity, but the scenic "real" is also attributable to the polysemia of the dancing body, as examined earlier in this chapter.

“real,” but no longer the representational or extra-daily. In other words, Jones’ inclusion of the “real” in the scenic space, through the bodily presence of Acquavella, troubled spectators’ learned ability to distinguish the dancer from the dance.¹⁰⁶

Acquavella’s bodily stage presence brought sickness into the choreographic subject matter without however providing a rhetorical space in which this subject matter could be addressed or modulated – in other words, without a representational distance that could guide a specific reading of the pathographic subject, or without the aid of a formula of pathos, for instance. Such a lack of representational distance brings Acquavella’s performance of *D-Man* into proximity with the workings of certain forms of body and performance art. Whereas body art sometimes relies on the body and its actions (or non-actions) as primary aesthetic signifiers, choreography depends on the trained, extra-daily techniques of the performing body to deliver a codified form. As we have seen, the distinction between body art and choreography has increasingly been blurred in postmodern dance. It was likewise troubled with Jones’ action of bringing Acquavella onstage, since the sight of Acquavella’s “real” body predominated over its ability to transmit a choreographic code. The double vision potentially brought on by the sight of “difference” seems instead to have become reductively monocular in witnessing Acquavella onstage.

Jones’ action of carrying Acquavella recalls a performance by the late Pepe Espaliú, a multidisciplinary Spanish artist whose works were informed by his status as an HIV-positive homosexual. Entitled *Carrying* (figs. 4.6 and 4.7), this series of performances and sculptural works produced in the early 1990s alludes to the spread of Human Immunodeficiency Virus: one becomes a “carrier” of HIV. But in bearing the weight of Espaliú’s body in performances, or in handling his sculptures that seem to protrude from the walls of galleries, one

¹⁰⁶ I am specifically referring to the suspension of disbelief that is required in overlooking the “daily” body of the dancer for the benefit of the “extra-daily” dance. It is in this respect that de Man questions the extent to which we can “know the dancer from the dance,” or as Owens has explained, distinguish sign from meaning. In Acquavella’s performance, sign and meaning risk becoming confounded in the dancer’s daily or “real” body; his representational or “extra-daily” performative embodiment therefore fails to function as a sign.

symbolically becomes the carrier of the weight of responsibility, compassion, the burden of care, and the other interpersonal loads that come with a malady such as AIDS. With the epidemiological significance of Espaliú's title, the action of carrying connotes that we are all potential "carriers" of the viral disease, but it also suggests that we are all implicated in bearing the weight of its care.

Carrying the body of an HIV-positive man menaces contagion: in coming into contact with his body, the person carrying the infected man exposes the risk of becoming a carrier of the disease himself, even when it is known that the virus cannot be transmitted by touch. The stigma and fear of HIV-positive bodies was so strong in the late 1980s and early 1990s that all contacts were to be mediated by prophylactic, or at the very least, symbolic skins. Espaliú's actions, like Jones', do away with the necessary distance in "handling" an infected body; they show instead the gesture of a non-sexual love that can be transmitted through touch, in spite of the often hyper-sexualisation of the gay, and in Jones' case, black male body. Acquavella's stage presence moreover does away with the aesthetic distancing of abstract choreography, which had guided the original direction for the piece. With the impact of Acquavella's illness, *D-Man* moved away from a strictly formal composition to one whose aesthetics borrowed from the more immediate impact of action-based performance art. Although its gestural language remained formalist, Acquavella's presence betrayed the choreographic convention of aesthetic disinterestedness by calling forth the "real."

As choreographer, Jones' act of carrying Acquavella's body in order to put him on display can be regarded as an exploitive gesture, one that capitalises on the exposure of pathos, and similarly, on the sensationalism of body or performance art. As with all the works examined thus far, exhibitionism cannot be ruled out from the equation that makes auto/pathographic works distinctly compelling and efficacious. As a fellow dancer, however, Jones' action can be read as the gesture of a colleague helping Acquavella fulfil his desire to continue performing. Just as Espaliú's eloquent actions could function as the visual and performative evidence of the shared burden of this disease, so Jones' act of

carrying might not simply menace contagion, but also signify *com-passion* incarnate, if one were so inclined to read it.¹⁰⁷

The “com-passionate” meaning behind Espaliú’s *Carrying* resembles the symbolism of the trust exercises for Jones, and of the entire Survival Workshop process for that matter, where a mutual bearing witness of illness experiences consists in the active “practice” of *pathei mathos*. Yet, we do not see this trust exercise in the resulting choreography *Still/Here*, nor do we see anything else onstage that might disclose a therapeutic purpose unfolding live and in the present. Instead, what we see is a highly polished choreographic account, with refined stage, sound, video and costume designs, performed by articulate dancers. Although the choreography is informed by the simple gestures of untrained participants involved in its shared creative process, the content they proposed is transformed into an aestheticised work for the stage. In Jones’ *Still/Here*, the “real” bodies of dancers are clearly distinguishable from the “pathographic” representational dance, a distinction which Acquavella’s body could no longer render in *D-Man*.

Jones’ choreographic style in *Still/Here* is so formal and carefully defined that it leaves no doubt as to the place of the “real” being only indirectly signified. One critic even complained that *Still/Here* was too beautiful for the subject matter it treated: an “all-encompassing aestheticism,” writes Jochen Schmidt, “prettifies the shock. Jones’ piece on Death and one of the most horrible diseases is so slick, so smooth and fashionable, that one almost loses sight of what it’s about.”¹⁰⁸ Whereas Acquavella’s body in *D-Man* appears to have made the performance “too real,” it seems that *Still/Here* was at times considered not to be real enough. By including indices of the creative process in the finished piece, however, Jones counterbalanced a potential “hyper”-aestheticisation of illness through the evidence of the choreographic and medial transformations of its firsthand accounts. Video and audio documentations, as well as the “virtual” presence of Jones in an onstage TV-screen appearance towards the end of the piece, contradict

¹⁰⁷ Like “sym-pathology,” the etymology of the word compassion implies “suffering with.”

¹⁰⁸ Jochen Schmidt, “Thoughts of Old Age and Death,” *Ballett International/Tanz Aktuell* (July 1995): 32-35, esp. 33.

the apparent aesthetic disinterestedness of his formal choreographic style. They act as testaments or relics of the “real,” rather than its immediate re/production. The impact of pathographic subject matter does not get lost in this transformation, but rather becomes easier to read. The affective impact of direct autopathography is mitigated by the care that is brought into its articulation, and the “shock of the real” is bypassed by the lack of suffering bodies onstage.

Although it is not directly autopathographic, *Still/Here* nevertheless treats common autopathographic themes. Like Bolwell’s choreographic autopathography, it also constitutes a symbolic performance of recovery. As dancers move onstage, we hear a voice declaring “I’m gonna run again, I’m gonna dance again, and I’m gonna get married.”¹⁰⁹ The first person “I” of the Survival Workshop testimonial is transposed onto the bodies of dancers, and the future tense of the spoken testimony is read into the affirmative present of the dancers’ movements. It does not matter if these goals are not truly realised by the person who uttered them; what we see before us as spectators is their performed actualisation. Whereas the Survival Workshops were in part about getting ready for death, *Still/Here* was about celebrating living: hearing the words and seeing the gestures of those who were still alive, even as death approached. In this respect, the workings of *Still/Here* share something with Wilke’s and Spence’s photographic autopathographies: they affirm the existence of life up until the very moment of death. Ironically, although they treat autothanatography, these affirmative gestures deny that there is such a thing as “dying”: instead, they seem to affirm that there is life up until death, and that part of the work of “survival” – of *still* being *here* now – is the acknowledgement that life is fleeting.

¹⁰⁹ *Still/Here*, performance adapted for television, co-directed by Bill T. Jones and Gretchen Bender (LaSept/Arte and Alive TV, 59:45 min., 1997).

4. Confounding the “Real”: The “Undiscussability” of *Still/Here*:

In seeing *Still/Here*, there is no doubt that the performance is a representation. But after reading about its subject matter in press release materials, Croce became sceptical, and mistakenly assumed that the performance would consist in a “messianic travelling medicine show.”¹¹⁰ Knowing Jones’ choreographic history, Croce probably inferred that *Still/Here* would only magnify the display of sickness shown in Acquavella’s performance of *D-Man*, and in this way, further reduce the increasingly thin line between choreography and performance art.¹¹¹ She projected that the testimonials of Survival Workshop participants in *Still/Here* would be “the prime exhibits of a director/choreographer who has crossed the line between theatre and reality – who thinks that victimhood in and of itself is sufficient to the creation of the spectacle.”¹¹² Having not seen the performance, Croce could not know that these states of “victimhood” were in fact artfully transformed by the choreographer, and therefore did not come to constitute ends in and of themselves. Still, Croce was adamant in her belief that “[b]y working dying people into his act, Jones is putting himself beyond the reach of criticism,”¹¹³ and it is this particular matter that especially irked the critic.

Croce’s rebuke to (her idea of) *Still/Here* was based on the threat of the incursion of the “real” in the performance through the subject matter of illness and the presence of sick bodies onstage. Such pathographic content, she argued, would effectively block her work of critical assessment and interpretation. Croce explains that these states of illness were not chosen by the protagonists in the way that actors might “choose” characters and emotions in the theatre; rather, they were unfortunate matters of life, necessarily borne by the participants. Consequently, these un-chosen states of suffering and sickness – these “real” matters of fact – were to remain “undiscussable” in the eyes of the critic: while they may provide interesting ethnographic information, they do not constitute

¹¹⁰ Croce, “Discussing the Undiscussable,” 20.

¹¹¹ Albright similarly surmises that the *D-Man* incident contributed to Croce’s reticence towards *Still/Here*. Albright, “Moving Across Difference,” 75.

¹¹² Croce, “Discussing the Undiscussable,” 22.

¹¹³ Ibid., 20.

matters of art. Once more, Croce's position inadvertently draws a line between the aesthetic conventions of choreography, and those of other live forms, such as body and performance art.

Croce also qualifies as "undiscussable" "those dancers [she is] forced to feel sorry for because of the way they present themselves: as dissed blacks, abused women or disenfranchised homosexuals – as performers, in short, who make out of victimhood victim art."¹¹⁴ One wonders what Croce would make of the avid reformulations of bodily markers performed by visual artists such as Wilke, who in the late twentieth century effected provocative commentaries on the constructions of identity politics in this way. As we have seen, Wilke manipulated the "marks" of her femininity and her Jewish cultural heritage, and later, the marks of her disease, precisely in order to designate the fact that she was marked, and re-marked in turn, by the cultural projections of gazes and their constitutive readings of her body. According to Croce's logic, would Wilke's biological femaleness and her Jewish heritage also be qualified as undiscussable (and by extension, as symbolically un-transformable)? Is it inappropriate, in Croce's definition of art, for Wilke to play with these marks, and in so doing, to suggest that they do not constitute her "essence" or "nature"?

Croce relates her dismissal of victim art to larger debates affecting cultural production and arts funding in the United States. Having served on the board of the National Endowment for the Arts in the late 1970s, Croce somewhat mournfully explains that, by the 1980s, art had to be deemed "socially useful" in order to receive public funding. She qualifies this trend as an overwhelming rejection of "disinterested art" and a "bias for utilitarian art," from which disenfranchised groups especially profit. As an African-American, HIV-positive homosexual, Jones certainly fits into multiple pigeonhole categories of so-called "disenfranchised" populations, at least on the basis of the semiotics of his body. Jones' extensive success as an artist, however, and his aesthetic leanings towards formalist choreography, contradict the label of disenfranchisement that may be projected onto the image of his person. Nevertheless, Croce characterises Jones as

¹¹⁴ Ibid., 22.

“the most extreme case among the distressingly many now representing themselves to the public not as artists but as victims and martyrs.”¹¹⁵ Although Jones is never physically present onstage, Croce confuses the display of pathos in *Still/Here* with the affirmation of a victim status, while also projecting onto the display of “otherness” a necessary lamentation of affliction or pain. Croce’s imaginary gaze in effect positions the displayed “other” into the role of victim. She is also the one to attribute the role of martyr to the performer/choreographer who addresses auto/biographic material – this, in spite of the fact that the accent in *Still/Here* is placed on survival, transcendence, and experiential transformation.

What Croce does not explicitly state in her article is the fact that Jones is renown for his strikingly charismatic persona. Indeed, he is charismatic in a similarly compelling and troubling way as Wilke, who had for this reason been “judged” as a feminist “flirt.” The semiotics of Jones’ body mark him as visibly and symbolically “other” (through the projections attributed to male dancing bodies, amongst other things); he often underlines the marked otherness that his bodily presence represents in the public, symbolically-charged setting of the stage.¹¹⁶ With his movements and words, Jones works through stereotypes so that his performative presence ultimately confounds the “real” with the symbolic, the essential with the constructed. This is comparable to Wilke’s strategies of posing before cameramen and spectators. In both cases, the artist’s spectacular charisma elicits strong, but often diverging reactions. They each exploit the polysemic functions of their bodies in performance, and their instrumentalized charisma ultimately makes the most of the third definition of pathos – “the use of emotional appeals to alter the audience’s judgement.” One can choose to look away from their performances – or like Croce, not to look at all – but in either case, one can

¹¹⁵ Ibid., 20.

¹¹⁶ “Jones in his solos developed and mythologized a protean public persona, a mixture of the avantgarde ascetic and the passionate, aggressive, angry in-your-face intellectual,” writes Carl Paris. “...As one of the few African American males in avantgarde dance during the 1970s and early ’80s, Jones traded on his status as the sexual, political, and ideological Other, using a captivating movement style as the cite [*sic*] for personal narrative. Being quite proud of his physique, he exploited it with brutally candid texts, simultaneously re-presenting and contesting the socially embedded taboo-attraction to the black physique—mystically, alluringly dark but dangerous.” Carl Paris, “Will the Real Bill T. Jones Please Stand Up?” *The Drama Review* 49, 2 (Summer 2005): 64-74, esp. 67-68.

hardly remain indifferent: in front of these performers and the prospect of their works, one feels compelled to respond.

4.1. (Auto)Pathographic Untouchability: The Role of the Critic before the Scene of Pathos:

Croce's radical position allows us to address issues of criticism that can be applied to pathographic creation across the disciplines. As an articulate critical statement produced strictly in response to press materials, her article constitutes a key element in understanding the interpersonal dynamics of pathography, not only in its immediate creation and reception, but also in the spectatorial projections that precede, and therefore inform, readings of pathographic works. Croce raises some potentially contentious issues already examined in this thesis, notably those of narcissistic exhibitionism and the emotional manipulation of the audience in "victim art," both of which play an undeniable role in publicly displayed (auto)pathographies.

While it is possible that certain performers "exploit" their status of "otherness" with self-advancement in mind, Croce does not specifically describe the reasons why, nor the instances where, she sees such manipulation occurring in Jones' work. What rather comes across is her general discomfort with the display of otherness and/or affliction (both of which she equates with victimhood) in artistic circles: in short, her disapproval of the personal becoming political onstage. Croce seems to suggest that all art becomes victim art when this happens, and that the critic no longer has an executable function to fulfil. Victim art, Croce pursues, "is a politicised version of the blackmail that certain performers resort to" in the attempt to win their audiences.¹¹⁷ I argue, however, that this "blackmail" is induced by the compelling but uncomfortable pathos-imbued charisma of the performer/choreographer, which is employed as a rhetorical tactic. Drawing a parallel with another highly publicised episode in the Culture Wars, Croce explains that "Jones and [Robert] Mapplethorpe, parallel self-

¹¹⁷ Croce, "Discussing the Undiscussable," 22.

declared cases of pathology in art, have effectively disarmed criticism. They're not so much above art as beyond it. The need for any further evaluation, formal or otherwise, has been discredited."¹¹⁸ With these statements, Croce makes it clear that these two "cases of pathology in art" have traversed into the territory of non-art; and if they are "beyond" art, it is most likely because in her eyes they are too real.

In her polemic non-review of *Still/Here*, Croce plainly states: "I can't review someone I feel sorry for or hopeless about."¹¹⁹ Croce's declaration essentially suggests that the performance of otherness and/or suffering is inherently untouchable, since the critic's duty of aesthetic judgment is, according to her, functionally foreclosed. How does Croce conclude that the arousal of pity might hinder the production of an aesthetic judgment? To name but one lasting example to the contrary, Aristotle's *Poetics* advocates for a theatre that provokes both pity and fear (*eleos* and *phobos*) in order to induce catharsis in the spectator. Rather than reducing the spectator's critical faculties, Aristotelian catharsis on the contrary transforms the audience into critical agents not only of the narrative, but also of society.¹²⁰ This is an early case, one might argue, of artistic "utilitarianism" – one which has set the aesthetic standards in the West, and whose products are still held in high esteem today. So, what is it about pity that makes a performer critically untouchable? Is it not rather "political correctness" that precludes one from making a critical statement about a visible, suffering "other"?

Croce's position further suggests that witnessing an ill person's testimony might arouse pity rather than empathy, for instance, and it presumes that such an emotional response necessarily cancels a certain critical distance on behalf of the

¹¹⁸ Ibid., 26. The passage makes reference to the controversies surrounding the funding and presentation of Mapplethorpe's *X Portfolio* series in the early 1990s.

¹¹⁹ Ibid., 22.

¹²⁰ Whereas Aristotle advocated for the use of catharsis to produce moral purgation in spectators of Greek drama, Bertolt Brecht instead considered catharsis to be counter-inductive of political action. It is of note, however, that although Brecht advocated for a "non-Aristotelian drama," he was also reacting to the conventions of theatrical Realism. He frequently borrowed the "alienating" effect of the Greek chorus in his own plays, by integrating characters who, like the Greek chorus, effected detached commentaries on the fictional stage action. See Brecht, *Brecht on Theatre*.

spectator. But there is a fundamental flaw to Croce's logic. As playwright Tony Kushner wrote in response to her article, even if an artist were to use his own blood to produce a bad painting and ended up dying from the blood loss, the critic is still entitled to state, "I am sorry this man bled to death but he didn't make a good painting."¹²¹

Croce is undoubtedly too seasoned a critic to suggest that all ill artists are critically untouchable outright; such a position would mistake all productions of sick artists as being expressly tied to illness, which is certainly not the case. From such logic, it would also follow that sick people ought not produce any art at all, on the grounds that their work cannot be critiqued, precisely because they are sick or otherwise "victims"; alternatively, their production would have to be strictly regarded as "therapeutic expression," rather than art.

I grant Croce the credit of not succumbing to the above reductive conclusions. But I submit that the treatment of pathographic subject matter generated a certain amount of confusion for Croce with regards to choreographic content and form. Is it not rather the threat of a lack of distance between performers and their embodied experiences – in other words, between their "daily" and "extra-daily" bodies, or between the representational and the "real" – that menaced to flatten out the critical distance in spectators' responses? With her reaction, was Croce not in fact indirectly objecting to the slippage of academic choreography into the preoccupations of dance-theatre, and by extension, of body and performance art?¹²² Although Croce's critique appears to be responding to the "undiscussability" of pathographic subject matter, what it ultimately reveals is her disapproval of the changing functions of dance, which are reflected, amongst other things, by changing choreographic forms. André Lepecki infers that "Le 'chorégraphe ethnographe', pour Croce, rend l'art 'pathologique' en le retirant de la tradition abstraite/formaliste."¹²³ What is pathological, then, in such works, is

¹²¹ Tony Kushner, "Letter to *The New Yorker*, January 30, 1995," re-published in *Dance Connection* 13, 2 (1995): 24.

¹²² Surprisingly, in her article Croce even objects to the comparatively docile auto/biographic style of Pina Bausch's choreographies. Croce, "Discussing the Undiscussable," 23.

¹²³ "For Croce, the 'ethnographic choreographer' renders art 'pathological' by removing it from the abstract/formalist tradition." Free translation. André Lepecki "Par le Biais de la Présence: La

their menace to aesthetic disinterestedness, and consequently, to forms of criticism in which the reviewer appears to remain objective in his or her judgement.

While at first glance it may read as reactionary, Croce's critique rather suffers from a certain misattribution of blame for the changes in contemporary dance aesthetics – changes that allow the dancing body to call forth a spectatorial double vision, rather than restrict choreographic expression to the domains of fiction or formal abstraction. What also seems to lie behind Croce's dismissive critique is not the impossibility of effecting an aesthetic judgment of "victim art" representations, but perhaps, quite on the contrary, the impossibility of remaining detached in the face of suffering. The choreography of illness, otherness and victimhood may be undiscussable in Croce's eyes, but her pre-emptive dismissal of the performance rather suggests that the critic refused to be touched. Her gesture, in fact, is a dance-spectatorship equivalent to a photography viewer who looks away from images of suffering. Looking away, before even seeing the work, does not dignify the image with a response, nor does it acknowledge the work's autonomy as an image.¹²⁴

Croce's article formulates a response around her idea of what the image/choreography of suffering in *Still/Here* might be: her response is therefore more reflective of her own prejudicial projections than of the work itself. Croce's supposedly defiant discussion of the "undiscussable" instead performs the ultimate "diss" and "cuss" to the authors and participants of *Still/Here*: it grants them no authority to produce such materials and to present them onstage, nor does it grant the art object the legitimacy of stating its own case, because she refuses to see it. Croce's article effectively makes of *Still/Here* non-art, because she does not deign to give it the autonomous status of the art object *to which* she responds; Croce rather responds in lieu of seeing the work. This leads me to conclude, like Lepecki, that it "is only ironic that this critic's response to Jones' work reinforces

Composition dans l'Avant-Garde Post-Bauschienne," *Nouvelles De Danse* (October 1999), available online < <http://www.sarma.be/text.asp?id=867> > Last accessed May 30, 2008.

¹²⁴ See Sliwinski, "A Painful Labour," and my Introduction.

the political intentions of the choreography: society kills the diseased body long before it is actually (physically) dead.”¹²⁵

Inasmuch as Croce’s argument is awkward and, as I have suggested, erroneous at times, it nonetheless rests on the notion that the classical duty of art is to transcend the discomforts of the human condition. It is in a similar vein that the canonical expressions of the Laocoön group have been interpreted in art history. Following Winckelmann, the slightly opened mouth of the *Laocoön* priest can but suggest his suffering while he is being attacked by serpents. The *Laocoön* sculpture attains the classical ideal of aesthetic beauty precisely through the control that is conferred to its evocation of pain. The Trojan priest does not emit a cry of horror from a gaping mouth, but rather lets a stoic sigh escape from his lips.¹²⁶ His suffering is therefore evoked, rather than explicitly reproduced: it transpires through his body’s contracted muscles and the small void between his lips. In the stage arts, we could tie this evocation to Brecht’s famous scenic practice: Mother Courage’s silent scream becomes all the more eloquent for its aphony. In both these examples, the tactics employed by the artists in the representation of suffering favour the stylistic figures of paradox and litotes – a sigh or silence in lieu of a scream – in order to bypass its direct representation.

Such “bypassing tactics” answer well to the new call to order of ethical representation in the postmodern era.¹²⁷ I have suggested that Jones has similarly employed such tactics in *Still/Here*, although Croce did not deign see them. In the late twentieth century, we have witnessed a renewal of the classical *règles de bienséance*, which is undoubtedly tied to the onslaught of political correctness. The particularity of body-based art, however, is that it has no choice but to be explicit, to a certain degree: as we have seen, bodily presence in performance

¹²⁵ André Lepecki, “How Radical is Contemporary Dance?” *Ballett International/Tanz Aktuell* (February 1995): 48-51, esp. 50.

¹²⁶ J. J. Winckelmann’s interpretation is cited in Blocker, *What the Body Cost*, 21. The original reference comes from J. J. Winckelmann, *Reflections on the Imitation of Greek Works of Painting and Sculpture* (La Salle: Open Court Press [1755], 1987), 35.

¹²⁷ One example of such trends is the tendency in public art to create anti-monuments, for example. Such sites seek to commemorate the impact of tragic events upon their victims. Their challenge is to avoid drawing upon the sensationalism of trauma, as well as its over-aestheticization, so that it does not become banal.

functions as a plural signifier that potentially confounds the representational and the “real,” the daily and the extra-daily. In this vein, while it may have been deemed appropriate for Jones to leave a perceptible gap in the choreography of *D-Man*, it was apparently inappropriate for him to bring the man in question onstage. Undoubtedly rendered wiser by that experience, Jones chose to leave out the live presence of sick bodies in *Still/Here*, but not the testimonies of their experiences.

In the face of expressions of suffering, the critic’s role is potentially as delicate as that of the choreographer, all the more so when these expressions are grounded in the autobiographic “real,” whose immanence is exacerbated by live bodily presence. Just as “victims” might exploit their martyr-status to gain success in the world of art, so the critic might make the most of “undiscussable” subject matter in order to gain notoriety in the world of criticism – the present author is of course not exempt from such a risk. In treating auto/pathographic subject matter, whether it be in the production or in the (critical) reception of a work, a minimum of due respect lies in the acknowledgement of the distinct experience being communicated: witnessing, in this light, precedes empathy, and pity need not figure in the exchange.

For the artists considered in this thesis, however, as I have tried to argue in this and previous chapters, witnessing was not enough: beyond their own illness experiences, they sought to craft autopathography as a resonant, self-reflexive aesthetic form that went, in a sense, beyond therapy. For a variety of reasons (and perhaps primarily, our spectatorial expectations¹²⁸), the autopathographic gesture will always find itself at a crossroads between therapeutic expression and “high art” – indeed, one need not exclude the other, in spite of our projections onto both terms. What cannot be denied, however, is that its communication becomes all the more compelling when the author masters the form in which it is conveyed. Such mastery consists in the craft required to transform experiential knowledge into pathographic form with the use of distinct formulas of pathos, for instance.

¹²⁸ I remind the reader of Gere’s remark that all choreographies produced by HIV-positive performers are presumed to be autopathographic, even when this conclusion goes against the choreographer’s will.

Having honed the expressive faculties of their bodies, the trained dancers of the Bill T. Jones / Arnie Zane Dance Company sharpened the communication of pathographic experience into a finished choreographic product; meanwhile, the “everymen” who participated in the Survival Workshops provided the raw materials for their expressions, and benefited in the process from pathography-as-pharmakon. In autopathographic choreographies, dancers like Bolwell and Hennessy could experience and benefit from both functions.

The autopathographic gesture remains above all an interpersonal and communicative one, seeking to be received by a spectator. Performed autopathographies distinguish themselves from other varieties because they invite a live witnessing of being-in-the-world; the gestural expressions of an embodied, fragile and fallible being are presented before and amongst a community of equally vulnerable peers. And since they depend upon the presence of an audience, live auto/pathographies go beyond a personally purgative ritual or auto-therapy. In today’s conservative climate in front of mortality, they may even incite a furtive encounter between performers and spectators, the healthy and the ill – not an *in camera* reality television confession through which misery may be espied, but an open invitation to enter this *danse macabre* that ritualises our most fundamental and intimate ties.

CONCLUSION

During a voyage to the Netherlands in 1520, Albrecht Dürer contracted an illness whose effects he depicted in a self-portrait drawing that illustrates the source of his pain (fig. 5.1.).¹ The ailment, which has alternatively been identified as malaria, syphilis, hepatic or splenic disease, tuberculosis, mental illness, or “poisoning by his competitors,”² was accompanied by a severe fever that periodically returned until the end of the artist’s life in 1528. Dürer’s autopathographic self-portrait was intended to function as a tool for diagnosis to be sent to his doctor, but his drawing can also be regarded as a historical and thematic prototype for autopathographic representation. By briefly examining the rhetorical structures employed in Dürer’s self-portrait, and contrasting them to the case studies examined here, I conclude my study with a synthesis of the salient characteristics that pertain to contemporary performative autopathographies.

Dürer’s small pen and watercolour drawing depicts his nude upper-body in a three-quarter pose, while his visage carries a forward-directed gaze. The artist’s left hand is hidden behind his back,³ and his right index points to a yellow circle painted on the left side of his abdomen. Geoffrey D. Schott has recently qualified the work as a rare example of a Renaissance pain map.⁴ Dürer’s handwritten

¹ The drawing has been dated from 1509 to 1521, however most scholars attribute the drawing to 1521, following Dürer’s contraction of illness in the Netherlands. Dürer described his ailments in letters published under *Memoirs of Journeys to Venice and the Low Countries*. In a letter from Antwerp dated April 11 – May 17, 1521, he wrote “In the third week after Easter a violent fever came upon me with great weakness, nausea, and headache; and before, when I was in Zeeland, a strange illness overcame me such as I never heard of from anyone, and this illness I have still.” Albrecht Dürer, “At Antwerp (April 11 – May 17, 1521)” in *Memoirs of Journeys to Venice and the Low Countries* (Project Gutenberg Literary Archive Foundation, 2002) <<http://www.gutenberg.org/dirs/etext02/admjv10.txt>>

² Geoffrey D. Schott, “The Sick Dürer: A Renaissance Prototype Pain Map,” *British Medical Journal* 329 (18-25 December 2004): 1492. Schott references Timken-Zinkann RF, “Medical Aspects of the Art and Life of Albrecht Dürer (1471-1528),” in *Proceedings of the XXIII International Congress of the History of Medicine*, 1972, vol 2 (London: Wellcome Institute of the History of Medicine, 1974): 870-5.

³ This has been attributed to the fact that Dürer most likely depicted himself based on his reflection in a mirror, and therefore did not draw his left hand in his refracted image, which in reality would have been his right (i.e., drawing) hand. See Robert Smith, “Dürer as Christ?” *Sixteenth Century Journal* 6, 2 (October 1975): 26-36.

⁴ Schott, “The Sick Dürer,” 1492.

inscription helps to identify the work as such: “Where the yellow spot is, to which I point my finger, there it hurts.”⁵

Dürer’s portrait functioned as a straightforward communicative device produced in order to facilitate a distant exchange with his doctor. The drawing served to identify and to physically locate his pain; in this way, as we saw in chapter 1, it presumably contributed to the psychological appeasement of Dürer’s suffering. As a prototypical “pain map,” however, the image primarily played a crucial role in the diagnostic process, by participating in the relational and narrative exchange (the transmission of a personal case history) that occurs between doctor and patient. Curiously, Dürer’s informative drawing anticipated the diagnostic shifts that would accompany the birth of the clinic. By showing the source of his pain in the form of an image, Dürer joined his illness narrative to a visual exploration: with the inscription, he could “tell” the doctor how he felt, all the while opening up a surrogate image-body in order to “show” him where it hurt. Dürer’s drawing thus became a pragmatic “technology of embodiment” for the purpose of long-distance diagnosis, and metaphorically anticipated the prospect of remote surgeries as they are practiced today.

On a symbolic level, Dürer’s self-portrait shares some characteristics with contemporary autopathographic practices. As a pain map, the drawing circumscribes, communicates, and consequently appeases the artist’s pain to a degree. To our knowledge, however, the extent of the drawing’s *pathei mathos* ramifications is restricted to the image’s pragmatic function of relaying information relevant to a diagnosis. There is no evidence to suggest that the portrait transmits any further insight to be derived from the experience of living with disease. Scholars have however interpreted the image along the lines of the Christian *ostentatio vulneris* motif, a characteristic which I similarly identified in Wilke’s photo-performative work. In particular, Robert Smith finds parallels between *The Sick Dürer* and the artist’s self-portraits as Christ, noting that they all

⁵ This is Erwin Panofsky’s translation of Dürer’s inscription, “Do wo der gelb fleck is und mit dem finger drawff dewt do is mir we.” Erwin Panofsky, *The Life and Art of Albrecht Dürer*, vol. 2 (Princeton: Princeton University Press, 1948), 103.

conform to the *imitatio Christi* theme.⁶ Smith argues that the yellow circle in the autopathographic image, which is generally identified as Dürer's enlarged spleen, could rather make reference to Christ's bleeding heart. He notes that the circle contains lines that recall the spear-inflicted wound typically depicted at Christ's side.⁷

The above readings of Dürer's self-portrait reveal the enduring correspondence between the image of suffering and the figure of the martyr, an association which I have argued persists in the reception of autopathographic works today. In a contemporary context, however, the association of suffering with martyrdom also conjures up negative interpretations in viewers: narcissistic exhibitionism is readily projected into the intentions that likely fuel the dissemination of such images. Thus, both positive and negative aspects involved in the "self-publication" or confession of pain are inexorably intertwined in the reception of contemporary auto/pathographic works, as responses to Wilke's and Jones' productions attest in particular.

Aside from the contextual interpretations tying the Passion of Christ to his image, Dürer's self-portrait ultimately reads as a straightforward affirmative statement: an attestation and designation of pain, which is also the first representational step in the other autopathographic self-portraits I have examined. As reinforced by the tone conveyed in his gaze towards the viewer, Dürer's portrait is both self-presentational and subjectively "factual." It recalls the surprisingly stoic detachment communicated in Wilke's and Kahlo's self-portraits, although Dürer's slightly sideways glance conveys less self-assurance and composure than the direct frontal gazes of his female counterparts. Still, like Kahlo, Wilke, and Spence, Dürer literally indicates the presence of pain within his self-image. Rather than use an elaborate formula of pathos, however, Dürer's likeness simply points to the source of his pain with its finger. The drawing

⁶ In particular, Smith cites Dürer's *Self-Portrait as Man of Sorrows* (1522) and his *Head of the Dead Christ* (1503), which is inscribed with the caption "This face I have made for you [...] during my illness." Smith, "Dürer as Christ?," 34.

⁷ Ibid., 28.

functions as a communicative device that provides a bridge for Dürer's treatment by the doctor who will look upon his image.

Unlike the self-portraits produced by Kahlo, Wilke, or Spence, there is no indication to suggest that Dürer's image carries any performative acting power, other than the reinforcement of an ongoing association between the figure of the artist and that of Christ. In practical terms, the confession or self-publication embedded in his image amounts to Dürer's exposure of his pathology. Thus, to our knowledge, the performativity in Dürer's image is restricted to the theatricality and conceit with which the artist chose to represent himself, and to the potential alleviation of pain that is effected by means of its communication. Based on available information, therefore, the extent of what this particular autopathographic image appears to "do" is to provide a personal document of Dürer's painful sensation, to transmit clues towards the source of his ailment to his doctor, and to reinforce the artist's alignment of his figure with that of Christ.

Throughout this study, I have investigated how autopathographic works act, and claimed that contemporary autopathographies carry distinct performative effects. I have demonstrated that the functions of contemporary autopathographies extend beyond their documentary or autobiographic purposes, such as those identified in Dürer's image above.⁸ I have further argued that the impacts of contemporary performative autopathographies surpass their therapeutic or restorative benefits: their functions also crucially include the re/shaping of medical and visual cultures of illness, and this has a determinant impact in turn upon the ways in which individuals experience disease. How would Selma Butter have responded to her illness had Wilke's camera not given her the opportunity to metaphorically get out of her skin? How would viewers of Spence's images have otherwise known what the effects of a lumpectomy actually look like, and how cancer can affect a way of life day to day? Would Bolwell have recovered so quickly, had she not determined in her hospital bed to perform a handstand three months after her second mastectomy? And when thousands of readers read the

⁸ i.e., Dürer's "performance" of self as Christ (autobiography), and his anatomical description of pain (documentary).

responses to Croce's article about *Still/Here*, did they gain some insight into all the misattributions that are projected onto carriers of HIV?

By generating critical perspectives on conventional illness metaphors, contemporary autopathographic works jostle stereotypical perceptions of the cultural meanings that are attributed to illnesses, in the hopes of eventually transforming them. The constructive unsettling that is produced by these artworks incites viewers to take a more informed stance in facing disease, and like Wilke, Spence, Bolwell, and Jones, to become active agents in their personal, political, and cultural negotiations of health and disease.

If acute illnesses such as cancer are all too often interpreted along metaphorical lines (such as the failure of expressivity identified by Sontag as a dominant myth for the cause of cancer⁹), then it is all the more important to understand autopathographic practice as extending beyond a form of expressive arts therapy that strictly benefits its producers. By situating contemporary autopathographies as inherently critical endeavours, the stereotypes and inadvertent illness metaphors that are generally projected onto pathographic representations are constructively taken apart. This is not to say however that the autopathographic practices examined here refute any therapeutic dimension whatsoever; quite on the contrary, some variation on the notion of pathography as *pharmakon* has consistently marked the majority of works considered. But the artists whose works I examined seldom perceived the restorative dimensions of their autopathographies in a naïve manner, nor did they consider these benefits to be the sole purposes of their productions. More often than not, the restorative impact of autopathography was accompanied by – and, I have argued, dependent upon – sophisticated aesthetic investigations into photographic or choreographic form, and into self-representational performativity.

The notion of the autopathographic pose, first encountered in Wilke's work, exemplifies the extent to which aesthetic inquiry and restorative benefit are intertwined in autopathography. These two facets specifically come together through the modality of performance. As we have seen, autopathographic

⁹ See Sontag, *Illness as Metaphor*, 25 and 46.

performativity is grounded in the autobiographical “statement” of self-representation, which is structured in a form of address. This interlocutory dimension clearly transpires in Dürer’s autopathographic drawing, destined as it was to be received by his doctor. Further to this basic communicative function, however, in the contemporary performative autopathographies examined, the very gesture of “confession” or self-exposure becomes the locus and modus of restorative transformation. This transformation occurs thanks to the split that arises between the subject in self-representation, and the suffering experience that he or she designates through the use of a formula of pathos. Such a split paradoxically suggests that the subject exists both with and beyond his or her pathographic experience. Unlike Dürer, whose image awaits a response from his doctor in order to provide a form of “treatment,” contemporary formulations of pathos already benefit from the transformation of pathographic experience by involving performance in the process of generating their images.

Whereas the body is conventionally regarded as passive in its “reception” of illness and medical treatment, it becomes active in its aesthetic and semiotic reformulation of disease through autopathographic gestures. The meanings of certain bodily signs associated with illness are wittingly manipulated in autopathography, in order to produce a constructive unsettlement which I have qualified as the manifestation of “*dis-ease*.” Unlike narratives, performative autopathographies are not restricted by verbal language to provide resolution or closure to unsettled experiences.¹⁰ Visual rhetoric allows for dynamic contrasts to remain within images in their interplays with spectators, as seen for example in the dialectical photo-theatre strategies put forward by Spence, and in Wilke’s use of the autopathographic pose. Similarly, as evidenced in the choreographies of Bolwell and Jones, the semiotic plurality of the performing body resists being resolved into singular, determining images, but highlights instead the irreducibility of the representational and the “real.” The live performing body is thus particularly apt for auto/pathography, while the visual documentation of its

¹⁰ On the limits of narrative forms of (auto)pathography, refer to chapter 1.

performances (such as Spence's and Wilke's photographic posing) continues to transmit its semiotic complexity.

Conveyed through such image-rhetorical modalities as the formula of pathos, autopathographic performativity is generally structured as the re-enactment and active designation of an experience tied to suffering. As we have seen, even in live performance, it seldom takes the shape of direct experiential enactment. Nevertheless, most of the works examined here exploit the myth of direct expressivity that is so often projected into images of suffering, from the Laocoön priest's parted lips to Bob Flanagan's exhibitions of pain. Paradoxically, however, the deliberate use of formulas of pathos helps to underline the distance between the representational and the "real," and thereby temper the false lure of witnessing live experience. The affective impact of pathographic images can be modulated in this way, in order to guide the gazes of viewers more coolly into constructive readings of pathographic subjects.

Images derived from performative autopathographies maintain multiple dynamic tensions that prevent their meanings from being too hastily fixed, and therefore reduced in the process. My readings have shown that contemporary autopathographic practices promote the cultivation of a plural vision in their spectators, thereby allowing for the contradictions intrinsic to individual experiences of disease to neither be effaced nor resolved. Ideally, as we have seen, spectators' exacerbated visions can be carried over from the perception of ill bodies in the world of representation, to the response to sick beings in the theatre of everyday life.

The new illness metaphors that are bred by contemporary autopathographic practices are neither restricted to heroism and survival, nor to the *fait accompli* of disease as defeat. Rather, they include gradations of struggle, hesitation and fear – emotions conventionally understood as corresponding to "failure" – in their visual and performative imageries. These new metaphors of illness thus neither lead to the excessive beatification nor to the condemnation of sick subjects. Instead, they simply reflect the reality that no matter how evolved

our medical practices, disease and death remain present as facts that need to be acknowledged and eventually negotiated in the process of living.

Most of the practices I have investigated suggest that in conducting autopathographies, subjects are likely to encounter the paradox of autothanatography, the figurative facing of one's own death. Prior analyses of Wilke's works frequently identified the self-corpsing that is attributed to her pose, but few signalled that autopathographic posing would also enact a performative "*survivance*" both in, and in spite of, death. Autothanatography performs the presumably impossible continuation of living in the shadow of death – indeed, it is the product of a life that is both driven from, but inevitably destined towards, death. Like Giselle and Albrecht in their final balletic embrace, *eros* and *thanatos* are intimately entwined in the dance of living on, and it is this fundamental dependency that is exposed in autothanatography.

Even after the subject's demise, performative autothanatographic imagery pursues the paradoxical juxtaposition of dying with living. Both Wilke's and Spence's photographic autothanatographies asserted their live presences all the while showing / performing the signs of their deaths. Survival Workshop participants enacted this paradox in the here and now, by actively performing their own anticipated dying. Wilke portrayed herself as alert and awake while images of her corpse-like body surrounded her, while Spence staged herself as alive from beyond the grave in images inspired by Egyptian death rituals. Both artists also anticipated the morbid effects of death upon their persons: Wilke inhabited the pose like a death-mask moulding her body, while Spence projected the image of posthumous decay onto the symbolic surface of her photographic skin.

In gazing at autothanatographic images, it is impossible to determine whether or not the subjects are living or dead in the present moment: the emphatic gesture of self-representation ensures not only the survival of the sitter's image, but also of the will that drove the active designation of her lived experience. Ironically, like the Survival Workshop participants, Spence and Wilke may have been rehearsing their deaths by assembling and posing for their

autothanatographic photographs, but even posthumously, their authorial hands continued to determine my readings of their images, and by extension, of their lives. Spence and Wilke remained active presences in the moment of my reception: their images were haunted by their driven *survivance*.

As seen through Derrida's evocation of the impossibility to attend to one's own death, the ways in which we respond to the other – and in particular, to the other's suffering and mortality – is fundamentally self-reflexive. The death of the other, I remind the reader, is *my* only possible death.¹¹ In the beginning of the thesis, before examining my principal case studies, I situated the ethical dimension of autopathographic production in its capacity to focus attention onto spectatorial response. Taking my cue from Sharon Sliwinski, I explained that response need not lead to either a positive or negative statement, but can simply amount to the viewer's recognition that he or she is fundamentally unable to respond.

This project has consisted in the attempt to formulate my own response to autopathographic images. It stemmed from my desire to stay with these images a little longer, like Arthur Frank remained with his illness, in order to benefit, amongst other things, from their potential *pathei mathos*.¹² Academic conventions have forced me to conclude my findings firmly, but I hope in the process to have also left space for the incommensurability of the works examined, acknowledging that my reception will always necessarily be subject to “failure” to a degree, since it is by definition the fruit of self-reflexive partiality.

Despite my professional imperative to speak, the ethical potentiality in these autopathographic works lay in their helping me to cultivate and articulate my capacity to listen. Listening, as Lisbeth Lipari describes in the field of communication ethics, is “to create space to receive the alterity of the other and let it resonate.”¹³ Let this text then be regarded as my transmission of what these

¹¹ See Derrida, *Apories*, and my Introduction.

¹² In writing an autopathography, Frank chose to “remain with illness a little longer.” Frank, *At the Will of the Body*, 1.

¹³ Lipari, “Listening to the Other,” 138.

autopathographic practices have enabled me to hear and see, and may the works continue to resonate beyond the insights I have registered.

WORKS CITED

- Albright, Ann Cooper. "Moving Across Difference: Dance and Disability." In *Choreographing Difference: The Body and Identity in Contemporary Dance*, 56 – 92. Middletown: Wesleyan University Press, 1997.
- Ali, Sami. *Penser le Somatique: Imaginaire et Pathologie*. Paris: Dunod, 1987.
- Aliaga, Juan Vicente. "The Force of Conviction: On *Intra-Venus* by Hannah Wilke." In *Hannah Wilke: Exchange Values*, 163-166. Vitoria-Gasteiz: Artium, Centro-Museo Vasco de Arte Contemporáneo, 2006.
- Anzieu, Didier. *Le Moi-Peau*, Paris: Dunod, 1993.
- Arcand, Bernard. "Entrevue (propos recueillis par B. Trudelle)." *Revue Notre-Dame* (March 2006): 16-26.
- Ariès, Philippe. *L'Homme Devant la Mort*. Paris: Seuil, 1985.
- Aristotle. *Poetics*. trans. S. H. Butcher. 10 April 2000. <<http://classics.mit.edu/Aristotle/poetics.html>> (accessed 10 October, 2005).
- Avrahami, Einat. *The Invading Body: Reading Illness Autobiographies*. Charlottesville; London: University of Virginia Press, 2007.
- Baker, Rob. *The Art of AIDS*. New York: Continuum, 1994.
- Bakhtin, Mikhail. *Rabelais and his World*. trans. Helene Iswolsky. Cambridge: MIT Press, 1968.
- Balfour, Barbara McGill, et al. *Rx: Taking Our Medicine*. Kingston: Agnes Etherington Art Centre, 1995.
- Banes, Sally. *Terpsichore in Sneakers*. Middletown, CT: Wesleyan University Press, 1987.
- Barba, Eugenio and Nicholas Savarese. *A Dictionary of Theatre Anthropology: The Secret Art of the Performer*. London; New York: Routledge, 1991.
- Barthes, Roland. *Camera Lucida: Reflections on Photography*. New York: Hill and Wang, 1981.
- Bauby, Jean-Dominique. *Le Scaphandre et le Papillon*. Paris: Pocket, 1998.
- Baudrillard, Jean. *L'Échange Symbolique et la Mort*. Paris: Gallimard, [1976] 2005.
- Bell, Susan E. "Photo Images: Jo Spence's Narratives of Living with Illness." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 6, 1 (2002): 5-30.
- Belluso, John and Susan Nussbaum. "We Are not a Metaphor: A Conversation about Representation." *American Theater Magazine* (April 2000), DisAbility Project website,

<<http://www.disabilityproject.com/newsus/theatremag.html>> (accessed January 19, 2007).

- Benjamin, Walter. "The Work of Art in the Age of Mechanical Reproduction." In *Illuminations: Essays and Reflections*, 217-252. New York: Random House, 1968.
- Berman, Avis. "A Decade of Progress, But Could a Female Chardin Make a Living?" *ARTnews* 79, 8 (October 1980): 77.
- Bhabha, Homi K. "Dance This Diss Around." *Artforum* 33, 8 (1995): 19-20.
- Blanchot, Maurice. "The Instant of My Death." trans. Elizabeth Rottenberg. Stanford: Stanford University Press, 2000.
- Blocker, Jane. *What the Body Cost: Desire, History, and Performance*. Minneapolis: University of Minnesota Press, 2004.
- Boal, Augusto. *Theatre of the Oppressed*. London: Pluto Press, 1979.
- _____. *The Rainbow of Desire*. New York; London: Routledge, 1996.
- Bolwell, Jan. "The Pink Nude." In Margaret Clark, ed., *Beating Our Breasts: Twenty New Zealand Women Tell Their Breast Cancer Stories*, 11-21. Devonport: Cape Catley, 2000.
- Bourcier, Paul. *Histoire de la Danse en Occident*. Paris: Seuil, 1978.
- Bourriaud, Nicolas. *Esthétique Relationelle*. Dijon: Les Presses du Réel, 1998.
- Bradburne, James M., ed. *Blood: Art, Power, Politics and Pathology*. Munich; London; New York: Prestel, 2001.
- Brecht, Bertolt. *Brecht on Theatre: The Development of an Aesthetic*. trans. John Willett. New York: Hill and Wang, 1964.
- Bremser, Martha. "Bill T. Jones." In *Fifty Contemporary Choreographers*, 123-128. London; New York: Routledge, 1999.
- Brodsky, Joyce. "Painful Viewing: Hannah Wilke and Susan Sontag." In Nancy N. Chen and Helen Moglene, eds. *Bodies in the Making: Transgressions and Transformations*, 5-11. Santa Cruz, CA: New Pacific Press, 2006.
- Brody, Howard. *Stories of Sickness*. New Haven, CT: Yale University Press, 1987.
- Brophy, Sarah. *Witnessing AIDS: Writing, Testimony and the Work of Mourning*. Toronto: University of Toronto Press, 2004.
- Buber, Martin. *I and Thou*. trans. Walter Kaufman. New York: Scribner, 1970.
- Burns, Bill, Cathy Busby and Kim Sawchuk, eds. *When Pain Strikes*. Minneapolis: University of Minnesota Press, 1999.
- Busby, Cathy. "The Lure of Roseanne's Autopathography and Survivor Identity." In Bill Burns, Cathy Busby and Kim Sawchuk, eds., *When Pain Strikes*, 77-91. Minneapolis: University of Minnesota Press, 1999.

- Busine, Laurent, et al. *Beyond Reason: Art and Psychosis: Works From the Prinzhorn Collection*. Berkeley, CA: University of California Press, 1998.
- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. London; New York: Routledge, 1990.
- _____. *Bodies that Matter: On the Discursive Limits of "Sex."* London; New York: Routledge, 1993.
- _____. *Giving an Account of Oneself*. New York: Fordham University Press, 2005.
- Callen, A. *The Spectacular Body: Science, Method and Meaning in the Work of Degas*. New Haven: Yale University Press, 1995.
- Canguilhem, Georges. "Essai sur Quelques Problèmes Concernant le Normal et le Pathologique." In *Le Normal et le Pathologique, augmenté de Nouvelles Réflexions Concernant le Normal et le Pathologique*. Paris: Presses Universitaires de France, [1943] 1966.
- Carr, C. "On Edge: The Pain Artist." *The Village Voice*, November 12-18, 1997, <<http://www.villagevoice.com/news/9746,carr,478,4.html>> (accessed January 24, 2007).
- Cartwright, Lisa. "Community and the Public Body in Breast Cancer Media Activism." *Cultural Studies* 12, 2 (1998): 117-138.
- Caruth, Cathy. "Parting Words: Trauma, Silence, and Survival." *Cultural Values*, 5, 1 (January 2001): 7-27.
- Cavarero, Adriana. *Tu che mi Gardi, Tu che mi Racconti*. Milan: Giagiacomo Feltrinelli, 1997.
- _____. *Relating Narratives: Storytelling and Selfhood*. trans. Paul A. Kottman. London; New York: Routledge, 2000.
- Cheney, Elyse. "Hannah Wilke: Intra-Venus." *Art Papers* 18, 4 (July/August 1994): 60-61.
- Couser, G. Thomas. *Recovering Bodies: Illness, Disability, and Life-Writing*. Madison: University of Wisconsin Press, 1997.
- Coward, Ros and Jo Spence. "Body Talk?" In Patricia Holland, Jo Spence, and Simon Watney, eds., *Photography/Politics: Two*, 24-40. London: Comedia, 1986.
- Croce, Arlene. "Discussing the Undiscussable." *The New Yorker* (26 December 1994): 54-60, reprinted in *Dance Connection* 13, 2 (2005): 20 – 28, 50.
- Danou, Gérard. *Le Corps Souffrant: Littérature et Médecine*. Seyssel: Champ Vallon, 1994.
- Davila, Thierry. "L'Artiste Guérisseur et l'Homme Médecine." In Maurice Fréchuret and Thierry Davila, *L'Art Médecine*, 170-197. Paris: Réunion des Musées Nationaux, 1999.

- _____. "Esthétique et Clinique: Brève Introduction à l'Art Médecin." In Maurice Fréchuret and Thierry Davila, *L'Art Médecine*, 34-63. Paris: Réunion des Musées Nationaux, 1999.
- _____. "Les Oeuvres Agissantes." In Maurice Fréchuret and Thierry Davila, *L'Art Médecine*, 254-263. Paris: Réunion des Musées Nationaux, 1999.
- Debord, Guy. *La Société du Spectacle*. Paris: Buchet-Chastel, 1967.
- de Man, Paul. *Allegories of Reading*. New Haven: Yale University Press, 1979.
- Dennett, Terry. "The Cancer Project." In *Domini Public*, 162. Barcelona: Centre d'Art Santa Monica, 1994.
- _____. "The Wounded Photographer: The Genesis of Jo Spence's Camera Therapy" *Afterimage* 29: 3 (November/December 2001): 26-27.
- _____. "Jo Spence. Autobiographical Photography: Self, Class and Family." Press material for the exhibition *Jo Spence: Beyond the Perfect Image*, Camera Austria, Kunsthau Graz, April 1 to June 25, 2006, curated by Jorge Ribalta and Terry Dennett. <<http://www.camera-austria.at/presse/>> (accessed January 10, 2008).
- Dennett, Terry and Jo Spence. "Remodelling Photo History: A Collaboration Between Two Photographers, Terry Dennett and Jo Spence, 1981-1982," *Camera Austria* 25 (1988) 50-52.
- Derrida, Jacques. "Plato's Pharmacy." In *Dissemination*, 63-171. trans. Barbara Johnson. Chicago: University of Chicago Press, 1981.
- _____. *Apories*. Paris: Galilée, 1996.
- _____. *Demeure: Maurice Blanchot*. Paris: Galilée, 1998.
- _____. *Donner la Mort*. Paris: Galilée, 1999.
- _____. *Demeure: Fiction and Testimony*. trans. Elizabeth Rottenberg. Stanford: Stanford University Press, 2000.
- Dick, Leslie. "Hannah Wilke." *X-tra* 6, 4 (Summer 2004) <http://www.x-traonline.org/vol6_4/wilke.html> (accessed February 22, 2007).
- Didi-Huberman, Georges. *L'Image Survivante: Histoire de l'Art et Temps des Fantômes selon Aby Warburg*. Paris: Minuit, 2002.
- _____. "Artistic Survival: Panofsky Vs. Warburg and the Exorcism of Impure Time." trans. Vivian Rehberg and Boris Belay. *Common Knowledge* 9, 2 (2003): 273-285.
- _____. *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*. Cambridge: MIT Press, 2003.
- _____. "Knowledge: Movement (The Man Who Spoke to Butterflies)." In Philippe-Alain Michaud, *Aby Warburg and the Image in Motion*, 7-19. New York: Zone Books, 2004.

- Diedrich, Lisa. *Treatments: Language, Politics, and the Culture of Illness*. Minneapolis: University of Minnesota Press, 2007.
- Diehl, Carol. "Hannah Wilke." *ARTnews* (April 1994): 164.
- Drier, Deborah. "Rack Talk: Deborah Drier Interviews Bob Flanagan and Sheree Rose." *Artforum* 34, 8 (April 1996): 78-81 and 126.
- Dürer, Albrecht. "At Antwerp (April 11 – May 17, 1521)." In *Memoirs of Journeys to Venice and the Low Countries*. Project Gutenberg Literary Archive Foundation, 2002. <<http://www.gutenberg.org/dirs/etext02/admjv10.txt>> (accessed 10 June 2008).
- Dykstra, Jean. "Putting Herself in the Picture: Autobiographical Images of Illness and the Body," *Afterimage* (Sept-Oct 1995): 16-20.
- Ehrenreich, Barbara. "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch." *Harper's Magazine* (November 2001): 43-53.
- Eikenberry, Jill, Terry Tempest Williams, et al, *Art.Rage.Us: The Art and Outrage of Breast Cancer*. San Francisco: Chronicle Books, 1998.
- Evans, Jessica. "Against Decorum! Jo Spence: A Voice on the Margins." In Jorge Ribalta et al, eds. *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, 34-62. Barcelona: MACBA, 2005.
- Ferraro, Susan. "The Anguished Politics of Breast Cancer." *The New York Times Magazine* (August 15, 1993): 24-27.
- Fortin, Sylvie, Christine Hanrahan and Nathalie Buisson. "Coeur en Tête." In Sylvie Fortin, ed., *Danse et Santé: Du Corps Intime au Corps Social*, 249-260. Québec: Presses de l'Université du Québec, 2008.
- Foster, Hal. *The Return of the Real: Art and Theory at the End of the Century*. Cambridge, MA: MIT Press, 1996.
- Foucault, Michel. *Folie et Dérison: Histoire de la Folie à l'Âge Classique*. Paris: Plon, 1961.
- _____. *Naissance de la clinique: Une Archéologie du Regard Médical*. Paris: Presses Universitaires de France, [1963] 1988.
- _____. *Histoire de la Sexualité*. Paris: Gallimard, 1976.
- _____. "About the Beginning of the Hermeneutics of the Self." *Political Theory* 21, 2 (May 1993): 198-227.
- Fowler, Robert A., Natasha Sabur, et al. "Sex- and Age-based Differences in the Delivery and Outcomes of Critical Care." *Canadian Medical Association Journal* 177, 12 (December 4, 2007): 1513-1519.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago: University of Chicago Press, 1997.

- _____. *At the Will of the Body: Reflections on Illness*. Boston: Houghton Mifflin, 2002.
- Fréchuret, Maurice and Thierry Davila. *L'Art Médecine*. Paris: Réunion des Musées Nationaux, 1999.
- Fréchuret, Maurice. "Henri Matisse: L'Art comme un Bon Fauteuil." In Maurice Fréchuret and Thierry Davila, *L'Art Médecine*, 91-102. Paris: Réunion des Musées Nationaux, 1999.
- Fried, Nancy. "Artist's Statement." *Feminist Studies* 21, 3 (Autumn 1995): 541-552.
- Frinberg, Bonnie. "Body Language: Hannah Wilke Interview." *Cover* (September 1989) reprinted in S. Kreuzer, ed. *Hannah Wilke 1940 – 1993*, 143. Berlin: Neue Gesellschaft für Bildende Kunst, 2000.
- Frueh, Joannah. "Feminism." In Thomas H. Kochheiser, ed. *Hannah Wilke: A Retrospective*, 40-50. Columbia: University of Missouri Press, 1989.
- _____. "Food." In Thomas H. Kochheiser, ed. *Hannah Wilke: A Retrospective*, 72-77. Columbia: University of Missouri Press, 1989.
- _____. "Mother." In Thomas H. Kochheiser, ed. *Hannah Wilke: A Retrospective*, 79-89. Columbia: University of Missouri Press, 1989.
- Galimberti, Umberto. *Les Raisons du Corps*. Paris: Grasset, 1998.
- Gere, David. *How to Make Dances in an Epidemic: Tracking Choreography in the Age of AIDS*. Madison: University of Wisconsin Press, 2004.
- Gilman, Sander. *Disease and Representation: Images of Illness from Madness to AIDS*. Ithaca: Cornell University Press, 1988.
- _____. *Picturing Health and Illness: Images of Identity and Difference*. Baltimore: John Hopkins University Press, 1995.
- Gilman, Sander L. "Art, Healing, and History." In Jessica Morgan, ed. *Pulse: Art, Healing and Transformation*, 44-49. Boston: Institute of Contemporary Art, 2003.
- Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall, 1963.
- Goldman, Sandra. "Hannah Wilke: Gesture and 'The Regeneration of the Universe.'" In Elisabeth Delin Hansen et al., eds. *Hannah Wilke: A Retrospective*, 6-43. Copenhagen: Nikolaj, Copenhagen Contemporary Art Center, 1998.
- _____. "Heresies and History: Hannah Wilke and the American Feminist Art Movement." In *Hannah Wilke: Exchange Values*, 159-162. Vitoria-Gasteiz: Artium, Centro-Museo Vasco de Arte Contemporáneo, 2006.
- Goldman, Sandra Louise. "Too Good Lookin' To Be Smart: Beauty, Performance, and the Art of Hannah Wilke." PhD diss., University of Texas at Austin, 1999.

- Gombrich, E.H. *Warburg: An Intellectual Biography*. London: The Warburg Institute, 1970.
- Grandmougin, Thierry, C. Bourdet, and J.M. Gurruchaga. "De la Danse de Saint-Guy à la Chorée de Huntington: Rappels sur l'Émergence d'un Concept Médical." *Les Sélections de Médecine/Sciences* 7 (September/October 1997): 56.
- Grosz, Elizabeth. *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington: Indiana University Press, 1994.
- Hansen, Elisabeth Delin, et al., eds. *Hannah Wilke: A Retrospective*. Copenhagen: Nikolaj, Copenhagen Contemporary Art Center, 1998.
- Haraway, Donna. *The Haraway Reader*. London; New York: Routledge, 2003.
- Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. West Lafayette: Purdue University Press, 1998.
- Hayles, N. Katherine. *How We Became Posthuman: Virtual Bodies in Cybernetics, Literature, and Informatics*. Chicago: University of Chicago Press, 1999.
- Heavy, David. "An Interview with Jo Spence." In *The Creatures Time Forgot: Photography and Disability Imagery*, 120-133. London; New York: Routledge, 1992.
- Heidegger, Martin. *Sein und Zeit*. Tübingen: M. Niemeyer, 1960.
- _____. *Being and Time*. trans. John Macquarrie & Edward Robinson. London: SCM Press, 1962.
- Humphrey, David. "New York Fax." *Art Issues* 33 (May-June 1994): 32-33.
- Irigaray, Luce. *This Sex Which Is Not One*. trans. Catherine Porter. Ithaca: Cornell University Press, 1985.
- Isaak, Jo Anna. "In Praise of Primary Narcissism: The Last Laughs of Jo Spence and Hannah Wilke." In Sidonie Smith and Julia Watson, eds. *InterFaces: Visualizing and Performing Women's Lives*, 49-68. Ann Arbor, Michigan: The University of Michigan Press, 2003.
- Isler-Leiner, Vera. *Auch Ich...* Berlin: Berlin Ost, 2000.
- Jackson, Jean. "Chronic Pain and the Tension Between Subject and Object." In Thomas J. Csordas, ed. *Embodiment and Experience: The Existential Ground of Culture and Self*, 201-228. Cambridge: Cambridge University Press, 1994.
- Jerome. "Letter LXXVII to Iceanus." trans. W. H. Freemantle. In *The Principal Works of St. Jerome*, vol. 6 in *A Select Library of Nicene and Post-Nicene Fathers*, 159-60. New York: Christian Literature Co., 1893.
- Jones, Amelia. "Intra-Venus and Hannah Wilke's Feminist Narcissism." In Hannah Wilke, *Intra-Venus*, 4 – 13. New York: Ronald Feldman Fine Arts, 1995.

- _____. "The Rhetoric of the Pose: Hannah Wilke and the Radical Narcissism of Feminist Body Art." In *Body Art: Performing the Subject*, 151-195. Minneapolis: University of Minnesota Press, 1998.
- _____. "The 'Eternal Return': Self-Portrait Photography as a Technology of Embodiment." *Signs* 27, 4 (2002): 947-978.
- _____. "Rupture." *Parachute: Contemporary Art Magazine* 123 (July/September 2006): 15 – 37.
- _____. "Everybody Dies... Even the Gorgeous: Resurrecting the Work of Hannah Wilke." <<http://www.markszine.com/401/ajind.htm>> (November 21, 2006).
- Jones, Bill T. "Marian Chase Annual Lecture: An Evening with Bill T. Jones." *American Journal of Dance Therapy* 20, 1 (1998): 5-22.
- Jones, Bill T. with Peggy Gillespie. *Last Night On Earth*. New York: Pantheon, 1997.
- Kendall, Richard and Griselda Pollock, eds. *Dealing with Degas: Representations of Women and the Politics of Vision*. New York, Universe, 1992.
- Kisselgoff, Anna. "Dance View; Grotesque Imagery has Come to Dance." *The New York Times* (April 15, 1984), available online <<http://query.nytimes.com/gst/fullpage.html?res=9C02EFDC1738F936A25757C0A962948260&sec=&spon=&pagewanted=all>> (accessed April 15, 2008).
- Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988.
- Kochheiser, Thomas H., ed. *Hannah Wilke: A Retrospective*. Columbia: University of Missouri Press, 1989.
- Kreuzer, Stefanie. "Das Selbst und der Körper im Schmerz." In *Hannah Wilke: 1940 – 1993*, 77-84. Berlin: Neue Gesellschaft für Bildende Kunst, 2000.
- Kubitza, Annette. "Die Tyrannei der Venus." In Stefanie Kreuzer, ed. *Hannah Wilke 1940 – 1993*, 103-113. Berlin: Neue Gesellschaft für Bildende Kunst, 2000.
- Kübler-Ross, Elisabeth. *On Death and Dying*. New York: Simon & Schuster, [1969] 1997.
- Kuppers, Petra. "Deconstructing Images: Performing Disability." *Contemporary Theatre Review* 11, 3-4 (2001): 25-40.
- _____. *Disability and Contemporary Performance: Bodies on the Edge*. London; New York: Routledge, 2003.
- _____. *The Scar of Visibility: Medical Performances and Contemporary Art*. Minneapolis: University of Minnesota Press, 2007.
- Kushner, Tony. "Letter to *The New Yorker*, January 30, 1995." *Dance Connection* 13, 2 (1995): 24.

- Langer, Cassandra. "The Art of Healing." *Ms.* (January/February 1989): 132-33.
- Laurence, Tim. "AIDS, the Problem of Representation, and Plurality in Derek Jarman's *Blue*." *Social Text* 52/53 (Fall/Winter 1997): 241-264.
- Le Breton, David. *Anthropologie de la Douleur*. Paris: Métailié, 1995.
- Lepecki, André. "How Radical is Contemporary Dance?" *Ballett International/Tanz Aktuell* (February 1995): 48-51.
- _____. "Par le Biais de la Présence: La Composition dans l'Avant-Garde Post-Bauschienne." *Nouvelles De Danse* (October 1999). Available online <<http://www.sarma.be/text.asp?id=867>> (accessed May 30, 2008).
- Levinas, Emmanuel. *Autement qu'Être; ou, Au-delà de l'Essence*. La Haye: M. Nijhoff, 1974.
- Lipari, Lisbeth. "Listening to the Other: Ethical Implications of the Buber-Levinas Encounter." *Communication Theory* 14, 2 (May 2004): 122-141.
- Lippard, Lucy. *From the Center: Feminist Essays on Women's Art*. New York: E.P. Dutton, 1976.
- Lorde, Audre. *The Cancer Journals*. San Francisco: Aunt Lude, 1980.
- Mackrell, Judith. "Reading Post-Modern Dance." In *Reading Dance*, 88-116. London: Michael Joseph, 1997.
- Mairs, Nancy. "Foreword." In G. Thomas Couser, *Recovering Bodies: Illness, Disability, and Life-Writing*, ix-xiii. Madison: University of Wisconsin Press, 1997.
- Martin, Rosy. "Putting Us All in the Picture: The Work of Jo Spence." *Camera Austria* 43/44 (1993): 42-46.
- _____. "The Performative Body: Phototherapy and Re-enactment." *Afterimage* 29, 3 (November/December 2001): 17-20.
- McCarren, Felicia. "Swan Lake / Last Night / Still Here: Dance, Sex, Sickness and Silence at Century's End." In *Proceedings: Society of Dance History Scholars, Twenty-First Annual Conference (18-21 June 1998)*, 253-264. Riverside: Society of Dance History Scholars, 1998.
- _____. *Dance Pathologies: Performance, Poetics and Medicine*. Stanford: Stanford University Press, 1998.
- Michaels, Eric. *Unbecoming*. Durham: Duke University Press, 1997.
- Michaud, Philippe-Alain. *Aby Warburg and the Image in Motion*. New York: Zone Books, 2004.
- Mohanran, Radhika. *Black Body: Women, Colonialism and Space*. Minneapolis: University of Minnesota Press, 1999.
- Mondzain, Marie-Josée. *L'Image Peut-Elle Tuer?* Paris: Bayard, 2002.

- Morgan, Jessica, ed. *Pulse: Art, Healing and Transformation*. Boston: Institute of Contemporary Art, 2003.
- Murray, Margaret Stanton. "The Canary and the Art Song." *Detail: A Journal of Art Criticism* 6, 1 (Fall 1998): 13-17. <<http://www.sbawca.org/detail/v6n1.pdf>> (accessed June 18, 2007).
- Nancy, Jean-Luc. *L'Intrus*. Paris: Galilée, 2000.
- _____. *The Inoperative Community*. trans. Peter Connor et al. Minneapolis: University of Minnesota Press, 2001.
- Nead, Lynda. *The Female Nude: Art, Obscenity and Sexuality*. London; New York: Routledge, 1992.
- Nietzsche, Friedrich. *The Will to Power*. trans. Walter Kaufmann and R. J. Hollingdale. New York: Vintage Books, 1968.
- Noack, Ruth and Roger M. Buerge, eds. *Documenta 12: Catalogue*. Cologne: Taschen, 2007.
- O'Neill, John. "Two Cartographies of AIDS: The (In)describable Pain of HIV/AIDS." In Bill Burns, Cathy Busby and Kim Sawchuk, eds., *When Pain Strikes*, 27-41. Minneapolis: University of Minnesota Press, 1999.
- Ogdon, Bethany. "Through the Image: Nicholas Nixon's 'People with AIDS.'" *Discourse* 23, 3 (2001): 75-105.
- Owens, Craig. "The Allegorical Impulse: Towards a Theory of Postmodernism Part 2" *October* 13 (Summer 1980): 58-80.
- _____. "Posing." In Craig Owens, Scott Bryson, Barbara Kruger et al, eds. *Beyond Recognition: Representation, Power, and Culture*, 201-217. Berkeley: University of California Press, 1992.
- _____. "The Medusa Effect, or, the Spectacular Ruse." In Craig Owens, Scott Bryson, Barbara Kruger et al, eds. *Beyond Recognition: Representation, Power, and Culture*, 191-200. Berkeley: University of California Press, 1992.
- Panofsky, Erwin. *The Life and Art of Albrecht Dürer*, vol. 2. Princeton: Princeton University Press, 1948.
- _____. *L'Oeuvre d'Art et ses Significations: Essai sur les "Arts Visuels."* Paris: Gallimard, 1969.
- Paris, Carl. "Will the Real Bill T. Jones Please Stand Up?" *The Drama Review* 49, 2 (Summer 2005): 64-74.
- Parsons, Talcott. *The Social System*. Glencoe, ILL: Free Press, 1951.
- Phelan, Peggy. *Unmarked: The Politics of Performance*. London; New York: Routledge, 1993.
- Princenthal, Nancy. "Mirror of Venus: Photography, Videos and Performance Art, Hannah Wilke." *Art In America* 85, 2 (February 1997): 93.

- Radley, Alan and Susan E. Bell. "Artworks, Collective Experience and Claims for Social Justice: The Case of Women Living with Breast Cancer." *Sociology of Health and Illness* 29, 3 (2007): 366-390.
- Ricketts, Raymond J. "Working with Bill T. Jones." *Dance Now* (Autumn 1995): 47-53.
- Roberts, John. "Interview with Jo Spence." In Jorge Ribalta et al, eds. *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, 88-103. Barcelona: MACBA, 2005.
- _____. "Jo Spence: Photography, Empowerment and the Everyday." In Jorge Ribalta et al, eds. *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, 66-84. Barcelona: MACBA, 2005.
- Rosolowski, Tracey A. "Woman as Ruin." *American Literary History* 13, 3 (Autumn 2001): 544-577.
- Ross, Christine. *The Aesthetics of Disengagement: Contemporary Art and Depression*. Minneapolis: University of Minnesota Press, 2006.
- Rudner, Delaynie. "The Censored Scar." *Gauntlet* 9 (1995): 13-27.
- Russo, Mary. *The Female Grotesque: Risk, Excess and Modernity*. London; New York: Routledge, 1994.
- Sandahl, Carrie and Philip Auslander, eds. *Bodies in Commotion: Disability and Performance*. Ann Arbor: University of Michigan Press, 2005.
- Sandblom, Philip. *Creativity and Disease: How Illness Affects Literature, Art, and Music*. Philadelphia: G. F. Stickley, 1987.
- Sawchuk, Kim. "Wounded States: Sovereignty, Separation, and the Quebec Referendum." In Bill Burns et al., *When Pain Strikes*, 96-115. Minneapolis: University of Minnesota Press, 1999.
- _____. "Biotourism, *Fantastic Voyage*, and Sublime Inner Space." In Janine Marchessault and Kim Sawchuk, eds. *Wild Science: Reading Feminism, Medicine and the Media*, 9-23. London; New York: Routledge, 2000.
- _____. "Parables of a Biotourist." *HorizonZero* 6 (January 2003) <<http://www.horizonzero.ca/textsite/see.php?is=6&file=10&tlang=0>> (accessed 16 October 2005).
- Scarry, Elaine. *The Body In Pain: The Making and Unmaking of the World*. Oxford: Oxford University Press, 1985.
- Schechner, Richard. *Between Theatre and Anthropology*. Philadelphia: University of Pennsylvania Press, 1985.
- Schmidt, Jochen. "Thoughts of Old Age and Death." *Ballett International/Tanz Aktuell* (July 1995): 32-35.
- Schott, Geoffrey D. "The Sick Dürer: A Renaissance Prototype Pain Map," *British Medical Journal* 329 (18-25 December 2004): 1492.

- Secomb, Linnell. "Autothanatography." *Mortality* 7, 1 (2002): 33-46.
- Sedgwick, Eve Kosofsky. "White Glasses." In *Tendencies*, 252-266. Durham, NC: Duke University Press, 1993.
- _____. *A Dialogue on Love*. Boston: Beacon Press, 1999.
- Siegel, Marcia. "Survival by Drowning." *New York Press* (April 17, 1989)
- Siegel, Marcia B. "Virtual Criticism and the Dance of Death." *The Drama Review* 40, 2 (Summer 1996): 60-70.
- Sliwinski, Sharon. "A Painful Labour: Responsibility and Photography." *Visual Studies* 19, 2 (October 2004): 150-161.
- Sloan, Johanne. "Spectacles of Virtuous Pain." In Bill Burns, Cathy Busby and Kim Sawchuk, eds. *When Pain Strikes*, 119-129. Minneapolis: University of Minnesota Press, 1999.
- Smith, Robert. "Dürer as Christ?" *Sixteenth Century Journal* 6, 2 (October 1975): 26-36.
- Sontag, Susan. *On Photography*. New York: Picador, [1973] 1977.
- _____. *Illness as Metaphor & AIDS and Its Metaphors*. New York: Doubleday, 1990.
- _____. *Regarding the Pain of Others*. New York: Farrar, Straus and Giroux, 2003.
- Spence, Jo. *Putting Myself in the Picture: A Political, Personal and Photographic Autobiography*. Seattle: The Real Comet Press, 1988.
- _____. *Cultural Sniping: The Art of Transgression*. London; New York: Routledge, 1995.
- _____. "Identity and Cultural Production." In *Cultural Sniping: The Art of Transgression*, 129-135. London; New York: Routledge, 1995.
- _____. "Woman in Secret." In Jo Spence and J. Solomon, eds., *What Can a Woman Do With a Camera?*, 85-96. London: Scarlet Press, 1995.
- _____. "The Picture of Health? Part 1" In Jorge Ribalta et al, eds. *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, 262-268. Barcelona: MACBA, 2005.
- Spence, Jo and Jan Zita Grover. "The Artist and Illness: Cultural Burn-Out / Holistic Health!" In Jorge Ribalta et al, *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, 410-416. Barcelona: MACBA, 2005.
- Spence, Jo and Tim Sheard. "Narratives of Dis-Ease: Ritualised Procedures." In Jorge Ribalta et al, *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, 374. Barcelona: MACBA, 2005.
- Spivey, Nigel. *Enduring Creation: Art, Pain and Fortitude*. London: Thames and Hudson, 2001.

- Stacey, Jackie. *Teratologies: A Cultural Study of Cancer*. London; New York: Routledge, 1997.
- Stafford, Barbara Maria. *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine*. Cambridge, MA: MIT Press, 1993.
- Sturken, Marita. *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering*. Berkeley: University of California Press, 1997.
- Takemoto, Tina. "Traumatic Repetition: Mimicry, Melancholia, Performance." PhD Diss., University of Rochester, 2001.
- _____. "Open Wounds." In Sarah Ahmed and Jackie Stacey, eds. *Thinking Through the Skin*, 104-123. London; New York: Routledge, 2001.
- Tang, Cheong Wai Acty. "(Refusing to) Look at Trauma: Visibility and the Noisy Politics of Representation." In "Gazing at Horror: Body Performance in the Wake of Mass Social Trauma," 47 – 82. M.A. thesis, Rhodes University, 2005.
- Taylor, Diane. *The Archive and the Repertoire: Performing Cultural Memory in the Americas*. Durham: Duke University Press, 2003.
- Tembeck, Tamar. "Exposed Wounds: The Photographic Autopathographies of Hannah Wilke and Jo Spence," *RACAR* 33, 1-2 (2008): 87-101.
- _____. "Pathographie du Corps Dansant: Modalités de la Représentation Chorégraphique de la Maladie." In Sylvie Fortin, ed. *Danse et Santé: Du Corps Intime au Corps Social*, 271-288. Québec: Presses de l'Université du Québec, 2008.
- Tertullian. "On Repentance." In A. Roberts and J. Donaldson, eds., *The Ante-Nicene Fathers*, 657-68. Grand Rapids, MI: Eerdmans, 1979.
- Thomas, Louis-Vincent. *Anthropologie de la Mort*. Paris: Payot, 1975.
- Thomson, Rosemary Garland. "Dares to Stares: Disabled Women Performance Artists and the Dynamics of Staring." In C. Sandahl and P. Auslander, eds. *Bodies in Commotion: Disability and Performance*, 30-41. Ann Arbor: University of Michigan Press, 2005.
- Timken-Zinkann, RF. "Medical Aspects of the Art and Life of Albrecht Dürer (1471-1528)." In *Proceedings of the XXIII International Congress of the History of Medicine*, 1972, vol 2, 870-5. London: Wellcome Institute of the History of Medicine, 1974.
- Tuchman, Maurice et al. *Parallel Visions: Modern Artists and Outsider Art*. Princeton, NJ: Princeton University Press, 1992.
- Van Schaick, Elizabeth. "Palimpsest of Breast: Representation of Breast Cancer in the Work of Deena Metzger and Jo Spence." *Schuykill: A Creative and Critical Review from Temple University* 2, 1 (Fall 1998)

<<http://www.temple.edu/gradmag/fall98/schaick.htm>> (accessed May 11, 2007).

Wainright, S. P. and C. Williams. "Giselle, Madness and Death." *Medical Humanities* 30, 2 (2004): 79–81.

Weigel, Sigrid, Jeremy Gaines, and Rebecca Wallach. "Aby Warburg's Schlangenritual: Reading Culture and Reading Written Texts." *New German Critique* 65 (Spring/Summer 1995): 135-153.

Wendell, Susan. *The Rejected Body: Feminist Philosophical Reflections on Disability*. London; New York: Routledge, 1996.

Wickenhaver, Janet. "Hannah Wilke SoHo Artist Does 'About Face'." *The West Side Spirit* (1 October 1989): 5.

Wilke, Hannah. *Intra Venus*. New York: Ronald Feldman Fine Arts, 1995.

_____. "My Art Has the Same Complexities as my Life." In Stefanie Kreuzer, ed. *Hannah Wilke 1940 – 1993*, 145. Berlin: Neue Gesellschaft für Bildende Kunst, 2000.

_____. "Seura Chaya." *New Observations* (1988)
<<http://skidmore.edu/uww/Skidmore/courses/art20th/Wilke.html>>
(accessed February 16, 2007).

Williams, Simon J. and Gillian Bendelow. *The Lived Body: Sociological Themes, Embodied Issues*. London; New York: Routledge, 1998.

Williams, Simon J. *Medicine and the Body*. London: Sage, 2003.

Winckelmann, J. J. *Reflections on the Imitation of Greek Works of Painting and Sculpture*. La Salle: Open Court Press [1755], 1987.

Wojnarowicz, David. *Close to the Knives: A Memoir of Disintegration*. New York: Vintage, 1991.

FILMS

Friedman, Peter and Tom Joslin, dirs. *Silverlake Life: The View from Here* (Zeitgeist, 99 min., 1993).

Grubin, David and Bill Moyers. *Bill T. Jones: Still/Here with Bill Moyers* (PBS Films for the Humanities and Sciences, 57 min., 1997).

Jarman, Derek. dir., *Blue* (Basilisk Communications, 79 min., 1993).

Jones, Bill T. and Gretchen Bender, dirs. *Still/Here* (LaSept/Arte and Alive TV, 59:45 min., 1997).

Newson, Lloyd, dir. *The Cost of Living* (DV8 Films, 35 min., 2004).

Oasis d'Neon Video Magazine Talks with Artist Hannah Wilke (Oasis d'Neon Video Magazine Production, New York, 60 min., 1985).

Preston, Gaylene, dir. *Titless Wonders* (Gaylene Preston Productions, 72 min., 2001).

Schnabel, Julian, dir. *Le Scaphandre et le Papillon* (Pathé, 112 min., 2007).

INTERNET REFERENCES

“Care and Control.” Exhibition, Hackney Hospital, London, UK, 1995. Rear Window Curatorial Project Archive website. <http://www.rear-window.org.uk/care_and_control/index.html> (accessed 5 June 2008)

“Engram.” New Century Unabridged English Dictionary. <http://motd.ambians.com/quotes.php/name/linux_definitions/toc_id/1-1-6/s/289> (accessed 12 July 2007).

“Hemaderby.” Angela Ellsworth website. <http://aellsworth.com/works/solo_hema1.html> (accessed 5 May 2008).

“Jo Spence: Biographical Notes.” Camera Austria website. <<http://www.camera-austria.at/presse/>> (accessed 10 January 2008).

“National Statistics.” Dance USA website. <http://www.danceusa.org/facts_figures/national.htm#1> (accessed 15 April 2008).

“Pathos.” Wikipedia website. <<http://en.wikipedia.org/wiki/Pathos>> (accessed 27 October 2006).

“Pathos.” <<http://www.consultsos.com/pandora/patholog.htm>> (accessed 27 October 2006).

“Requirements.” American Art Therapy Association website. <<http://www.arttherapy.org/aafaq.html#requirements>> (accessed 31 January 2007).

“Scarification.” Online Etymological Dictionary. <<http://www.etymonline.com/index.php?search=scarification&searchmode=none>> (accessed 22 February 2007).

Barba, Eugenio. “Theatre Anthropology.” <<http://www.odinteatret.dk/ista/anthropology.htm>> (accessed 21 April 2008).

Flanagan, Bob and Sheree Rose. “Ascension.” Sheree Rose website. <http://www.shereerose.com/see_video/see_video_ascension.html> (accessed 25 January 2007).

Flanagan, Bob and Sheree Rose. “Video Coffin.” Sheree Rose website. <http://www.shereerose.com/see_video/see_video_coffin.html> (accessed 25 January 2007).

- Flanagan, Bob. *Pain Journal: January 1994*.
 <<http://vv.arts.ucla.edu/terminals/flanagan/01jan.html>> (accessed 24 January 2007).
- Flanagan, Bob. *Pain Journal: 17 November 2001*.
 <<http://vv.arts.ucla.edu/terminals/flanagan/flanagan.html>> (accessed 16 October 2005).
- Hall, Pam. "An Artist in the Halls of Science."
 <<http://www.med.mun.ca/artistinresidence/>> (accessed 11 October 2005).
- Liddell, Henry George, and Robert Scott. "Grammê." *A Greek-English Lexicon*.
 <<http://www.perseus.tufts.edu/cgi-bin/ptext?doc=Perseus%3Atext%3A1999.04.0057%3Aentry%3D%2322774>> (accessed 8 August 2007).
- Markisz, Susan B. "Healer." *The Digital Journalist* (January 2002),
 <http://www.digitaljournalist.org/issue0202/assign/sm_journal0202.htm>
 (accessed 18 June 2007).
- Markisz, Susan B. "Pain, Loss, Redemption." *Digital Storyteller*, May 20, 1998.
 <<http://www.digitalstoryteller.com/YITL/Susan%20Markisz/art.rage.us.html>>
 (accessed 26 June 2007).
- Metzger, Deena. "The Tree." Deena Metzger website.
 <<http://www.deenametzger.com/>> (accessed 21 June 2007).
- Museum of Modern Art, New York. "The Collection." Museum of Modern Art website.
 <http://www.moma.org/collection/browse_results.php?criteria=O%3AAN%3AC%3Aakahlo&page_number=3&template_id=1&sort_order=1>
 (accessed 8 May 2007).

PERSONAL INTERVIEWS AND CORRESPONDANCE

- Dennett, Terry. Personal interviews with Terry Dennett, director, Jo Spence Memorial Archive, London, 26 April 2006 and 12 January 2008.
- Dennett, Terry. Email message to author, 16 January 2008.
- Markisz, Susan B. Email message to author, 19 June 2007.
- Nocella, Marco. Personal interview with Marco Nocella, curator, Ronald Feldman Fine Arts Gallery, New York City, 27 July 2006.

ILLUSTRATIONS

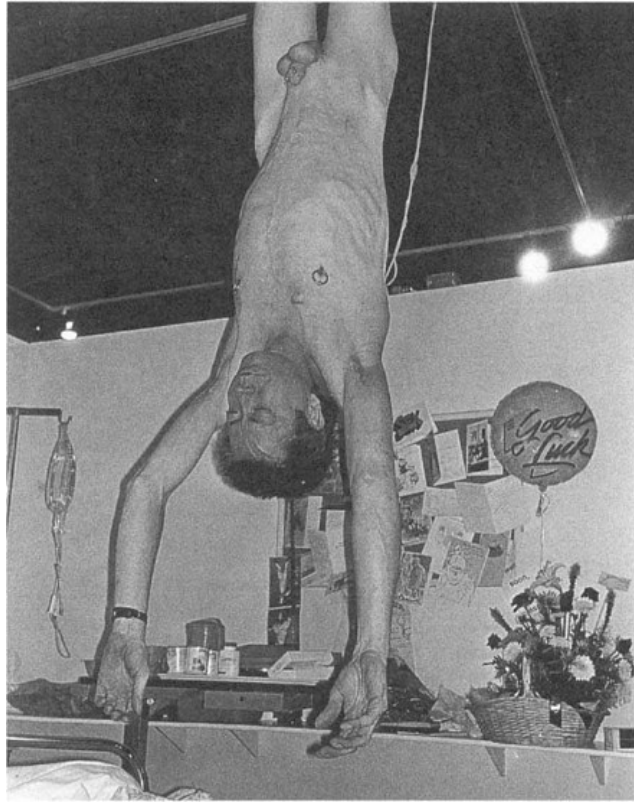


Fig. 1.1 Bob Flanagan, *Visiting Hours*, 1992-1995, document of the performance.

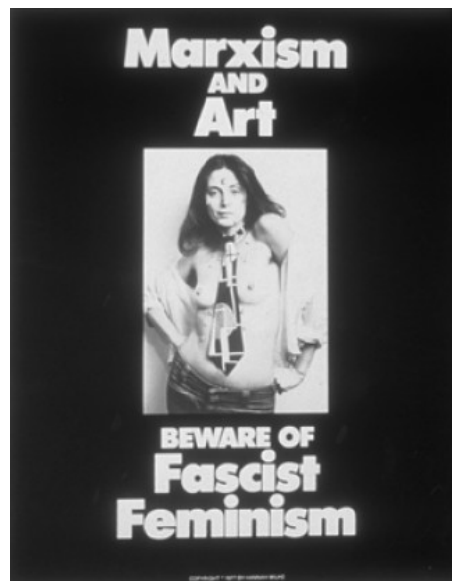


Fig. 2.1. Hannah Wilke, *Super-T-Art*, 1974, photographs of the performance.

Fig. 2.2. Hannah Wilke, *Marxism and Art: Beware of Fascist Feminism*, 1977, poster.



Fig. 2.3. Hannah Wilke, *S.O.S. Starification Object Series*, 1974-82, photographs and gum.



Fig. 2.4. Hannah Wilke, *Intercourse With...*, 1977, b/w video, 30 min., installation view and detail.



Fig. 2.5. Frida Kahlo, *Self-Portrait with Cropped Hair*, 1940, oil on canvas.
 Fig. 2.6. Frida Kahlo, *The Broken Column*, 1944, oil on canvas.



Fig. 2.7. Hannah Wilke, *February 19, 1992: No. 6*, from *Intra-Venus*, 1992-93, chromagenic supergloss print. Performalist Self-Portrait with Donald Goddard.



Fig. 2.8. Hannah Wilke, *So Help Me Hannah Series: Portrait of the Artist with Her Mother Selma Butter*, 1978-1981, cibachrome photographs.

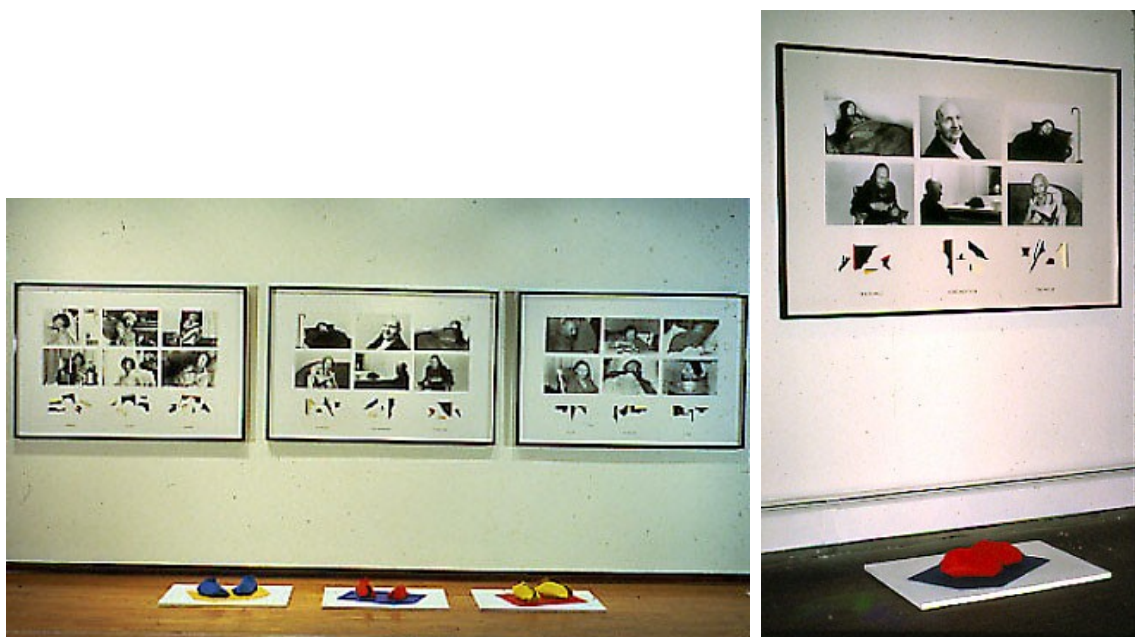


Fig. 2.9. Hannah Wilke, *In Memoriam: Selma Butter (Mommy)*, 1979-83, installation view and detail.

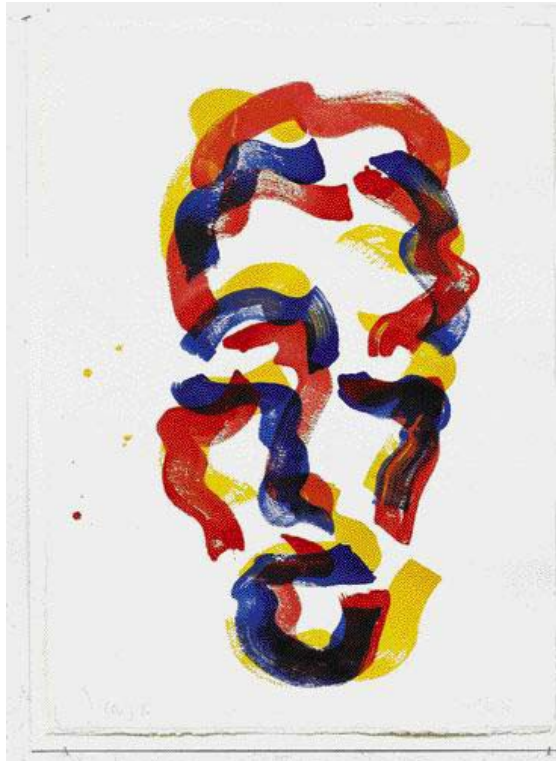


Fig. 2.10. Hannah Wilke, *B.C. Series: August 16, 1990*, 1990, watercolour on paper.



Fig. 2.11. Hannah Wilke, *Intra-Venus Face*, January 30, 1992, 1992, watercolour on paper.



Fig. 2.12. Hannah Wilke, *Intra-Venus Hand*, New York Hospital, 1991, watercolour on paper.



Fig. 2.13. Hannah Wilke, *Brushstrokes: January 19, 1992, no. 6*, 1992, hair on paper.
 Fig. 2.14. Hannah Wilke, *March 18, 1992*, 1992, blood, bandages on paper.



Fig. 2.15. Hannah Wilke, *June 15, 1992/January 30, 1992: No. 1 from Intra-Venus*, 1992-93, chromagenic supergloss prints. Performalist Self-Portrait with Donald Goddard.



Fig. 2.16. Hannah Wilke, *December 27, 1991*, No. 2 from *Intra-Venus*, 1992-93, chromagenic supergloss print. Performalist Self-Portrait with Donald Goddard.



Fig. 2.17. Hannah Wilke, *July 26, 1992/February 19, 1992*: No. 4 from *Intra-Venus*, 1992-93, chromagenic supergloss prints. Performalist Self-Portrait with Donald Goddard.



Fig. 2.18. Hannah Wilke, *May 5, 1992*: No. 8 from *Intra-Venus*, 1992-93, chromagenic supergloss print. Performalist Self-Portrait with Donald Goddard.

Fig. 2.19. Hannah Wilke, *February 20, 1992/August 18, 1992*: No. 7 from *Intra-Venus*, 1992-93, chromagenic supergloss prints. Performalist Self-Portrait with Donald Goddard.



Fig. 2.20. Hannah Wilke, *October 26, 1991*: No. 9 from *Intra-Venus*, 1992-93, chromagenic supergloss print. Performalist Self-Portrait with Donald Goddard.

Fig. 2.21. Hannah Wilke, *June 22, 1992*: No. 10 from *Intra-Venus*, 1992-93, chromagenic supergloss print. Performalist Self-Portrait with Donald Goddard.

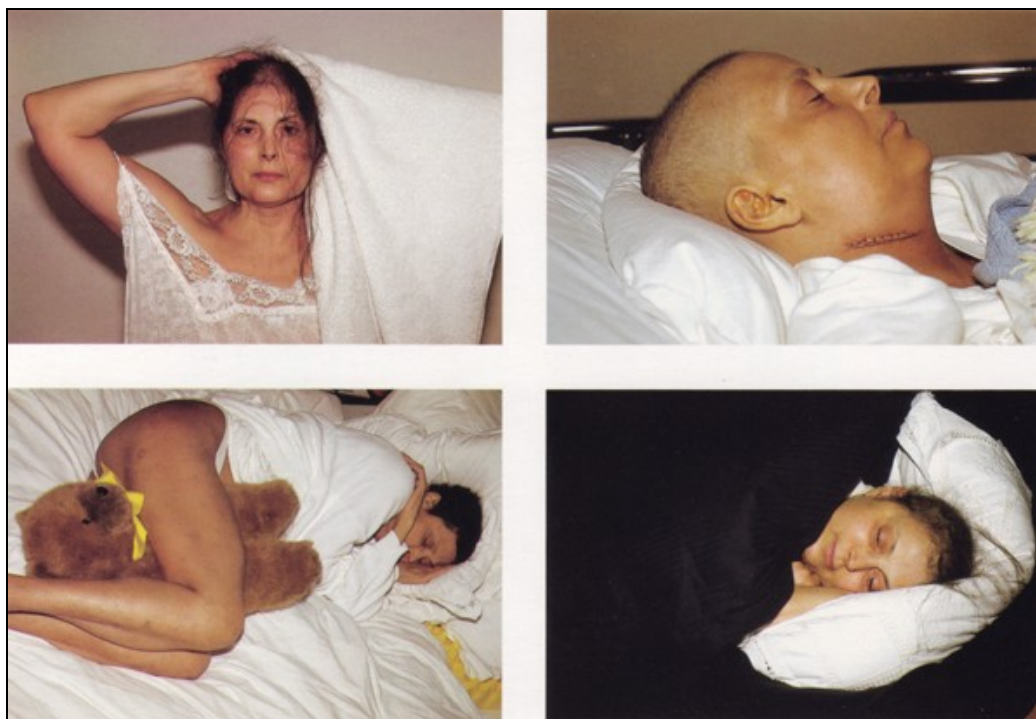


Fig. 2.22. Hannah Wilke, *Intra-Venus Series, No. 11*, 1992-93, chromagenic supergloss prints. Performalist Self-Portrait with Donald Goddard.



Fig. 2.23. Hannah Wilke, *Intra-Venus Series, No. 12*, 1992-93, chromagenic supergloss print. Performalist Self-Portrait with Donald Goddard.



Fig. 2.24. Hannah Wilke, *June 10, 1992/May 5, 1992*: No. 5 from *Intra-Venus*, 1992-93, chromagenic supergloss prints. Performalist Self-Portrait with Donald Goddard.



Fig. 2.25. Hannah Wilke, *Intra-Venus Series*, No. 3, 1992-93, chromagenic supergloss prints. Performalist Self-Portrait with Donald Goddard.



Fig. 3.1. Hella Hammid, *The Warrior* (portrait of Deena Metzger), 1977.



Fig. 3.2. Susan B. Markisz, *The Road Back: Self-Portrait II*, 1993.



Figs. 3.3. and 3.4. Jo Spence et al, *The Picture of Health?*, 1982-1986, photographs laminated on card. Exhibition views, Camera Austria, Graz, 2006.



Figs. 3.5. and 3.6. Jo Spence et al, *The Picture of Health?* , 1982-1986, photographs laminated on card. Exhibition views, Camera Austria, Graz, 2006.



Fig. 3.7. Jo Spence et al, *The Picture of Health?*, 1982-1986, photograph laminated on card. Exhibition view, Camera Austria, Graz, 2006.

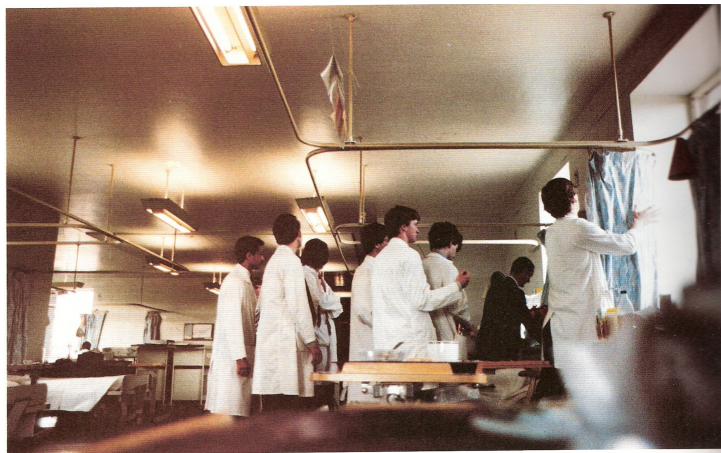


Fig. 3.8. Jo Spence, *The Cancer Project* (detail), 1982.

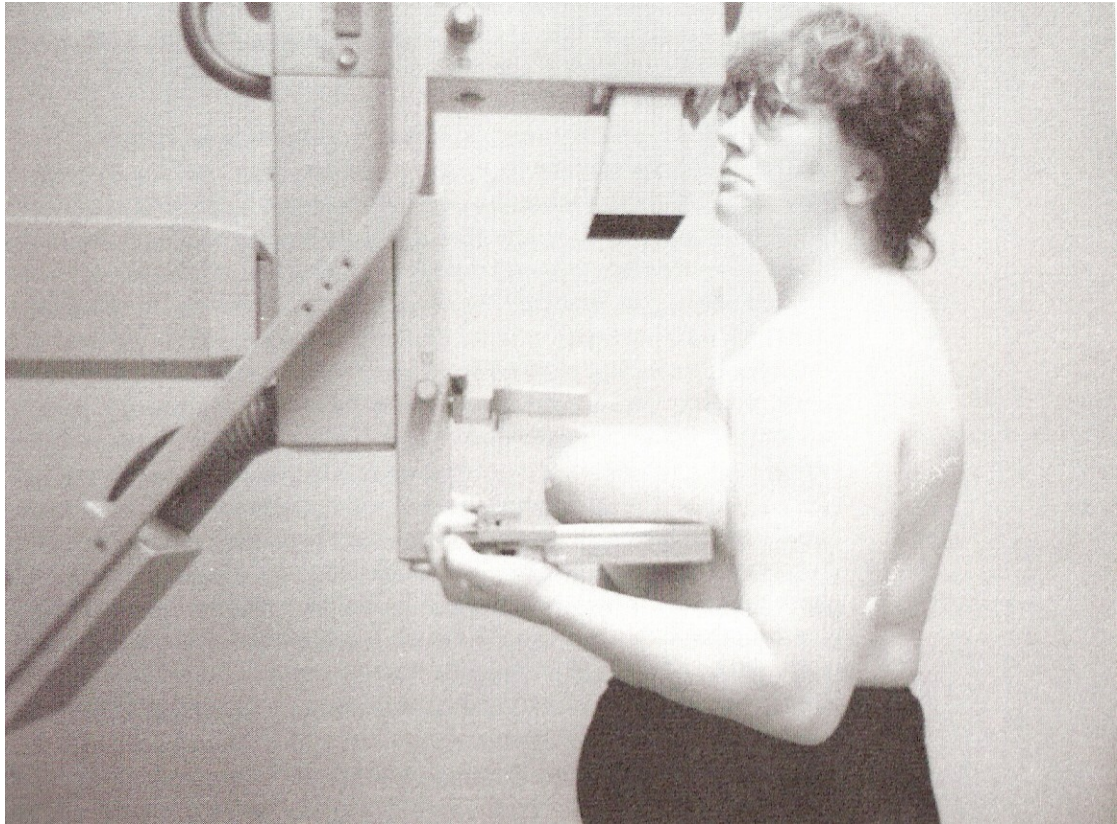


Fig. 3.9. Unknown radiographer, *Untitled* (mammogram),
from *The Picture of Health?*, 1982-1986.

Fig. 3.10. Unknown photographer, *Untitled*, from *The Picture of Health?*, 1982-1986.

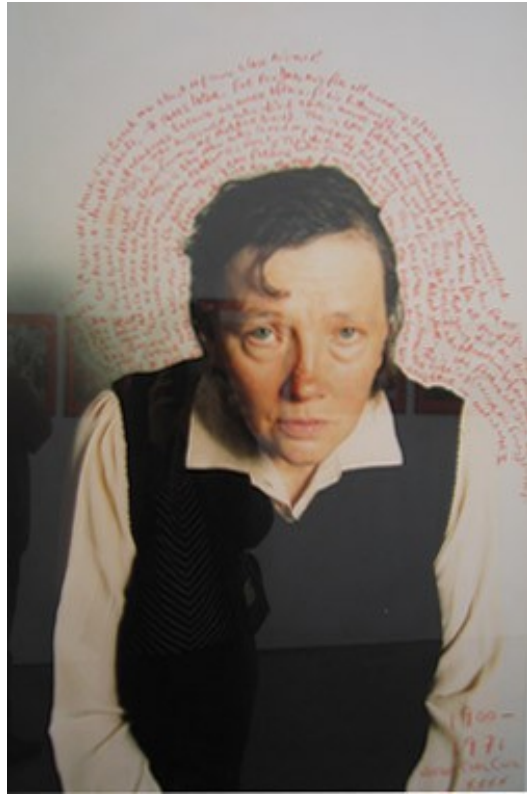


Fig. 3.11. Jo Spence, *Beyond the Family Album* (detail), 1979.
Exhibition view, Camera Austria, Graz, 2006.

Fig. 3.12. Terry Dennett/Jo Spence, *Property of Jo Spence*, 1982,
from *The Picture of Health?*, 1982-1986.



Fig. 3.13. Terry Dennett/Jo Spence, *I Framed My Breast for Posterity*, 1982.

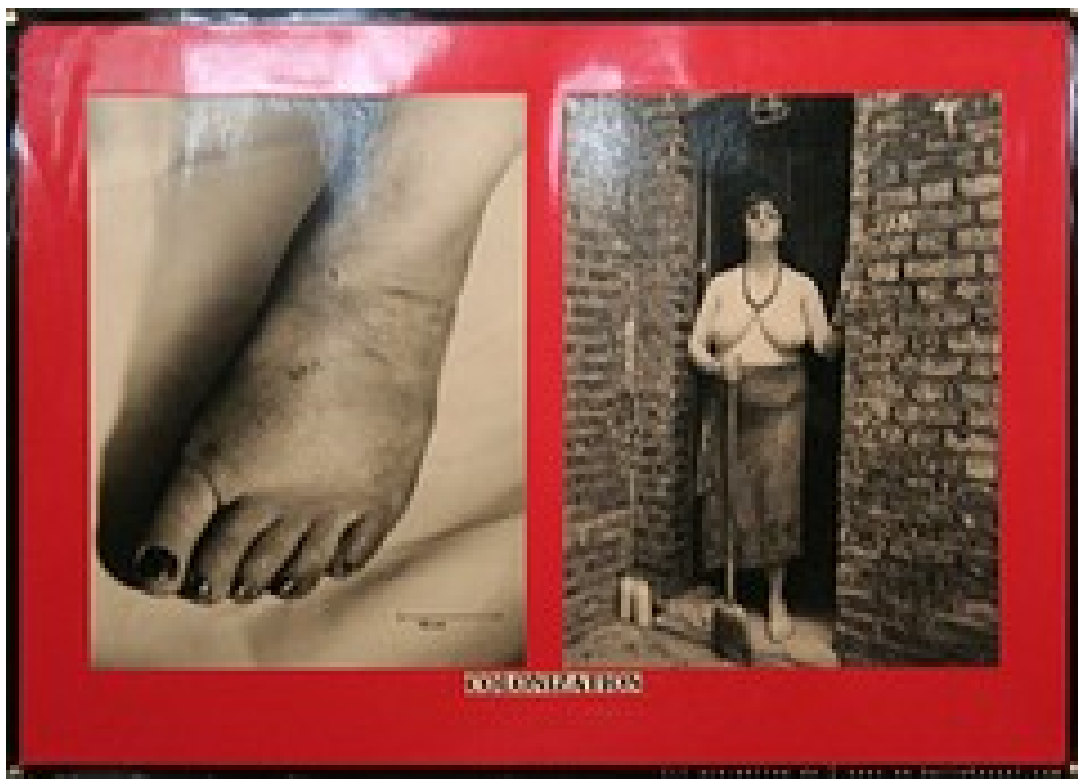


Fig. 3.14. Terry Dennett/Jo Spence, *Colonization*, 1982, photographs laminated on card, from *Remodelling Photo History*.



Fig. 3.15. Terry Dennett/Jo Spence, *Marked Up for Amputation*, 1982, from *The Picture of Health?*, 1982-1986.



Fig. 3.16. Jo Spence/Rosy Martin, *Infantilization*, 1984, photographs laminated on card, from *The Picture of Health?*, 1982-1986.



Fig. 3.17. Jo Spence, *Cancer Sisters*, 1982-83, from *The Cancer Project*.



Fig. 3.18. Jo Spence/Terry Dennett, *15th October, 1984*, 1984, from *The Cancer Project*.

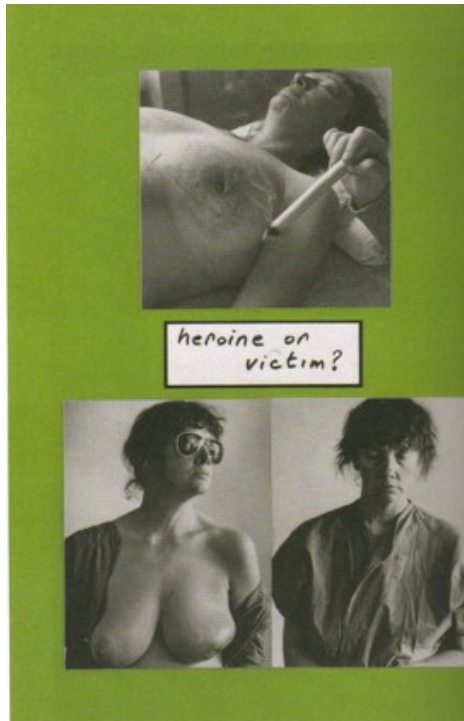


Fig. 3.19. Jo Spence/Terry Dennett, *Heroine or Victim?*, 1984, photographs laminated on card, from *The Picture of Health?*, 1982-1986.



Fig. 3.20. Jo Spence/Terry Dennett, *Crash Helmet Portrait*, 1983, from *The Cancer Project*.

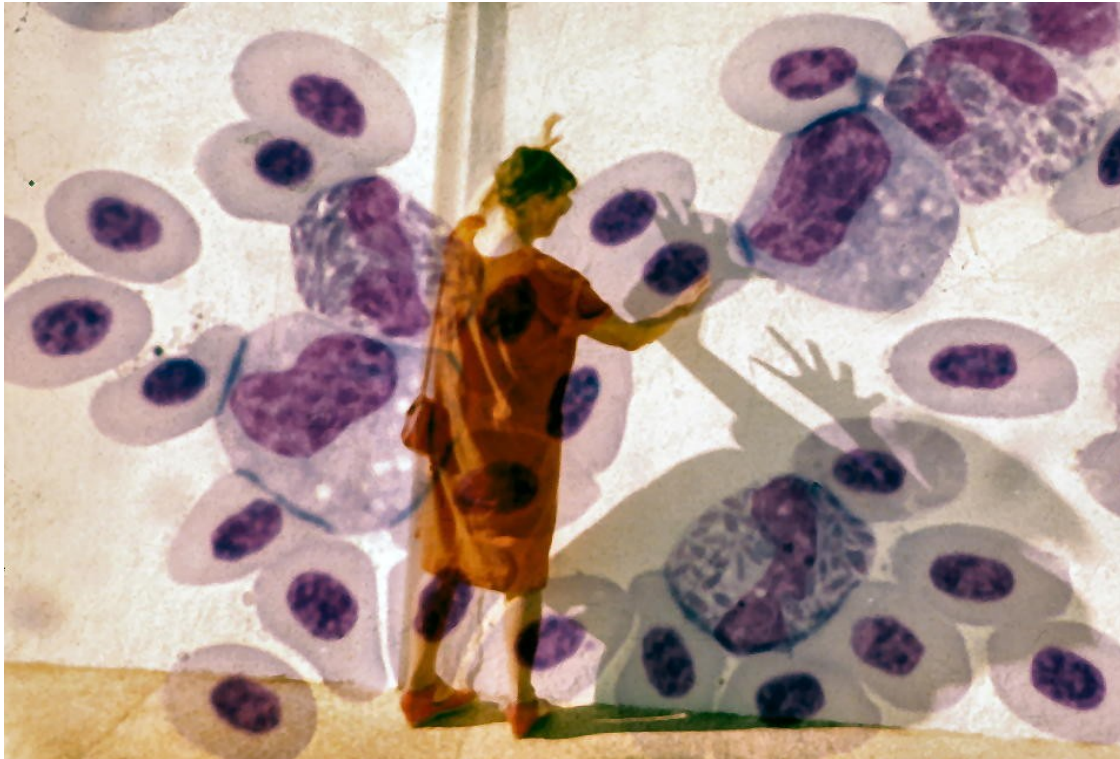


Fig. 3.21. Jo Spence, *Trying to Fight Leukaemia*, from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.22. Jo Spence/David Roberts, *Epic Journey*, from the *Leukaemia Diary* series, 1991-1992.



Fig. 3.23. Jo Spence/Terry Dennett, *Ancestors*, from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.24. Jo Spence, *Beyond the Family Album*, 1979.

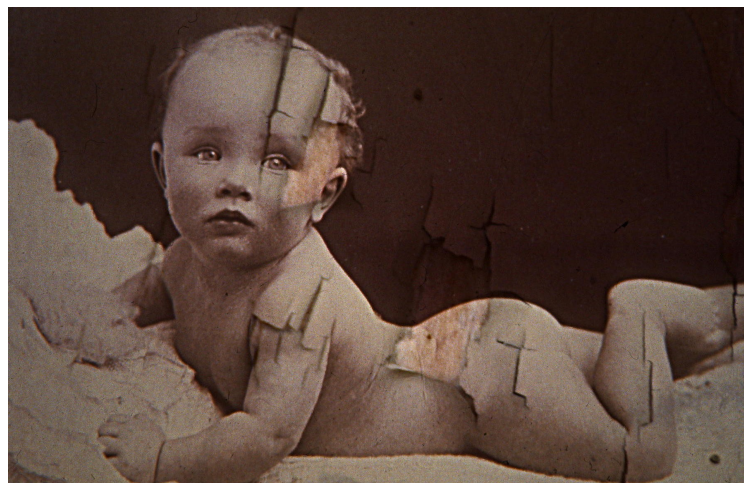


Fig. 3.25. Jo Spence/Terry Dennett, *Decomposing Baby*, from *The Final Project*, 1991-1992, double slide montage. Jo Spence Memorial Archive.



Fig. 3.26. Jo Spence/Terry Dennett, *Skull Series*,
from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.27. Jo Spence/Terry Dennett, *Death Props*,
from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.28. Jo Spence/Terry Dennett, *Eye of Horus*, from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.29. Jo Spence/Terry Dennett, *Deathwork 5*, from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.30. Jo Spence/Terry Dennett, *Spence Egyptian*,
from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.

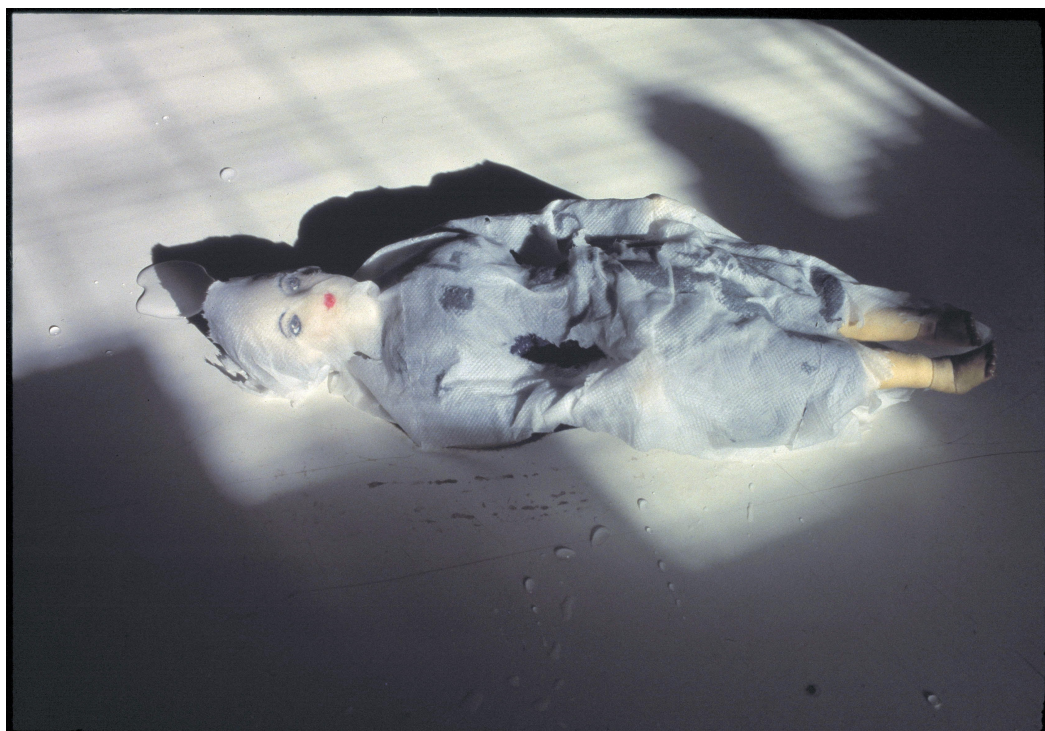


Fig. 3.31. Jo Spence/Terry Dennett, *Mummy Doll*,
from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.32. Jo Spence/Terry Dennett, *Graveyard Session*, from *The Final Project*, 1991-1992. Jo Spence Memorial Archive.



Fig. 3.33. Jo Spence/Terry Dennett, *Decay Project/15th October, 1984*, from *The Final Project*, 1991-1992, double slide montage. Jo Spence Memorial Archive.



Fig. 3.34. Jo Spence, *Looking Death in the Eye*, from *The Final Project*, 1991-1992, triple slide montage. Jo Spence Memorial Archive.



Fig. 3.35. Jo Spence/Terry Dennett *Portrait Skull*, from *The Final Project*, 1991-1992, double slide montage. Jo Spence Memorial Archive.



Fig. 3.36. Jo Spence/Terry Dennett, *Decaying Face*, from *The Final Project*, 1991-1992, double slide montage. Jo Spence Memorial Archive.



Fig. 3.37. Jo Spence/David Roberts, *Write or Be Written Off*, 1988.



Figs. 4.1. and 4.2. Jan Bolwell, chor. *Off My Chest*, 1999, rehearsal photographs.



Fig. 4.3. Jan Bolwell, chor. *Off My Chest*, 1999, rehearsal photograph.



Figs. 4.4. and 4.5. Bill T. Jones, chor. *Still/Here*,
Bill T. Jones / Arnie Zane Dance Company, 1994.



Fig. 4.6. Pepe Espaliú, *Carrying*, 1992, document of the performance in San Sebastian, Spain.

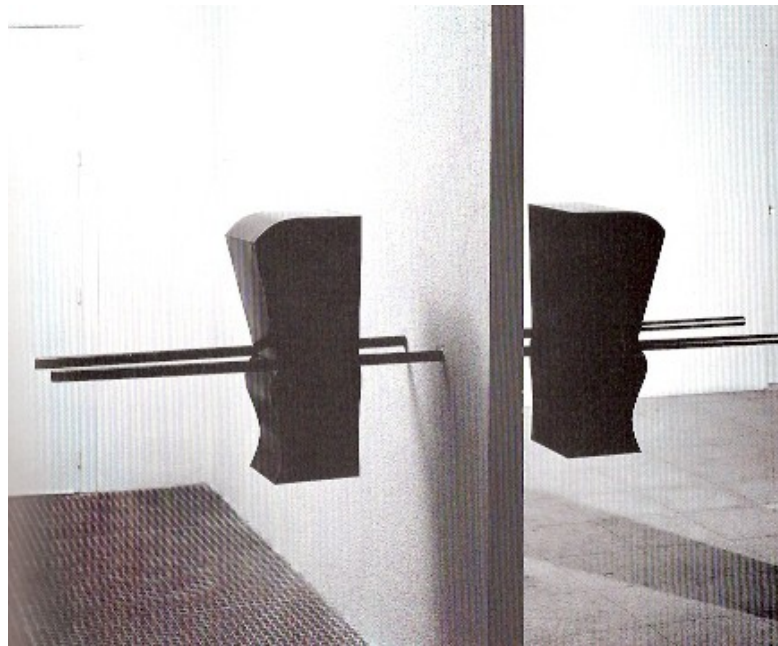


Fig. 4.7. Pepe Espaliú, *Carrying II*, 1992, iron.

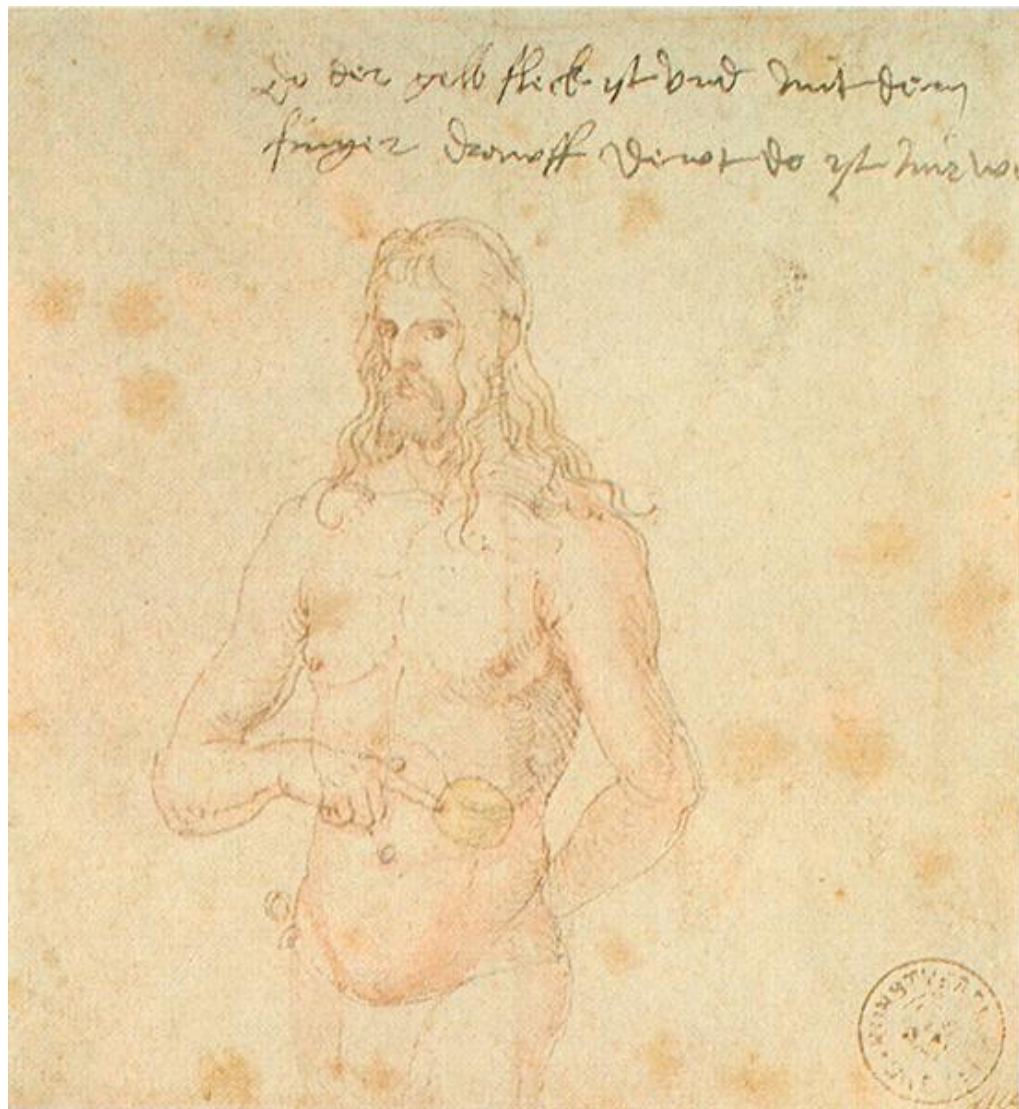


Fig. 5.1. Albrecht Dürer, *The Sick Dürer*, c. 1521, pen and ink on paper.