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On Perception of the Body and Illusion of Control Over It

A Written Accompaniment to the Thesis Exhibition

by

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Abstract

This paper investigates the background and inspiration which has directed my work for the past two years. I present how my upbringing and education has shaped my interest in the human body. I also analyze how medical advances and social changes have transformed perceptions and attitudes toward the body, illness and death. I argue that the very meaning of the body has been reconstructed to reflect the deceitful promise of the perfect body. In addition, I look at some of the issues related to self-preservation and self-ownership. Finally I examine problems of control over the body in illness and death. My discussion is supported by analysis of my work, as well as examples of other artworks which respond to these issues.

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On Perception of the Body and Illusion of Control Over It

I. INTRODUCTION

In my art practice I have always been drawn to the body. My art making is concerned with communicating how it feels to live in the body. I am curious about the ongoing exchange between bodies, as well as between the body and the environment. Control over the organism or rather futility of efforts to master it has been the center of my most recent production.

The primary focus of this paper is the body. I look at the origins of my fascination and ambivalent attitude toward the body, beginning with my early influences, education, and biological conditioning. I analyze the human desire for the impossible body and how that desire is reflected in societal relationships, and medical science. Finally, I discuss issues of control and ownership of the body in health, sickness and death.

1. Why is The Body My Interest and a Subject of My Art?

a - Early Influences

There are several reasons why I am attracted to the exploration of the issues of the body. As a child raised in a family of medical professionals I was exposed, from an early age, to anatomical illustrations and medical specimens. Studying books and encyclopedias with images of diseased flesh, developmental abnormalities and

parasitic illnesses was a common way to pass the time. Medical instruments, old glass syringes, sterilizers, a stethoscope and a blood pressure monitor were my toys. I remember my early fascination with X-ray images and slides. I spent much time in a hospital where my mother worked, looking at jars of formalin-preserved specimens and examining abnormal tissue samples under a microscope. This exposure imprinted on me good associations with the sterile hospital environment and its distinctive smells.

My childhood experiences encouraged an inquisitive attitude towards the body, and helped me perceive sickness and medical treatments as a part of living. Through much of my schooling I was enrolled in extracurricular biology and chemistry programs. Although the direction of my education changed later on, I have continued with an avid layman's interest in both biology and medicine.

b - Biological Conditioning

Perhaps the most important reason for my continuing curiosity about the body, is the one that manifests itself in all humans - biological conditioning. Constant analogies to the body or its parts that allow us to make sense of our surroundings stem from our innate corporal perception of, and responses to the world. The body is the single most important possession, and the body of the Other the most exciting and comforting image. As a result of this biological conditioning I am driven by a desire to see the body everywhere, in every image and I share James Elkins' enthusiasm for it:

> A face, and perhaps especially a naked body, is a place of rest and meaning in a setting of boredom and meaninglessness. Everything. . . is partly empty and dissatisfying in contrast to the repletion I feel when I see a body.[1]

In his book, *Pictures of the Body,* Elkins argues that in the absence of bodies we seek shapes that resemble them in landscapes and still lifes. Using examples of Balthus' and Dutch still lifes, he shows how the human body can be coded in the depictions of everyday objects. For Elkins, "every work of visual art is a representation of a body".[2]

I relate to Elkins' perception not only in my viewing of art but also in my art making. My images are in many ways representations of my own body. These representations are mediated through various mediums and subjects which might take the form of a model's body or of inanimate objects.

c - Art-making - a Substitute of Control Over the Body

Humans have a desire for the ideal body that coincides with the need for control over it. The creation of images partially satisfies this need, as it enables me to exercise some command of the process. The word "create" itself has connotations of power, control and perfection. Similarly, the purely technical aspects of art-making - decisions about the placement and view of the subject, light, texture and manipulation of the medium, for example, speak about control.

Elkins compares the control an artist exerts over the image to that of a medical doctor over the organism:

> All image making involves diaeresis since it is the act of identifying useless, *pathological* forms and salvaging interesting, *healthy* ones. In both medicine and painting, part of the challenge is to create a structure of clearly articulated forms out of a state of incoherence

and confusion.[3]

My involvement in the process of painting or drawing is described by Elkins' approach. I work on each piece by adding and subtracting, patching and amending what is worth improving and extracting what compromises the coherency and wholeness of the image.

d - Desire to Understand and Possess the Other Body

In addition to verbal communication, the need to learn about and understand the body of the other is exercised through "reading". Flesh, and especially, skin can testify to experiences that have happened in life. It discloses to the observer the age and life conditions of the subject. Bodily distortions are testimonies to the traumas of a disease or accident; permanent wrinkles reveal past emotional states. Carved from the outside, the body seems to write on the skin from the inside, communicating its problems and drama through redness, inflamation and eruptions. The older the flesh, the more densely it is inscribed with its memories. The colourful and careless bruises of youth are replaced with the scars and disfigurement of illnesses and calculated surgeries.

My effort to read the body of another is dictated by a fundamental desire to commune with it. Gesture, touch, exhaling, eye contact, and body chemistry are forms and manifestations of a continuous process of exchange with other bodies. Art making can be a form of exchange and connection with other bodies as well.

3. The Use of My Own Body

a - Self-exploration Versus the Use of the Other

I have always experienced an empathical or spiritual connection with my models, and felt as if I occupied their bodies for the time of our synergy. That identification with the Other helped me partially justify working from models. However, despite the assumption of the assurance and confidence intrinsic to the artist-subject relationship, the use of another body seems always questionable to me. There is some possibility of psychological harm; using my own body resolved that dilemma.

I discovered that a great deal of veracity is required in self-representation, and I am still not sure I was ready for the commitment. Replacing a symbolic, surrogate self - the model - with my own exposed self, proved how much safer it was to hide my vulnerability behind somebody else's presence. Drawing myself gave me an insight into these issues, and also into deeper levels of consciousness, exposing uncertainties and fears about my existence, my body and its future.

The image of my body became a physical record of my life, my experiences, feelings and memories, that was voluntarily displayed for all to see. Initially I had misgivings about self-exposure and connected with that the necessity of enduring investigation by others. These were quickly outweighed by the pure practicality of the assumed double model/artist role, and the new possibilities arising; the opportunity to direct the image more closely, its unprecedented immediacy, and an uninterrupted peacefulness accompanying this practice.

The experience of drawing myself was intimate, but also allowed me to place my body at a distance, as the object of representation. The close scrutiny involved in the process became a very peculiar case of auto-analytic negotiation that required time to

detach self from creation. Still, I managed to renegotiate the space and became the Other after each piece was finished. So despite the direct involvement, I disengaged myself enough to confront the images with two sets of eyes: one of the participant - the maker, and the other - the observer.

b - The Subject of the Artwork is Always the Artist, Art making - an Extension of the Artist's Body

My emotive involvement with the subject of my work results in an interchange. As I merge with the other body while painting it, I also impose my being on the product of this relationship - an image. In each of my pictures the generative process results in a self-portrait hidden in my model's identity.

Artists can identify themselves with, or hide behind the most unexpected representations, as evident in the work of the American painter John Currin. His portrayal of big-breasted women has been considered misogynistic, but Currin insists that he "identifies more with women than with men" and mixes his own features in their depictions.[4] This merging with the model confirms his belief that the "subject of painting, is always the author, the artist".[5]

My research and production of images in which I used my own body allows me to experience all four bodies as identified by Paul Varlery in his essay *Reflexions sur le corps*. The first body, perceived in every single moment, communicates a sense of presence and is about pure existence. That is the real body I experience when I am using it to make the images, the one that produces its imprints on a gessoed surface.

The second body is reflected "in the eyes of others, our images and mirrors". That is the body I see in the mirror or on photographs taken as a reference for the drawings, and the one I later put on display. The third is the body of "science and observation" we experience and understand by "dissecting and decomposing it to parts". That is the body I came to know through studying (and reproducing in analytical drawings) slides, specimen, printouts of medical tests results and MRIs. In the fourth body, our basic fears reside. This impossible-to-define body provokes our questions about "death, the source of life, freedom", and the mysteries of the other three bodies. The fourth body is a platform for the creation of bodily images. That is the body that consists of all three other bodies.[6]

The direct application of my body as an art process, not mediated by any tool, allowed more expressive movements to be registered, a feature absent in my brush-paintings. In this aspect I hope my art to be a continuation of a tradition of "living brushes" started in Yves Klein's happenings of late the 1950s, as well as Annie Sprinkle's "Tit Prints". Klein considered the indexical imprints of his models an embodiment of "life energy", but it was not his immediate energy since he directed his "living brushes" never leaving a trace of his identity on the surface that was being painted (il. no. 1).[7] Sprinkle, in contrast, used her own skin as a tool. Skin, a metonymic body-part, stands here for the whole but also represents a specific identity. The similarity in the idea and in the technique between Sprinkle's and my images is especially visible in the frontal impressions of my *decay* drawings (slides no. 1, 2).

I invested a lot of energy during the drawing process and had a strong sensation

of the warmth of my flesh being transferred to the surface of my drawings. Through the use of closeups and shallow spaces, I want to project this sensation of warmth to the viewer. If, as Currin suggests, art making is an extension of the artist's body, I have printed a map of personal identity, and, by combining the iconic with the indexical, suggested my presence as much as my absence. This protraction establishes a link, a connection with other bodies. I intend the observer to "invade" the space of the picture, as much as the image invades his/her space. I hope that encouraging a viewing position that places the spectator above the figure makes engagement in the piece unavoidable. This emulates the uncomfortable feeling we sometimes experience while suddenly witnessing distress or suffering, or when we look closely at a disrupted body.

As well as Klein and Sprinkle, another source of inspiration is Jenny Saville, particularly her photographs entitled *Closed Contact 1-15* (il. no. 2.). Saville's flesh has great physical potential to be shown as distorted, twisted, irregular and grotesque. It is something I cannot achieve when using my own body. There is more consistency within the planes in photographs of Saville's body as it is squeezed against a glass plate. In my drawings parts of flesh sit on the surface as patterns of flat impressions, denying the perspective of other parts that are fully rendered and further away from the surface. These technical inconsistences create some confusion in the reading of my images, adding to the perception of imperfection and incoherency of the body.

II. AMBIVALENT ATTITUDE TOWARD THE BODY

1. The Common Versus the Mysterious Body

I have an ambivalent attitude toward the body that wavers between aversion for its weakness and shortcomings and admiration for its beauty and complexity. This outlook has been shaped by two antagonistic doctrines: one propagated by the Catholic Church and the other by the Marxist government. The first sees an abject and sinful body as a mere vessel for the immortal soul; the latter recognizes it as powerful in its physicality, malleable and analogous to a harmoniously working machine. Manifestations of these doctrines were visible in two polarized and predominant images: the crucified Christ and another of the common man.

The contorted, lacerated and bleeding corpse of Christ was the most intriguing image of the body I saw as a child. This gigantic figure in a feverish agony guarded the entrance to churches, and looked down from altars, paintings and crucifixes. Its smaller versions were omnipresent in homes and courtyards. Images of the tortured Jesus reinforced the idea of temporality and the misery of earthly existence stressing the Christian need for self-abnegation and spirituality.

On the other side, the social realist art encouraged a cult of the ordinary body and focused strongly on physicality. That carnal orientation was reflected in an abundance of social-realist sculptures, reliefs and paintings. A heritage of Stalinism, they glorified male and female bodies equally disciplined, muscular and sound. While growing up in this environment it was difficult for me to fully identify with either of the two attitudes and I oscillated in confusion between them.

2 - Dislike of One's Own Body

The need to exert control over the human organism and the longing for the predictable and unlimited body are commonly shared. Failure to manage the body is disillusioning and can be a source of self-dissatisfaction. Even a very healthy body is disappointing in its limitations. Biological containment prevents the body from fulfilling lofty dreams of flying, living under water or traveling in time. Instead the meager human organism demands to be fueled every few hours, rid of wastes and protected from the elements. Staying relatively healthy requires constant sustenance and attention. The burden of endless maintenance of the body must be commonly understood as it becomes a topic for comedians. Jerry Seinfeld sums it up with wit when he says: "If it was a car [the body] you wouldn't buy it".[8]

Some people have an especially strong desire for a perfectly healthy, beautiful body that reflects the idealized images of pop-culture. Arthur W. Frank, a sociologist and the author of *The Wounded Storyteller*, calls such people "mirroring bodies". For these, loss of appearance or disfigurement presents the most frightening aspect of aging or illness.[9]

In 1964, Louise Bourgeois produced a sculpture *Torso Self-Portrait* with rows of soggy misshaped breasts. Her comment on the piece illustrates Frank's idea of the "mirroring body's" struggle with self-perception: "This is the way I experience my torso", she stated, "somehow with a certain dissatisfaction and regret that one's own body is not as beautiful as one would like it to be. It doesn't seem to measure up by any standard of beauty".[10]

Many of us become a "mirroring body" in moments of transition from one stage of life to another, from childhood to adulthood or youth to old age. These

transformations, marked by visible changes, became a theme of my paintings (slides no. 17-20). I have chosen two passages in a woman's life - menarche and menopause - that are frequently accompanied not only by the difficulty in accepting a new, becoming body but also by an anguish and identity crisis that can accompany change. These paintings express my interest in and ambivalence toward growth, metamorphosis, deformation, deterioration of the body and the lack of control over these processes.

I suggest these feelings through visual means like uncomfortable positioning, a twist of the body or a distorted perspective. A shallow, tilted perspective extending into the viewer's space brings the focus to the figure, making an intruder of the spectator. In giving some of the women in my images the "freedom" to stare back at the viewer, I wanted to make their presence inescapable and evoke feelings of discomfort in the observer (slides no. 19, 20). A few objects included in the paintings: a bra, a shoe, a faucet, panties, a wire coat hanger with a belt arranged in a shape of a cross, are symbolic of mixed feelings of uninhibited exhibitionism and sexuality as well as its repression, shame and guilt (slides no. 17-20). The emptiness and coldness of monochromatic backgrounds and the "instability" of space are symbolic of loneliness and fear of change.

Few people are fully comfortable with their bodies, so some degree of dislike of one's own body seems normal. However, in pathological cases the disgust for physiology and feelings of impurity can climax in horror caused by the very thought of digestion of one organic matter - food - and the translation of it into another - the flesh. In *The Food I Ate Turned into Flesh*, Nicoletta Comand's installation, one of the photographs shows an oversized textured face that resembles decaying meat. The

artist draws on this self-abjection and horror when the distinction between outside and inside is threatened by food as something foreign entering the organism.[11]

Whereas rejection of food is abnormal, abhorrence of bodily wastes seems a universal and basic conditioning. Just the opposite is conveyed in Mapplethorpe's piece, *Jim and Tom, Sausalito*, where Jim's performance of urination into Tom's mouth is an act of generosity and affection. Apparently, even most repellent excretions can be elevated to something sacred, since "the redemptive task of art is not to make . . . surplus beauty, but to beautify what is initially as remote from beauty as the emissions of the flesh often are."[12]

These two contradictory relationships with the organism and its physiology are, in a much subtler way, present in my art as I perceive the body as fascinating, alluring and heroic but also disappointing, repelling and grotesque. When it fails, the body can evolve into a monster. In my drawings I try to disclose the body as a fermenting blob of meat in constant flux. In this aspect my images relate to Francis Bacon's renditions of the flesh as horrific in its mutation, decay and transgression of borders.

No matter how deep my rejection of the body is, I have never refused it to the degree exposed by Debra Dedyluk, a Calgary artist. I see her art as a symptom and expression of a failure in a quest for the impossible, ideal body. Dedyluk's Master's exhibition consisted of a video showing her strong white body wrapped in white cloth and floating, with a grace of Millais' *Ophelia*, in a tub filled with clear water. Sitting on the floor, were bowls filled with murky substance similar to the body's internal fluids. Dedyluk's prints represented the gradual schematization of a human figure finally vanishing into the letter "I". Images of compulsive cleansing of her hands, feet and the

whole body are prevalent in Dedyluk's recent art. I understand them as a statement of refusal of the real body with its impurities, physiology and shortcomings. That rejection reached its climax marking the end of the body in an act of symbolic separation of the fluids that were "drained" into the bowls; moreover, in a process of extreme reduction of the figure to the most abstract image - a letter symbol. In this she freed herself of the body by pushing it to the place where an abstract concept - language - begins. That act would be almost impossible through the medium of painting or drawing. Both mediums never go far from the body as they register the movements of the maker. My work (especially drawings and body prints) is an iconic and indexical representation of my flesh and its movements. There is no simplification or reduction of the figure. On the contrary, elaborately rendered images give the body almost tangible presence.

III. CONTROL OVER THE BODY

1. Desire For the Body's Wholeness

> There Scylla came; she waded into the water,
> waist-deep, and suddenly saw her loins disfigured
> with barking monsters, and at first she could not
> believe they were parts of her own body.
> Ovid [13]

Predominant in the Western world, Christian religion has laid out the foundation for a culture in which flesh is a site of temptation and guilt, so that self-love can hardly show. Nevertheless, the biological need for the wholeness and containment of the body is shared by all humans. Though desired by everyone, the condition is impossible to

sustain.

Slovenian philosopher and art theoretician, Bojana Kunst, sees "production of bodily images" as a result of "a traumatic desire for the ideal body" and she supports her statement by Freud's suggestion that "throughout the history, 'art is the one soothing our primeval sorrow at the fact that we shall never completely master nature and our bodily organism"'.[14]

Any disfigurement is perceived as painful. The sight of a disrupted body sends a universal warning against disease or death. Such a body becomes a pollutant and so it must be avoided. If the body loses its integrity to the point that it signifies the collapse of the boundaries between human and monstrous, empathy for the painful can be overrun by loathing, as monstrous does not have a place among humans.

Interestingly, despite the profound need for bodily wholeness, art in its inquisitiveness has frequently gravitated toward the forbidden - taking the body apart, rearranging its fragments and even exposing its insides.

It is a security of distance through representation in art that allows us to enjoy the make-believe threats of experiences of phobias, violence, pain and death. Horrific images produce in us contradictory feelings of joy and anxiety, horror and pleasure. We experience these same contradictions when we face (in our imagination) danger closely enough to almost cross the boundary but still be able to escape unharmed.

My interest in the body, its insides, membranes and tissues, initiated in my childhood, continues now in my production of images based on medical slides, MRIs, X-rays and medical illustrations (slides no. 3, 4, 5, 8, 9). Reference to medical sources has an established tradition in art. Artists long studied corpses in the morgue and

anatomical models used by medical schools. Contemporaries continue these practices; some of them, like Jenny Saville, collect medical illustrations and assist in surgeries in the search for better knowledge and understanding of the body.

References to organs and tissues in art meet our curiosity about the mystery of our insides. Representations of disfigurations can feed some people's desire for a freak show. However, such a body cannot be a comforting sight in our constant quest for the connection with the other body. On the contrary, incoherent images of the flesh are harsh reminders of the body's transgression and continual flux; with inevitable death and decay. A shifting, mutating and ambiguous body is difficult to identify and categorize. The unfulfilled need for clear classification induces confusion and horror. It is a reminder of how little it takes to cross the border between normalcy and monstrosity. In this sense the very concept of what constitutes a human being is challenged.

These feelings of extreme confusion and horror are evoked in Francis Bacon's "Studies of the Human Body". His mutating, horrifying beings with no recognizable features are doomed in their existential loneliness. Real-life irregular bodies share the same fate. Perceived as transgressive, disruptive and repelling, they are denied strength and sexuality, and at best can become silent and invisible. It is true of the old, sick and handicapped, as well as sexually or gender ambiguous bodies. Societal and aesthetic attitudes like these are confronted in the photographs of Joel-Peter Witkin and Mary Duffy in two distinctively different ways. Witkin represents a most repressed and oppressed human appearance (il. no. 3). His subject matter is violent and horrific; freaks, dwarfs, amputees, deformed, hermaphrodites, fat, and sick shrunken figures.

He places the viewer face-to-face with the hidden and tormented existence of these hard-to-classify creatures which exist somewhere at the edge of society. Witkin does not deny the gruesomeness and misery of his models and even amplifies the experience by manipulation of the medium of photography. However, by moving those bodies from their hiding into the spotlight he restores their humanity and dignity.

Born armless, Duffy leaves no room for negotiation with the viewer. In *Cutting the Ties that Bind*, she represents her incomplete body as whole, strong, sensual and sexual. In a symbolic act of shaking off bandages wrapped around her figure, she rejects social constraints that try to make her invisible (il. no. 4).[15] Such a proud display confronts the values and judgements that outcast human differences. Duffy's glorifying self-portrayal repudiates the viewer's need to restore and complete the image of her body, and conveys the idea that social stigma is a greater barrier than the physical handicap itself.

Duffy's self-portraits have a strong impact on me, but it is Witkin's art that challenges my aesthetic assumptions and draws my attention to the marginalized body. Likewise, Bacon's emphasis on the mouth as a site of expression of torment, vulnerability, and animal-like aggression ("Head and Crucifixion Series") turns my focus to this body part. Bacon himself followed Georges Bataille's idea that "on great occasions, human life is concentrated bestially in the mouth . . . "[16]

Whereas Bacon's beings look like pieces of fresh raw meat, I want my bodies to almost reek of gradual decay. This is to convey the idea of partial putrefaction of the alive body, as can be associated with an illness (gangrene, leprosy, "flesh-eating disease"), as most horrifying and abject.

The mouth in my drawings represents the confusion of the outside/inside boundaries, and vulnerability of the containment of the insides. It becomes an emblem of an open wound. Patching it with bandages is a desperate and futile effort to restore the wholeness and prevent the insides from evacuating themselves through that opening. By tightly wrapping the mouth I also allow no words, no language to resist the objectification of the body. The silenced body is at the most biological; reduced to a set of organs and its physiology, it is in its most objectified state.

2. Disciplining the Body

a - The "Proper" Body

In the last couple of decades the association between health, discipline and beauty established itself in Western society. Physical fitness became an indicator of self-discipline and power. At the same time when the ability to exert command over one's own body has been elevated to a virtue and a moral obligation, an ever growing overweight population with sedentary habits is constantly tempted by advertisements to consume even more fattening foods. Obesity is perceived as an obvious and shameful manifestation of the lack of self-control.

Whereas our society strives to get "closer to the bone", in some parts of rural Africa, obesity means wealth and beauty, and mothers force-feed their little daughters while applying physical torture to distract them from vomiting as a result of the over-feeding.[17] This sadistic custom is motivated by the same need as behaviours toward the body in our culture, - that is to ensure societal approval and demonstrate social status.

The Western mass media has created an idealized paragon of health and beauty, and anything short of the perfection is considered pitiful and in need of some form of intervention. That is why diet, fitness and plastic surgery are multibillion dollar industries promising quick fixes for those who are perceived to need it.

We read the body as a system of signs disclosing vital information about its owner. Assessment of health and fitness is accompanied not only by judgement of one's self-discipline, but also of morality, mentality, productivity, as well as social status. The fat body stigmatizes since it suggests a person is weak, lazy and poor. An individual needs to assume a double role of a judge of one's image and an executor of self-discipline to be able to improve his image in order to conform to cultural ideals. Power is established by self-regulation, by one practicing control over the self.

Tension between a desire to fulfill criteria for the perfect body and the actuality of limitations of the real body is a major force behind art production. For Bojana Kunst, the performing body is the finest example of our longing for the impossible body - "one capable of overcoming physical and biological limitations, of conquering gravity (ballet), capable of endless repetition, immortal, radiant with absolute grace, flawless and perfectly reliable, functional . . . with its presence essentially different from the everyday physical presence."[18]

Art making with its cathartic properties seems to be a way of venting frustration caused by discrepancy between the ideal and the actual, between a desire and incapacity to fulfill it. Hans Bellmer was said to compensate for his shortcomings and lack of control over his own life with the utter control over his doll.[19] His audacious

representations of female sexuality are as disturbing as they are liberating. Wrenched out of shape, figures with exaggerated vulvas, multiple breast or legs, frequently armless and headless, project sexual innocence and provocativeness at the same time. By ravaging and rearranging body parts Bellmer makes his dolls helplessly immobile. This need for control and domination can be interpreted as making up for his anxiety and helplessness in the presence of femininity in real life. Some may even see the fragmentation of the bruised body of the doll as an acted-out aggression; sadism toward the female.

My work speaks of lack of control, alienation from my own body and disillusionment with its unstableness. I try to disclose the body as an unruly entity which betrays me and sometimes tries to free itself completely from my already illusionary dominance. My body is the entity that holds me captive, dictates the rules and owns me. To convey the idea of entrapment in the body I pinned down the figures of my images in a tightly framed space with a rather flattened perspective. Uncomfortable twists and stretches of the flesh depict the struggle of the body against itself.

b - Testing Power Over One's Own Body

Desire for integrity of the body and the fear of losing its wholeness are sometimes intermingled with a contradictory wish: to play dangerously with it and test its limits. This compulsion to break the boundary of the possible, to voluntarily subject oneself to pain and danger shows how ambivalent one's relationship with one's body might be.

Testing the body's endurance seems to be one of the ways to exert control over

the body, to subordinate it to the will of the mind. This notion is probably present in one form or another in every culture and society. Initiation rituals often incorporate some form of bodily harm or exposure to danger. Similar practices are characteristic of endurance-oriented and body-art performances. Artists stimulate their bodies by subjecting them to tortures of burning, shooting, electrocuting, scarring, cutting, carving, fasting and overeating among other risky practices. In art, actions like these are not undertaken to mark a passage from one stage of life to another or to prove one's physical prowess. Also they may not be purely motivated by the need to push the threshold of tolerability, or to prove one's existence by the virtue of feeling pain itself. Rather, they are primarily responses and a means of drawing public attention toward some political or social issue, or a way of testing cultural conditioning, conventions, taboos and expectations.[20] Furthermore, angst, repression, abuse, alienation, deviation, anger, illness and fright may become the fabric of such artistic inquiry.

Some performances of the Ulay/Abramovic duo, although difficult and trying, represent mild masochism resulting from prolonged motionlessness and do not involve direct damage to the body. More ostentatious was the mouth-sewing up gesture of David Wojnarowicz's - a political stand against AIDS induced homophobia. Another example is Ray Johnson's, (more poetic than political) drowning, merging with nature and becoming "one with the cosmos" performance after he jumped in January 1995 from a bridge by the Sag Harbor.

I see some similarity in structure between tribal, religious rites, ceremonies for entrance into secret societies and ritualistic procedures in body-art performances. There is a sequence of planned gestures which can permanently mark the body,

gestures that are repetitious, and in collaboration with an audience that is part of the performance. If there are any acts of scarring the flesh or shedding blood they are considered to be sacred. People being subjected to the ceremonial gesture or performing it themselves acquire for that moment a status of the "chosen" from others.

Some of the tribal ceremonies, like living in a secluded hut in the jungle for a month and performances like Burden locking himself for five days in a baggage locker involve testing the capacity of enduring hardship of isolation and imprisonment.[21]

The Ulay/Abramovic *staying-awake* performances remind me of initiation ordeals where sleep deprivation lasts three days and is meant to prove both physical and spiritual strength; "to remain awake is to be conscious, present in the world, responsible".[22] Such physical trials of the body serve a higher goal; they allow one to open to spiritual values. (Much like the "vision quest" rites of First Nation people.)

Gina Pane's self-cutting actions, conducted with incredible self-control, would "open a wound, both physical and mental" to test social indifference and lack of communication.[23] She turns her flesh, her skin and her own senses into a medium of communication, a manifesto. Her body enduring all the abuse, becomes a site of rebellion against societal tendencies to take one's voice away, marginalize and repress unruly or irregular bodies.

While Pane applies her flesh in the most direct way, I still mediate the use of mine through the medium of drawing. Her expressive body is opposite to the constricted, muted and smothered bodies of my works. Although my figures denote the same voicelessness, silencing of the body forbids resisting its objectification, otherwise possible through the use of language.

Similar to performance art, masochistic practices, mutilations and torture are themes of contemporary theatre, British playwright Sarah Kane's production of *Cleansed* is an example (il. no. 5). Her disturbing, violent and bloody play portrays desperation and the degenerating condition of her protagonists' life.[24]

Whereas the physical torture and suffering is self-imposed in Kane's play and masks psychological torment, in my works it is not provoked or welcomed. The condition of my protagonist is aggravated by difficulty to succumb to the torture. In this case physical pain does not cancel out psychological suffering at all but rather causes it.

c - Self-ownership and Self-preservation

Self-inflicted bodily harm raises a question of discord between self-ownership and self-preservation. These two modern Western ideas guide individuals' behaviour and attitudes toward their bodies. Thomas F. Tierney in *Perspectives on Embodiment* argues that both concepts "once served an important role in making people amenable to the discipline of medicine" and recently are at the core of the "choice-in-dying" movement.[25]

Premodern morality dictated altruism with its most extreme embodiment - martyrdom. Modernity shifted our concerns, from those with preserving virtues and ensuring the afterlife, toward a concern with enjoyment and embracement of earthy, corporeal existence. These changes in evaluation of mortal existence started ages ago and by the seventeenth century the Puritans, for example, were interested "in

preserving and ameliorating their earthy lives through the use of medicine", and thus "the preservation of the flesh, not its mortification, became the symbol of one's piety."[26] Self-preservation, this natural law obligation, became a duty of a good Christian.

Coincidentally, a concept of self-ownership has developed. The body has come to be seen as a possession which one has the right to use and Locke claimed this ownership of one's body as ultimate.[27] However, the idea of self-preservation put some limitation on the right of self-ownership, and the suicide, as the highest point in conflict between the two concepts, remains morally wrong and illegal in some countries. (For example, it is still illegal in six states of the US: North and South Dakota, Washington, New Jersey, Nevada, and Oklahoma but removed from Canadian Criminal Code in 1972).

Nowadays, with less focus on spirituality and a greater focus on earthy life, the proprietary prerogative of one's self gets stronger and in some cases more and more threatens the postulate of self-preservation. The most radical manifestation of the discord are claims of the right-to-die movement.

The changing attitude toward the body resulting in a stronger demand of self-ownership is mirrored in art. Work, like Ray Johnson's final drowning performance, truly violates the self-preservation law as well as abuses the ownership of the self.

I wonder if it will ever be possible to balance all these contradictory concepts; the condemnation of the flesh with the preservation of it and with one's right to self-destruction. These dilemmas could be reevaluated or solved if, with the help of science and technology, the body in the current biological design becomes obsolete and replaced with some alternative, more advanced form of existence.

3. Medical Effort to Prolong Life

Since the early modern period (1500-1800), control over one's own body in the form of health and hygiene regimens as disease prevention have been an obligation of an individual, while the curing of illness has been chiefly the responsibility of a doctor. Medical science has eradicated some contagious and previously fatal diseases, reduced birth mortality and prolonged life. As a result, beside a growing belief in the ability to control one's own body, a base for another idea has emerged, that of the enormous power of medical intervention. However, the initial dramatic decline in the death rate was brought about not by medical science but by the improvement of living conditions in Europe during the second half of the nineteenth century. Most effective were amendments in sanitation which followed the Public Health Act in England that granted better sewer systems and water purification after filth and contamination became connected with the spread of diseases.[28] Only later did scientific and medical developments allow people to enjoy healthier lives and associate death not so much with diseases as with old age. Nevertheless, the shared belief that advancements of science will rid humankind of sickness and death remains a largely unattainable dream.

While genetic engineering works on the gene-replacement therapy of supplanting defective genes with normal ones, and tries to get rid of the "death hormone" to fulfill the promise of immortality, people still age and get sick. Instead of being acutely ill for a short time and dying from a disease, however they suffer chronic and degenerative ailments that can stretch on for decades.

Discoveries of new medications and treatments that prolong the life of the terminally sick by several months are hailed as scientific breakthroughs, while in reality suffering from medical intervention often dramatically exceeds that caused by the illness itself and for many, life under such conditions entirely loses its meaning. The torture of artificially extended, undignified existence can become, for a person, a sufficient reason to end life. It is at this point, where the moral obligation to preserve life ends for the proponents of the right-to-die and assistance in dying should be effected. The advocates for the right-to-die perceive withdrawal of medical support in ending life (suicide of the terminally ill) as unethical. Derek Humphry's book *Final Exit* is a moving testimony of such medically unsupervised, futile efforts as well as a step-by-step help guide for a successful and a minimally painful "departure".

The growing claim of self-ownership will constantly threaten self-preservation, unless the defeat of death becomes real, or our organic flesh is rebuilt as something more permanent and resistant. Until then, sustaining a miserable existence to its very end and efforts to prevent death are, in my understanding, solely a struggle to preserve bodily life itself.

IV. THE BODY OUT OF CONTROL

1. The Body Invaded by Illness

a - Lost Integrity

The body's unruliness and "unwillingness" to cooperate is most manifested in illness and dying. If there is a degree of predictability of behaviour of the healthy body,

in illness or dying it is very limited. Thus our control in such circumstances often seems to be non-existent.

The body is often abused. Although, even if all its needs are satisfied, there may not be a payback for good care. The belief that efforts to prevent an illness or stop its development by detecting the warning signs can be an illusion. It can make a person feel guilty of a failure to catch an illness early. Ironically, our uncooperative organism informs us of a rather small dysfunction, like a cold or indigestion, quickly and in the most alarming way, while a serious illness can quietly progress for years without any defined signs until it completely overtakes the body. In some diseases the organism's deception goes even further when it becomes self-destructive because its own immune system acts toward "devouring" the body.

I do not believe that our health and life is in our hands to the degree that is portrayed by medicine and the mass media. The helpless, fallen body of my drawings conveys this idea. It is alienated, confused and in illness turns against itself; the body that exists inside the pain it produces. It is the body of someone who did not learn how to live with lost control or to conceal her contingency.

With the use of rough and textured mark-making and manipulation of mediums I try to communicate the way flesh, tortured by disease, behaves. I hope to evoke tactility and the smell of the sickness through stains, washes and bruises applied to the surface. Some of the organic materials, like fermented India ink, become emblematic of bodily fluids. Other liquids penetrate deep to the grounds and from within alter the surface.

The results of such renditions are images of battered bodies trapped in beds with heavily soaked, sweaty sheets (slides no. 6, 7, 10-16).

In sickness, a mutating body seems to assume a particularly unruly and independent life. One can become aware of a diseased body part. The organ, where pain or discomfort resides or the symptoms of sickness start to define the whole body. One becomes nothing but a liver, a heart, a bowel, a headache, a rush, vomit or diarrhea. Such an exaggerated awareness of the malfunctioning organs and body parts is documented in Frieda Kahlo's paintings and her diaries. They are full of sketches of her insides and body parts: her foot, hands, genitals and spine. Over a period of ten years, she documented the pain of her declining body that was subjected to nearly thirty surgeries and also experienced miscarriages. I perceive the aching body in a similar way as fragmented and marked by the pain of malfunctioning organs.

The incontinent, extended, secreting body of process and change is grotesque. The familiar but weird and uncanny organism produces horror. The grotesque body with all its physiology has been a long fascination of humans. The medieval marginalia or Renaissance representations of the Temptation of St. Anthony show flatulence, diarrhea and vomiting and are proofs of that interest.

My own curiosity about strangeness and horror of the grotesque is reflected in my *newborn* triptych (slides no. 15, 16). I see the wrinkly, deeply folded flesh of the newborn as a pupa in a moment of metamorphosis, in a process of becoming. This body is far from static, closed or with integrity. The fluids coming out of the mouth are

emblematic for both the beginning of life as well as its end, or rather entering a new cycle in its decay. That corporeal ambiguity creates a disturbing dilemma in my *newborn* images: Is the infant alive or dead? The impossibility to recognize either one state or the other, marks the creature as monstrous.

The newborn also symbolizes anybody who, in sickness, does not meet our societal requirement for self-control and becomes reduced to the infantile, contingent body. I use staining washes and crusty paint to indicate bodily stigmata which mark the flesh unclean and dangerous.

b - The Body as a Trap, Illness as a Punishment

The bedridden body of my images tosses and twists in its confinement. Time slows down . . .[29]

We are defined by the limitations of our bodies. In sickness, the body which connects one to the world becomes a prison that separates us from life. Pain, that is itself an entrapment, can trap one in fear. The restraint and confinement in illness has analogies to imprisonment, so illness might be viewed as God's punishment, and pain as redemptive.

Frida Kahlo's art transcends her physical confinement to bed after her injury and her psychological entrapment in suffering. Her hardship, caused by constant pain and disability seems to find some relief and suppression in honesty and directness in dealing with this subject in her art. Wounded by an accident and tormented by surgeries and treatments her body was the centre of her production, as it was a painful focus of

her frequently bedridden existence.[30]

In illness, the body behaves as if it is an enemy to its owner; thus in a very wicked way allows him/her to become estranged from it. An undesirable organism becomes impossible to love. Such a resentment and alienation from one's own body makes the body "it". These feelings of estrangement as well as the idea of the body becoming "it" are expressed in my drawings by uncomfortable positions, twists and turns of the figure.

Suffering can be like a distorting mirror. It can change one's judgement of oneself, and other people, relationships and outlook on life itself since all these begin to be evaluated through the perspective of pain and misery. This altered, ambivalent perception in times of suffering was described by Richard Baxter, a seventeenth century Calvinist minister and proponent of health regimens, when he said: "'it [is] much easier to repent and hate my sin and loathe myself, and contemn the world, and submit to the sense of death with willingness, than otherwise it was ever like to have been . . .'"[31] Viewing the illness as a price paid for sins can come from a sick person himself but also can be understood this way by society. AIDS, in the early 1980s, used to be considered a stigmatizing punishment for a socially unacceptable, promiscuous life style. The hypocritical tendency to blame the unfortunate for their tragic fate enables us to outdistance adversities such as homelessness, poverty and diseases and get rid of the sense of guilt and responsibility for what in most cases is a byproduct of a malfunctioning society. Attitudes like these also cover the fear of illness or misfortune. A

conviction that bad things can only happen to those who deserve it because of their wrongdoings gives an illusion that an individual with a right personality can be untouched by any personal tragedy. Similar opinions persisted in times of cholera epidemics in Europe. Some authorities believed that overeating, drinking, a sad and fearful disposition as well as suppressed feelings made people susceptible to the disease.[32]

Today's common understanding of reasons for poor health still finds safety in blaming the sufferer. This attitude is critiqued in Arthur Frank's comments on the fear of truth and misguided contemporary attitudes toward health:

> We can smoke, pollute, expose ourselves to radiation, use unsafe food additives, destroy the ozone layer, consume high levels of fat, take inadequately tested prescription drugs, make work more stressful, . . . , fail to require retraining of physicians who make wrong diagnoses - but we still talk about causes of cancer in terms of individual personality. The genius of the cancer personality argument is that it means nothing has to change. The fault and the fear are safely contained, locked up inside the cancer patient. Cigarette companies stay in business, polluters can pollute, advertisers can glorify sunbathing, and those who enjoy good health can believe they have earned it. Only the ill are left to feel guilty.[33]

Living in the body is always problematic and can be especially dangerous when the body gets sick. Vulnerability and the potential for pain, suffering, torture, and abuse is inherent in corporeality itself, so corporeality defines one's freedom.

I disregard the body not because I do not find it interesting or beautiful, but

because this most demanding and capricious thing holds me back. Its degrading influence prevents me from accepting it as one with the self and makes me perceive it as a trap. In moments of perfect health, associating the self with the body comes easier but I doubtlessly reject it at times when it becomes a greater nuisance that could be discarded with no sentiment for some more liberated form of existence.

My work translates these feelings of alienation of the mind that feels imprisoned in the body. I try to communicate the tension that results from the bodily entrapment through violent stretch and contraposto, a twist of the discontent figure struggling to free itself from itself.

2. Medical Disciplining and Objectification of the Body

a - The Body as a Scientific Subject

Being defined as diseased may render the body especially repulsive and form a new, stigmatic identity. The illness, as well as a diagnosis of it, objectifies a person as one becomes labeled with a disease when its name gets attached to him (a diabetic, a cancer survivour). This objectification is magnified by medical scrutiny and routine. Strong confidence in objectivity and reliability of test results, numbers and diagnostic images allow medicine to discourage any subjectivity of the patient's experience. A person loses his identity and is reduced to a unified medical case. The body becomes a thing that is being described. The physician helps the patient find out how he feels and teaches him to trust the objective diagnostic measurers more than his own responses.[34]

In this way one learns to distance oneself from his/her organism, from his/her body.

When a person becomes defined as sick he is expected to conform to medicine's general view and play the role of a submissive patient. There is little chance for a more symmetrical relationship of interchange as many physicians seem to believe that it infringes on their authority. Doctors' belief in their obligation to have absolute control over a therapy started to develop in the mid-nineteenth century with the emergence of "hospital medicine" in the place of "bedside medicine". For example, in state, working class, Parisian hospitals, patients were constantly reminded of their social place. A testimony from that period states: " . . . they must comply, unhesitatingly, with the doctor's advice, and abide by the directions of the medical officers; if the slightest difficulty occurs they are immediately discharged."[35] Only well-to-do patients, socially equal with their physicians were partners in their treatments. The direct patronage allowed the rich to control their medical service. Those patients could also actively participate since they were almost as sophisticated about medicine as physicians due to the popularization of medical knowledge in magazines they could afford to buy.[36]

The emergence of modern hospitals allowed medicine to become scientific, since doctors and surgeons could study diseases starting from symptoms through the development of illness to the autopsy. The drawback of this opportunity was that in the process patients became reduced to cases of a disease and subjects of medical investigation.[37] The change in the way medical care was delivered was followed by a

disregard for the individuality of patients and their suffering as well as their limited control over their treatments.

Nowadays, a "good patient" (easy to cooperate with) still does not try to control his therapy, does not question the doctor's orders and accepts having the distinctiveness of his individual suffering diminished by medicine's unified perspective.[38]

If a medical requirement to comprehend by classifying and labeling is not satisfied, unclassified symptoms or suffering tend to be ignored as non-existent. They have to be ignored to preserve the illusion of control. Anything that cannot be efficiently translated into a clean scientific formula demands an admission of shortcomings of medical knowledge, medical practitioners and treatments, that consequently could jeopardize the authority of all of these.

Both the physician and the patient have a desire for objective truths which, they hope, enable them to understand and control the sick body. Anything uncontrollable, illogical, unexplainable is threatening. Suffering defies logic and proves how small and vulnerable we are in the face of it.

Works of Jo Spence as well as her verbal testimonies in *The Picture of Health* describe the complexity of feelings one experiences when faced with medical scrutiny and objectification, as well as a hidden disorder. She said:

> I was confronted by the awesome reality of a young white-coated doctor, with student retinue, standing by my bedside. As he referred to his notes, without introduction, he bent over me and began to ink a cross onto the area of flesh above my left breast. I heard this doctor, whom I had never met before, this potential daylight mugger, tell me that my left breast would have to be

> removed. Equally I heard myself answer, "No" . Incredulously; rebelliously; suddenly; angrily; attackingly; pathetically; alone; in total ignorance. I, who had spent three years (and more) immersed in a study of ideology and visual representation, now suddenly needed another type of knowledge of how to rebel against this invader, but also of what to do beyond merely reacting negatively. I realized with horror that my body was not made of photographic paper, nor was it an image or an idea or a psychic structure . . . it was made of blood, bones and tissue. Some of them now appeared to be cancerous. And I didn't even know where my liver was located.[39]

Like Jo Spence, I try to convey a sense of fear and rejection of one's own malfunctioning organism, helplessness and vulnerability in the face of illness and its treatments. The body of my drawings is knocked down, assassinated by an unspecified torment. Distressed and in a defensive gesture, it shows the fear of the unknown reason for its suffering. Lack of justification for the pain and identification of its source heightens feelings of anxiety and helplessness. This exposed body has lost its identity reduced by illness to its physiology and then broken to parts by medicine.

The hieroglyphic printouts of test results, incorporated in my Little Gallery exhibition of April 2004, are evidence of submission to the illness as well as to the sanctioned invasion and probing. These printouts also show how the body, deconstructed by means of medical technology, is translated into a generalized image within systems of lines, graphs, geometric shapes, codes, numbers and data. The ambiguity, fragmentation and obscurity of the results also reflect the equivocal nature of all that pertains to the body and its life. The pinnacle moment of that uncertainty occurs in a fragile newborn organism that does not yet even have its own identity. The *newborn*

drawings are explorations of that point where the promise of life meets with the premonition of mortality.

My research into representations of the ill body has led me once again to the self-portraits of Hannah Wilke (il. no. 6). Some of her images seem to be a continuation of the Medical Venuses tradition where sensual figures wear blissful and oblivious smiles while presenting their cut-open bodies. The juxtaposition between Wilke's body, scarred by surgical procedures and chemotherapy, and her "pin-up girl" poses asserts her ego invulnerability but a tension comprised within the pictures makes a dramatic impact on the viewer. Only with the progression of her dying, when her body, marked by the ravages of illness rapidly deteriorates, does Wilke quit her humour and playfulness. She stops flirting with the maliciousness of death, starts to resemble a damaged Venus or a martyr in a Renaissance painting. If she makes eye contact with the viewer, it is that all-knowing, heavy look of a person who is tired of awaiting her end.

Contrary to Wilke's images, Jo Spence's photographs are full of pathos and show her unable to distance herself from her condition (il. no. 7). Wrapped up in her pain and fear, Spence does not hide her vulnerability and despair as she struggles to accept her "monster" body, deformed by cancer and its treatment. Overwhelmed and lost, she associates herself with a violated child, as she reenacts her experiences.

As much as I admire Wilke's bravery, I can easier comprehend Spence's feelings and images of total crisis and loneliness in defying the illness and medical orthodoxy as well as her reluctance to submit to the "medical machine".[40] Spence's self-portrait as a

weeping child illustrates both helplessness in illness and passivity that medical care expects from the patient. In this I see some affinity between her images and mine.

b - Sanctioned Torture

There is little respect for the uncontrollable, mystical or illogical in medical investigation. The gray zone creates too many doubts. If a patient and his organism were treated as a whole, in many cases, much of the confidence in medicine's harmlessness and necessity would be lost. Taken apart, an objectified body is easier to distance from, enabling medicine to push it into a standardized frame and conduct harsh probing and treatments; many of which are not necessary or could be substituted by less aggressive methods. This needless violation and almost frivolous experimentation with the body is, in my opinion, a form of sanctioned torture.

V. OWNERSHIP OF THE SICK AND THE OLD BODY

As a core part of their political agendum, feminists of the 1970s reclaimed power over "medical care and regulation of the female body".[41] I see the limiting and repressive mechanisms of medical orthodoxy as having an impact on everyone regardless of gender. The scrutiny and judgements of the medical profession, the stripping of the body, objectification, categorization of a person as a passive patient or helpless victim can be expected in attitudes of male and female physicians toward male and female patients alike.

1. Shift of Power to the Medical Establishment

Arthur Frank draws an analogy between medical patients and people who were colonized: "Just as political and economic colonialism took over geographic areas, modernist medicine claimed the body of its patient as its territory . . . "[42] He writes further about losing identity and individuality, becoming just a sick body when submitting to a prescribed, medical "patient" game in which "illness responsibility is reduced to patient compliance".[43]

The fitting of a patient to a prescribed identity, most frequently accompanied by the dominating and patronizing attitude of medical professionals, gets harder to accept with the popularization of medical knowledge which allows people to be much less ignorant than these professionals want them to be. Consequently, more people, instead of inertly following a dictated regimen, wish to become equal partners in control over the course of their treatment. It becomes obvious that there is a need for a new model that takes into account this shifting dynamic. Frank proposes that "political life should conform to moral principles" and empathy should not be what "one person *feels* for another but rather what "a person *is* with another".[44]

a - Reliance on Medicalization

The pace and structure of modern life requires our health to be restored quickly. Getting sick, like any other disruption of a daily routine or productivity in the nuclear

family, creates a disastrous domino effect. Under the pressure to get the patient quickly back to full capability, medicine focuses on alleviating or getting rid of symptoms instead of healing the cause of them. At the same time, the belief in the body's natural powers to heal itself is diminished because many of us cannot afford any slowing down to give the organism time and rest for a natural recovery.

A need for a quick fix and a tendency to relegate responsibility over the sick organism causes growing reliance on medicalization and medical procedures.

The pharmaceutical industry in its "commitment" to health offers a chemical remedy for every minute discomfort and encourages drug intake as a preventive measure as well. TV commercials brainwash us constantly into a belief that drugs can fix everything and even make us happy by granting a life free of suffering. They convey a notion that medicating oneself is a smart choice, otherwise suffering is one's own fault. Taking certain medicines is portrayed more as a part of a desired life style than a treatment.

The persuasively sold promise of immediacy of relief and our hedonistic avoidance of pain allows us to ignore the dangerous side effects of painkillers. The overuse of these drugs makes our bodies oversensitive to pain and at the same time diminishes the analgesics' effectiveness forcing the intake of larger doses. Growing reliance on medication and medical procedures puts us in the hands of the pharmaceutical and medical establishment and makes us dependable on the politics of the healthcare industry. Nevertheless, many people are willing to become subordinate in this power relationship, due to the comforting belief in the magic cures created by science.

b - Medical Efforts to Postpone Death

Medical progress allows many people to function with some chronic diseases and disabilities that were uncontrollable or fatal in the past, and this creates an illusion of any disease being manageable or just a temporary indisposition. Getting well is an obligation and the only assumed outcome. Medicine's fixation with providing treatment, regardless of circumstances, prolongs the least desirable stage of life, shortly preceding death. Because of the Western fear of death, the innermost belief in immortality, and the unrealistic expectations of medicine to resurrect a person from every illness, even the irreversibly comatosed and the dying body is guaranteed permanent care and life support in highly specialized institutions. At the same time, it is uncommon for the old or frail to stay in their own homes and die in their own beds. Such people move to nursing homes which take over the control and ownership of their bodies.

Some physicians consider extreme cases of such control as a new and critical form of elderly abuse by the system. These physicians wish to stop providing aggressive and invasive therapies to keep the dying alive but are obliged by the law to continue with their technical task. This unbeneficial fight with death consumes, in the last year of life, up to five times the money an average individual spends in all previous years.[45]

I see this process of making dying difficult as cruel and immoral. Ironically, all the physical, psychological and financial suffering seems to be, in many cases, self-inflicted due to a belief in immortality and a superstition that prior legal arrangements expressing

terminal wishes may result in provoking earlier death.

2. Institutionalization of Illness and Old Age

a - No Place in the Family For the Sick and the Old

Any short indisposition may create havoc in the lives of the contemporary Western family, but an enduring disorder or disability is a true burden. Loose community ties and the smaller family unit do not encourage permanent care and support. The division between the healthy-productive and the weak-useless increases. The latter find their place in the world of institutionalized support where the stages of the social separation are marked by deterioration of health and independence.

Old age is no longer associated with wisdom, so the old and weak are marginalized. They become invisible, undesirable bodies that must go into hiding.
Instead of being accepted as a natural process, aging seems rather to be the most terrifying and the worst thing that can happen to a person. Our daily war with it is constantly present in the media and advertising.

b - Separation of the Sick

A tendency to keep the body, stigmatized by difference, on the margin of society stems from our animal aversion for the irregular and the weak.
This need for exclusion and disciplining of the unwanted is partially answered by places

like hospitals and nursing homes where such weak bodies are obliged to obey and conceal themselves. An isolated person is easier to control and coerce into compliance so a trade-off of institutionalization means frequently a loss of ownership of the body.

In hospitals, to be effective and efficient, doctors distance themselves from the trauma and emotional crisis they witness daily. In their dispassionate, focussed-on-fighting illness approach they can forget about the patient and allow his body to become a territory of experimentation and a battleground between them and the illness. Like any battleground, the body can be destroyed in this combat.

The half-conscious condition of the mind caused by drugs, pain, isolation and loneliness in one's own fears; psychological and physical discomfort are the states I try to capture in my images. I use bandages and nakedness which I associate with the hospitalization of the body that is frequently stripped and exposed for endless investigation, which, as an outcome, leaves the body reassembled, sewed, patched and bandaged after it has been wounded (slides no. 6, 7, 10, 11).

VI. OWNERSHIP OF THE DEAD BODY

1. The Dead and the Living Separation, A Modern Denial of Death

> Even the mad, the criminals, the abnormal can find structures offering assistance in the new cities: that is, in the rationality of a modern society, only the function of death can no longer be located. What to do with the dead? Nowadays it is not normal to be dead. Being dead is an anomaly, a form of deviancy.
>
> Jean Baudrillard.[46]

The belief in everything being fixable, reversible, or manageable is threatened in the face of death. Death in its permanency and finality can no longer be refused. Witnessing bodily disintegration in dying horrifies most of us, so we need to distance ourselves from it. The separation of the dying is one of the ways of suppressing the truth about our bodily existence and inherent suffering.

As we try to mask this tragic fact of life we leave people who are dealing with it in horrible loneliness. Death, denied as a natural transition, can be perceived as unjust punishment or a failure. Some people play a cheating game of pretence by hiding the pain and fears and pretend to be brave in dying to conform to socially acceptable behaviour.

In pre-modern times, up until nearly the twentieth century, existence was riddled with diseases and threatened by epidemics. Consequently people lived in the constant proximity of death. Although, there have been long efforts of our culture in trying to dichotomize life and death, only the contemporary system succeeded in it to the point of making death disappear. Death, as intolerable as illness or old age, is given no place. Since it has gone out of sight we have lost ownership of this mysterious and natural experience. The prevalent concept and image of death we observe is created by mass media. Movies and news constantly show uncommon death and dying resulting from accidents, cataclysms and homicides. Hence unusual, frequently violent, death, is the only familiar kind of demise, the kind we understand and accept. We have become

desensitised to horrible ways of dying while cultivating our fears and ignorance about the natural end of life.

While the real process remains an abstract idea, the implication is that mortality is avoidable. (The *TV death* is unlikely to happen to us.) Thus when we finally face the end of our existence, the dread of the unknown mounts, causing despair. The decline of religious beliefs and spirituality together with the disappearance of the extended family leaves us alone and apprehensive in this last life transition.

Social attitudes toward the subject are reflected in art history, which in addition to images of demise of historical heroes and mythological characters, is full of biblical scenes of the suffering of Christ and saints. However, these deaths have a connection with the idea of salvation and resurrection. Common people's deaths deserved to be represented in the past almost solely in extraordinary circumstances like wars, revolutions (as in the art of Käthe Kollwitz or Francisco Goya), or catastrophes (Gericault's "The Raft of the Medusa") again ascribing special meaning to dying. However, there are a few examples of the most banal death as subject matter. Gericault, for instance, investigated this extreme of the human condition with the interest equal to that of a scientist. He painted severed heads and decaying body parts, and also studied dying patients in a hospital. Later on, in the mid-sixties, Edward Kienholz in his installation, *The State Hospital,* gave a poignant testimony to loneliness and claustrophobic misery of a hospital existence. He presented a mummified body, strapped to the bedframe, reduced to a painful awareness of itself, its own entrapment

and slow decay.

Mundane death belonging to ordinary people is an emerging interest in the latest imagery that uses the human body. The *Morgue Series* by Serano exposes, in my opinion, the loneliest of deaths - nameless and only signified by its cause. The photographs show anonymous and dismembered autopsied bodies, belonging to the unwanted who exist on the margins of society. Their lonely deaths follow their ostracized, rejected lives.

Fears of loss of corporal identity and integrity in death, horrors and disgust of the physiology of sickness and dying are present in my *decay* and the *newborn* images where bodily fluids - vomit, blood, pus, decaying flesh, and bruises become premonitions of death.

My series of drawings of internal tissues and membranes have associations with dissection and autopsy. These exposed insides are powerful signs of death, the same way the wrappings holding the empty, skeleton-like pelvis of the figure in one of my diptychs are literal indications of the grave. In my self-portraits, tight wrapping of the mouth is a measure to ensure that the soul does not leave through this orifice. It becomes emblematical of the desperation to keep the body alive and avoid death.

2. Professionalization of Death

a - Shift of Ownership to the Institution

Death, moved from the familiar surroundings of home to the institution can be

concealed. The more it is out of sight the less courage we have to deal with it. What used to be a family affair becomes an impersonal, systematized enterprise. On the death bed, one can rarely count on domestic intimacy, and later on, the dead body being handled with tenderness that only family can provide. The very idea that a hospital or nursing home bed has been a place of prior deaths of many anonymous bodies deepens the impersonal character of institutionalized dying.

In the mid-nineteenth century, when people still died in their homes, the body was washed, dressed, and laid out by family. Members of the community had their established roles in the death and burial ritual. Children witnessed the process, following ceremonies and the grieving process. Only the destitute and lonely died in hospitals. Otherwise, people did not become outcasts simply because they were dying.

Postmortem photography proves that the deceased remained a part of the family long after death. Displaying memorial images not only helped in the bereavement process but also was a visual means of extending relationships beyond the grave. These images reflected an array of emotions of the mourners - tenderness, compassion, devotion, sorrow and despair. Taken in the same surroundings in which the deceased lived, their composition was frequently dictated by the grieving family. The adult corpse was usually placed sitting or standing propped against furniture to make it look alive. That governing principle seemed to reach its capstone in arrangements where a sitting corpse was "reading" a newspaper or a book. Efforts like these can be considered a form of denial of death, especially in the case of deceased children where

even more attention went into presenting them as beautiful and animated as it was possible. Rosy cheeks and open eyes were painted on a photograph of the *Little Drummer Girl* as she "posed" with a toy-drum and a stick in her hand ready to strike (il. no. 8).[47]

A respectful attitude toward the dead body could be expected not only from family but also from strangers. In 1873 *Philadelphian Photographer* published Albert Southworth's, a daguerreotype artist, advice for photographers in how to prepare the body for the picture:

> . . . If a person has died, and the friends are afraid that there will be a liquid ejected from the mouth, you can carefully turn them over [the body] just as though they were under the operation of an emetic . . . and every single thing will pass out, and you can wipe out the mouth and wash off the face, and handle them just as well as though they were well persons . . . then place your camera and take your pictures just as they would look in life, if standing up before you.[48]

Memorial images of dead bodies slowly vanished together with the onset of the professionalization of death. Once so gentle, the transition between the world of the living and the dead has become a definite separation, harshly marked by the moment of death.

The decline of spiritual life undermined the belief in reunion with the dead ancestors. Economic and social changes formed one generation families and caused a vanishing of firm community structure. All these changes led to a loss of intimacy in dying, modifications in rituals, and diminishing of physical and emotional connections

with the dead. Death and the dead body went out of sight and control of the family.

b - The Perfect Body; the Final Body

With the professionalization of death came the shift of ownership of the body. Professionals in the funeral home started to provide cleaning of the corpse, make up, clothing and beautiful surroundings. The control of the body progressed with the popularization of embalming. Prolonging dying to the point of complete exhaustion of the organism left the corpse harsh looking so beautification was required. This way death became aestheticized.

The individuality of death disappeared from the face of the dead together with the uniqueness of the home surroundings. Nowadays every body that is photographed is first placed in a casket with its eyes shut and in an uniform, rigid pharaoh-like pose, surrounded by the objects which imply that it solely belongs to the world of the dead. The body lost its vulnerability and awkwardness and an acquired improved, orderly, dummy-like appearance.

Contemporary graves have a uniformed shape and size giving a less individualised and sentimental appearance to the graveyard. As a consequence the more sterile look of the contemporary cemetery does not give an impression of the extension and substitute for the home environment. Washing our hands of death reinforced the denial of its naturalness and the idea that it is obscene and a failure. Ironically, in the end of

our quest of "corporeal immortality", through death and with the beatified corpse we come the closest to the aesthetic ideals of the perfectly disciplined, controlled and preserved body.

VII. CONCLUSION

In this paper I described my artistic interest in the body that stems not only from my particular upbringing but is also a result of biological conditioning that makes all humans perceive the world through their bodies.

I developed an idiosyncratic perception of my body as a separate biological entity loosely associated with the mind that constitutes "self" - the entity governed by its own set of rules and its own designs. By getting sick and aging it manifests its own destiny buried in the genetic code, the destiny that I share but do not accept. Consequently, there is an uneasy relationship between me and my body, oscillating from my admiration of its complexity, to aversion for its instability and physiology which are beyond my control. At times I have a perception of being held hostage by the body's everyday demands and by its malfunctioning in illness. Thus, I cannot claim any real ownership of my organism. There is disassociation and separation from it, a sense of occupying it instead of being it. This perception lies at the bottom of my art making.

Through my research I wanted to get a better understanding of how social and scientific developments modified attitudes and expectations toward the body. I realized that social changes and a rapid progression of technology leaves the human body pathetically inadequate and inefficient. Despite medical advances it seems more than

ever cumbersome, limited and unresponsive. It becomes an increasingly outdated tool still in use as we do not know yet how to get rid of it, while maintaining life.

The contemporary body acquires more and more high tech attachments - modern prostheses - just to keep pace with the changing demands of life. These attachments are becoming qualitatively different from the traditional ones and are fusing with the body's biological functions creating symbiotic relationships of the body and technology.

In a hedonistic quest for unlimited pleasure, human kind increasingly relies on devices which involve the lesser body's participation. Moreover, in this process, the body becomes an obstacle by its very physicality. It starts to symbolize what is to be avoided: pain, struggle, illness, abuse, discomfort, trauma and dying. Considering all this, we need to begin to reevaluate our romanticized attitudes toward this body and stop sentimental practices of mending it like a favourite old coat that is so fragile it might not survive the restoration itself. In the future, we might have to abandon it as obsolete. My view is best described by Kunst: "If you can make a machine that contains the contents of your mind, then the machine is you. The hell with the rest of your physical body, it's not very interesting..."[49]

I do not see my research and body of work prepared for the MFA exhibition as a final statement or a fixed conclusion. Both are rather the point from which I will proceed to renegotiate my relationship with my body, continue my inquiry and artistic pursuits.

VIII. APPENDIX

Description of the Exhibited Images; the Use of Tools and Materials in My

Production.

Works prepared for my MFA exhibition comprise sixteen drawings in mixed media on gessoed printmaking paper and five acrylic paintings on board. Corresponding with these images are slides no. 1-16 for drawings and 17-20 for paintings (included in a bound copy of this paper).

My choice of acrylic paints over oils has been dictated by several factors. Acrylics remain flexible and do not crack or discolour over time. Their versatility allows transparent and opaque applications as well as painting in thin layers over heavy impasto. However, they dry fast and I find only a limited possibility of blending and manipulation of paints on a supporting surface. In this aspect acrylics are less forgiving then oils. As supports I have chosen boards instead of canvas in order to have smoother paint application while using thin washes and glazes.

My selection of models for the paintings was dictated by their suitability to the subject matter I wanted to present. To illustrate two major transformations in a woman's life - menarche and menopause - I used young girls and older women as models. Women in my images were placed in home surroundings, bedrooms or bathrooms.

Objects included in the images: a bra, a shoe, a faucet, panties, a wire coat hanger with a belt arranged in a shape of a cross, are emblematic of mixed feelings of sexuality as well as its repression, shame and guilt. The emptiness and coldness of monochromatic backgrounds and the instability of space are symbolic of loneliness and fear of change associated with going through life stages. A role of the environmental context in my images as well as of the mediums and techniques used to translate my

concepts into visual terms is covered in detail in the body of this paper.

For my drawings I use printmaking paper for its durability. India ink, acrylic medium, graphite, lithographic ink and orange oils were the mediums which I manipulate with brushes, pencils, feathers, razor blades, erasers and sandpaper. Through the use of rough mark-making, stains, washes and bruises applied to the surface I try to communicate how the diseased flesh behaves. Some of the organic materials, like fermented India ink, become symbolic of the bodily fluids. Other liquids penetrate deep to the grounds and from within alter the surface. The results of such renditions are images of battered bodies trapped in beds with heavily soaked, sweaty sheets.

Some of my drawings are made by my skin painted and pressed against gessoed paper. This direct application of my body as an art process allows more expressive movements to be registered. I could not obtain such results in my paintings where the application is mediated by the use of brushes.

My involvement in the process of painting or drawing is based on adding and subtracting, revising what is worth improving while removing what compromises the wholeness of the image. I find both drawing and painting equally interesting and challenging, and I will continue with both forms of art making.

List of Slides

1. mixed media on paper, 38 x 28 in, 2004
2. Ibidem
3. mixed media on paper, 28 x 20, 2004
4. Ibidem
5. Ibidem
6. mixed media on paper, 38 x 28 in, 2004
7. Ibidem
8. mixed media on paper, 28 x 20 in, 2004
9. Ibidem
10. mixed media on paper, 28 x 38 in, 2003
11. Ibidem
12. mixed media on paper, 28 x 40 in, 2004
13. mixed media on paper, 40 x 28 in, 2004
14. mixed media on paper, 28 x 40 in, 2004
15. mixed media on paper, 40 x 28 in, 2003
16. mixed media on paper, 28 x 38 in, 2003
17. acrylic on board, 48 x 24 in, 2003
18. acrylic on board, 35 x 30 in, 2003
19. acrylic on board, 59 x 37 in, 2003
20. acrylic on board, 49 x 37 in, 2002

Endnotes

1. Elkins, James. *Pictures of the Body: Pain and Metamorphosis.* Stanford: The Stanford University Press, 1999. p. 5.

2. Elkins, p. 126.

3. Elkins, p. 128.

4. Solomon, Debra. "Mr. Bodacious", *The New York Times*, Nov.,16, 2003.

5. *John Currin: Oeuvres/Works 1989-1995*, Fonds Regional d' Art Contemporain, Limousin, Limoges, France, 1995, p. 38.

6. Kunst, Bojana. *Impossible Body, Body and Machine: Theatre, Representation of the Body and Relation to the Artificial.* Ljubliana: Maska,1999, www.Kunstbody.org.

7. Hopkins, David. *After Modern Art 1945-2000.* Oxford University Press, 2000, p. 83

8. Seinfeld, Jerry. "Seinfeld". NBC.

9. Frank, Arthur W. *The Wounded Story Teller: Body, Illness, and Ethics.* London: The University of Chicago Press, Ltd., 1995, p. 44.

10. Chicago, Judy. and Edward Lucie-Smith. *Women and Art: Contested Territory.* New York: Watson-Guptill Publications, 1999, p. 141.

11. Betterton, Rosemary. *An Intimate Distance: Women, Artists and the Body.* London and New York: Routledge, 1996, p. 144-6.

12. Danto, Arthur C. *Playing With the Edge: The Photographic Achievement of Robert Mapplephorpe.* Berkley California: the University of California Press, 1996, p. 330.

13. Ovid. *Metamorphosis* 14:56-60, trans. Rolfe Humphries, Bloomington: Indiana University Press, 1973, p. 340.

14. Kunst,1999.

15. McDonald, Helen. *Erotic Ambiguities: The Female Nude in Art.* London and New York: Routledge, 2001, p. 45.

16. Hopkins, p. 69.

17. Committee on the Rights of the Child, Produced by Human Rights Internet, www.hri.ca

18. Kunst, 1999.

19. Lichtenstein, Therese. "Games of the Doll", *Art in America*, Oct.1999, p. 99

20. Hopkins, 2000, p.191.

21. Eidale, Mircea. *Rites and Symbols of Initiation: The Mysteries of Birth and Rebirth.* New York: Harper and Row Publishers, 1958, p. 32.

22. Ibidem, p. 15.

23. Miglietti (FAM), Francesca Alfano. *Extreme Bodies: The Use and Abuse of the Body in Art.* Milano: Skira Editore S.p.A., 2003, p. 29.

24. Morrow, Martin "Love as a form of torture", *FFwd, Calgary News & Entertainment Weekly*, February 26, Vol. 26.

25. Tierney, Thomas F., in Weiss, Gaill. et al. *Perspectives on Embodiment: The Intersections of Nature and Culture.* London and New York: Routledge, 1999, p. 233.

26. Ibidem, p. 236.

27. Ibidem, p. 241.

28. Golub, Edward S. *The Limits of Medicine: How Science Shapes Our Hope for the Cure.* Chicago and London: The University of Chicago Press, 1997, p. 74.

29. Sarnecka-Dabrowa, Iwona. Unpublished artist's statement, 2004.

30. Chicago, p. 53.

31. Tierney, p. 238.

32. Golub, p. 98.

33. Frank, p. 172.

34. Frank, p. 34.

35. Golub, p. 64.

36. Ibidem p. 66.

37. Ibidem p. 67.

38. Frank, 1995, p. 11

39. Spence, Jo. "The Picture of Health ?" in Reckitt, Helena, et al. *Art and Feminism.* London: Phaidon Press, Ltd., 2001, p. 244.

40. Ibidem, p. 244.

41. Nead, Lynda. *The Female Nude: Art, Obscenity and Sexuality.* London and New York: Routledge, 1992. , p. 64

42. Frank, 1995, p. 10.

43. Frank, 1995, p. 15.

44. Frank, 1995, p. 150.

45. "60 Minutes", CBS, June 23, 2004.

46. Miglietti, 2003, p. 69.

47. Burns, Stanley B., M.D., and Elizabeth A. Burns. *Sleeping Beauty II: Grief, Bereavement and the Family in Memorial Photography: American and European Traditions.* New York: Burns Archive Press, 2002.

48. Burns, 2002.

49. Kunst, 1999.

Bibliography

Betterton, Rosemary. *An Intimate Distance: Women, Artists and the Body.* London and New York: Routledge, 1996.

Bright, Deborah, ed. *The Passionate Camera: Photography and Bodies of Desire.* London and New York: Routladge, 1998.

Burns, Stanley B., M.D., *Sleeping Beauty Memorial Photography in America.* Altadena, California: Twelvetrees Press, 1999.

Burns, Stanley B., M.D., and Elizabeth A. Burns. *Sleeping Beauty II: Grief, Bereavement and the Family in Memorial Photography: American and European Traditions.* New York: Burns Archive Press, 2002.

Chicago, Judy. and Edward Lucie-Smith. Women and Art: Contested Territory. New York: Watson and Guptill Publications, 1999

Certon, Marvin.and Davis, Owen. *Cheating Death: The Promise and the Future Impact of Trying to Live Forever.* New York: St. Martin's Press, 1998.

Committee on the Rights of the Child, Produced by Human Rights Internet, www.hri.ca

Creed, Barbara. *Monstrous-Feminine: Film, Feminism, Psychoanalysis.* London and New York: Routladge, 1993.

Danto, Arthur C. *Playing With the Edge: The Photographic Achievement of Robert Mapplephorpe.* Berkley California.: the University of California Press, 1996.

Eidale, Mircea. *Rites and Symbols of Initiation: The Mysteries of Birth and Rebirth.* New York: Harper and Row Publishers, 1958.

Elkins, James. *Pictures of the Body: Pain and Metamorphosis.* Stanford: The Stanford University Press, 1999.

Frank, Arthur W. *At the Will of the Body.* Boston: Houghton Mifflin Company, 1991.
Strand, Ray D., with Wallace, Donna K. *Death by Prescription.* Nashville: Thomas Nelson, Inc, 2003.

Frank, Arthur W. *The Wounded Story Teller: Body, Illness, and Ethics.* London: The University of Chicago Press, Ltd., 1995.

Freeland, Cynthia. *But is it Art?.* Oxford University Press, 2001.

Gill, Michael. *Image of the Body: Aspect of the Nude.* New York: Doubleday, 1989.

Golub, Edward S. *The Limits of Medicine: How Science Shapes Our Hope for the Cure.* Chicago and London: The University of Chicago Press, 1997.

Hackey, Jenny., Katz, Jeane., Small, Neill. ed. *Grief, Mourning, and Death Ritual.* Philadelphia: Open University, 2001.

Humphry, Derek. *Final Exit: the practicalities of self-deliverance and assisted suicide for the dying.* New York: Dell Trade Paperback, 1996.

Hopkins, David. *After Modern Art 1945-2000.* Oxford University Press, 2000.

Isaak, Jo Anna. Feminism and Contemporary Art: The Revolutionary Power of Women's Laughter. London and New York: Routledge, 1996.

Kristeva, Julia., Roudiez, Leon S., trans. *Powers of Horror: an essay on Abjection.* New York: the Columbia University, 1982.

Kunst, Bojana. "Body, Identity and Digital Technologies".

Kunst, Bojana. Lecture, Colloquium, "New Normativity in Aestheticts", Slovenian Association of Aesthetics, Ljubliana, Slovenia, 1999.

Kunst, Bojana. "Impossible Becomes Possible", *Performance Research.* Taylor and Francis Ltd., 1999.

Kunst, Bojana. "The Last Territory", *Frakcija* (N.4), April 97, Zagreb, Croatia.

Lichtenstein, Therese. "Games of the Doll," *Art in America*, October 1999.

Lucie-Smith, Edward. *Race, Sex and Gender in Contemporary Art.* New York: Abrams, 1994.

Lucie-Smith, Edward. *Sexuality in Western Art: The Erotic and the Sacred.* London: Thames and Hudson, 1991.

Mc Donald, Helen. *Erotic Ambiguities: The Female Nude in Art.* London and New York:

Routledge, 2001.

Miglietti (FAM), Francesca Alfano. *Extreme Bodies: The Use and Abuse of the Body in Art.* Milano: Skira Editore S.p.A., 2003.

Morrow, Martin. "Love as a form of torture", *FFwd, Calgary News & Entertainment Weekly*, February 26, 2004, Vol. 26.

Nead, Lynda. *The Female Nude: Art, Obscenity and Sexuality.* London and New York: Routledge, 1992.

O'Dell, Kathy. *Contract with the Skin: Masochism, Performance Art and the 1970's.* Minneapolis: the University of Minnesota Press, 1998.

Ovid. Metamorphosis 14:56-60, trans. Rolfe Humphries, Bloomingtone: Indiana University Press, 1973.

Reckitt, Helena, ed., Phelan, Peggy, survey. *Art and Feminism.* London: Phaidon Press, Ltd., 2001.

Sarnecka-Dabrowa, Iwona. Unpublished artist's statement. 2004.

Sayers, Janet. *Biological Politics: Feminist and Anti-feminist Perspectives.* London: Tavistock, 1982.

Seinfeld, Jerry. "Seinfeld". NBC

Solomon, Debra. "Mr. Bodacious", The New York Times, Nov. 16, 2003

Spence, Jo. in Reckitt, Helena et al., "The Picture of Health ?". *Art and Feminism.* London: Phaidon Press, Ltd., 2001.

Tierney, Thomas F., in Weiss, Gaill. et al., *Perspectives on Embodiment: The Intersections of Nature and Culture.* London and New York: Routledge, 1999

Weiss, Gaill. *Body Images: Embodiment as Intercorporeality.* London and New York: Routledge, 1999.

Weiss, Gaill., and Haber, Honi Fern., ed. *Perspectives on Embodiment: The Intersections of Nature and Culture.* London and New York: Routledge, 1999.

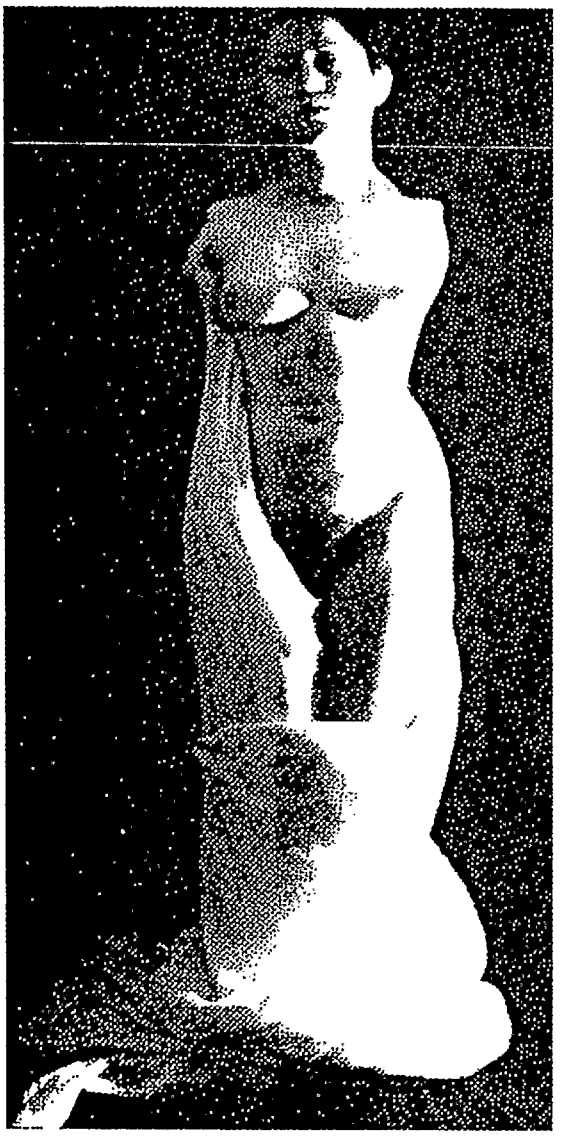
Welchman, John C. *Art After Appropriation: Essays on Art an the 1990's.*, Amsterdam: G+B Arts International, 2001.

"60 Minutes", CBS, June 23, 2004.

il. no. 1 Yves Klein *Antropometrie,* 1960

il. no. 2 Jenny Saville, from *Closed Contact*, C-print, 1995

il. no. 3 Joel-Peter Witkin, Mexican man



il. no. 4 Merry Duffy from *Cutting the Ties that Bind*, 1987

il. no. 5 photograph from Maple Salsa Theatre, "Cleansed" by Sarah Kane, 2004

il. no. 6 Hanna Wilke, from *Intra-Venus*, chromagenic print, 1992

il. no. 7 Jo Spence "Included" from *Narratives for Dis-ease*, 1983

il. no. 8 *Little Drummer Girl*, A posthumous Mourning Portrait, Sarah Lawrence of 119 Hudson Avenue, Green Island, Albany County, New York., Daguerreotype, tinted, 1847