The Body Navigated Through Moments of Abstraction

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Declaration:

I declare this research report as my own unaided work. It is submitted for the degree of Master of Arts in Fine Arts by research in the University of Witwatersrand, Johannesburg. It has not been submitted for any degree or examination at any other university.

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Abstract

My research explores how bodily trauma and the power dynamic between doctor and patient influences the relationship that an individual has with their body. I investigate bodily trauma such as physical injury or an accident that takes place and results in harm done to one's body, as well as how a patient becomes vulnerable under the gaze of medical professionals. These moments of bodily trauma and the interactions between doctor and patient abstract one's understanding of their physical body. By examining the writers and artists that work in this field of interest, as well as the globally recognised standard medical textbooks, my research and my practice aims to explore these moments of abjection that are experienced as well as the shift that takes place within an individual when they are altered from *subject* to *object.* I engage with these notions further in my practice through sculptural works/ installations that investigate the manner in which we look *at* and *into* the body, particularly with regards to physical injury.

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The Medical Opinion

"What doubtless remained longer than leprosy, and would persist when the lazar houses had been empty for years, were the images and values attached to the figure of the leper as well as the meaning of his exclusion" (Foucoult:1989, 4).

Throughout history, those who have been sick either physically or mentally have been cast away from society to a certain extent. This is a concept that is prevalent throughout Foucault's *Madness and Civilisation* (1989); how the sick have been feared and looked down upon by a broader society, how they have been pushed to the outskirts of civilisation and been treated as a spectacle to be examined. Foucault argues against the idea that modern healthcare is more humane than it was in the past. He points out that prior to the Renaissance, the ill and mentally ill were thought of and treated differently as they were considered to possess a type of intelligence that highlighted the limits of reason. Foucault points out that in the mid-17th century a new attitude developed whereby the sick and mentally ill were unescapably institutionalised and medicalised.

My research aims to explore how bodily trauma, and the power dynamic between doctor and patient influences the relationship that one has with their body. I will be investigating bodily trauma, in particular when an individual experiences a physical injury or accident that results in harm done to the physical body. When physical harm occurs, a wound is created, and the severity of the wound influences the way one reacts to the injury that they are experiencing. This can have a profound influence on the relationship that an individual has with their physical being and the manner in which they understand themselves in relation to their body and its functions. "These experiences may also serve to make them feel as if they are separate from their body" (Lupton; 2005, 199). The bodily trauma and wound that I speak of here, is something that most, if not all people have experienced. I do not wish to focus on the bodily trauma of one particular group in society, such as that of a particular race, gender or cultural/religious group, or even a particular type of wound, but rather on the actual moment of experiencing bodily trauma and the need to be rushed to consult a medical professional. These moments that bring about bodily trauma are generally unforeseen and are considered

accidents, and due to their nature of being unanticipated, they create a sense of shock within the injured individual. This shock creates a state of perplexity that makes the individual who is experiencing bodily trauma vulnerable. My research will explore how a patient experiences this vulnerability even further under the gaze and workings of the medical professional. This medical professional that I refer to here, for the purpose of my research and study, is a doctor that works within the structure of an established medical practice; a General Practioner (GP), a medic, a surgeon, or a specialist. I am referring to an individual that is in the field of Western Medical Practice. I am aware that there is a range of doctor figures outside of this category such as Traditional Healers, Faith Healers and Alternative Medicine, however, the focus of this paper is to examine the workings of the Western medical gaze and the way in which it influences the patients experience of injury. The medical gaze plays an interesting role as it disrupts the identity of an individual, shifting the individual from subject to object. Under the gaze of a medical professional, the patient's body becomes an object that needs examination and assistance. In this moment of assistance, the body loses its identity as an individual and becomes an object (a set of skeletal structures and organs that make a whole) in which the doctor needs to apply their specific and specialised field of knowledge. However, I do not merely wish to examine the workings between doctors and patients, but how bodily trauma itself can destabilise one's own certainty within their body and how it can change the relationship that one has with and towards their physical state of being.

The medical gaze disrupts meaning through its shift of subject to object. However, for this interaction to take place, the individual must experience a bodily trauma prior to this moment of engaging with a medical professional. There is an interesting interplay that takes place during the occurrence of bodily trauma as an individual often undergoes feelings of abjection depending on the severity of the physical injury. Once one's skin has ruptured, and internal fluids such as blood spill out of their natural confinement, meaning is disrupted in the mind of the individual, shifting them and their understanding and relationship that they have with their body from subject to object. This, in essence, makes their physical body something that is foreign to them, sometimes reaching a level of severity that is beyond the injured individual's comprehension.

In Chapter 1, titled *Bodily Trauma*, I examine the effect that physical injury has on an individual – the shock that it rouses within the individual and the relationship that the individual experiences regarding not only the pain from the injury, but the complexities of describing that pain to others.

In Chapter 2, titled *Abjection*, I explore the consequences of physical injury – the internal fluids spilling from their natural confines or internal structures of anatomy being visible externally as a result of injury and how this ultimately creates a sense of abjection to arise within the injured individual. I look at how this sense of abjection starts to create a distance in the understanding of the relationship that a person has with their physical body.

In Chapter 3, titled *Medical Gaze*, I explore the effect of the medical gaze and how the interactions between a medical professional and a person who has experienced bodily trauma further complicate the relationship that the individual has with their physical body, as their body is seen as a structure that needs to be analysed as a number of working parts, and not considered as an individual human. I examine the manner in which the person who has suffered bodily trauma becomes an object under the scrutiny of a medical professional.

In Chapter 4, titled *Abstraction*, I consider the how the human body is depicted and deciphered in medical textbooks and popular culture – how educational features regarding the human anatomy additionally abstract one's relationship with their physical being by further drawing the human body to be seen as an object rather than as an individual.

In Chapter 5, titled *Process Work*, I reflect on the process of this research paper guiding my final exhibition. I evaluate how the materials that have been used contribute to our understanding of the human body in moments of injury and the interactions that take place between a patient and the medical world and its procedures.

The motivation of this investigation was brought about through my own experiences of various injuries that have occurred – from bodily trauma that was produced from strenuous actions over time, to spontaneous injuries that created a deep sense of shock due to their sudden nature. In both these instances there was a strong feeling of abstraction that had

taken place where the mind and the body felt disconnected, as though they belonged to two separate individuals and were forced to co-exist in a state of contrasting emotions – accepting of what has happened, yet in denial of its effects: feeling familiar in one's body, yet feeling like a visitor at the same time. I use the term visitor as a body can be seen as home, but when it has been altered through injury, it is a home, but not the home as one knows it to be. This exploration is not a personal one whereby I am the subject. Rather, it is the starting point to how these feeling and experiences are universal regardless of one's age, race, or gender. It is part of the human experience, yet it is not clearly defined with its processes and outcomes which leads to these feelings of an abstracted relationship occurring between the mind and the body.

In relation to my practice, I aim to bring about and create a space of discussion, where individuals who had previously experienced a type of bodily trauma can reflect on their experiences of both the injury and interactions that they had with medical professionals. The experience of bodily trauma is not one that is clearly defined, but rather a multifaceted array of situations, emotions, and various other aspects that complicate and challenge one's relationship and understanding of their physical state. This complexity of the moment of injury is particularly intriguing as the patient is not only forced to experience a spontaneous situation where they are exposed to pain, but additionally, they are silenced to a certain extent while the medical professional takes on a leading role and decides what course of action will be followed to return the patient back to a state of normalcy. By creating artworks that are abstracted yet identifiable to an extent as human anatomy, I would like to explore how we look *at* and *into* the body – how we learn about human anatomy, and how the *medical gaze* (in various contexts such as the medical field, gallery context, medical education etc.) influences our understanding and relationship with our physical bodies.

Bodily Trauma

In Elaine Scarry's *The Body in Pain (1985),* she examines the concept of pain and the nature of injury. Scarry explains that "…for the person in pain, so incontestably and unnegotiably present it is that "having pain" may come to be thought of as the most vibrant example of what it is to "have certainty" while for the other person (the person who is not experiencing pain) it is so elusive that "hearing about pain" may exist as the primary model of what it is "to have doubt"" (Scarry: 1985: 4). What is meant here is that pain is a definer of one's current reality, because for the person in pain, it is a reality that is ever present with them – a constant reminder of the altered state of their physical body, one that they cannot simply escape or ignore. With this said, there is a particular sensitivity that is required in order to understand another person's pain. For the person hearing about the pain, it is not their direct reality, and so the listener can experience doubt in what is being presented to them, particularly if this pain is not visible by means of a wound. When the victim is experiencing pain that is internal, such as pain of certain organs when there is a disturbance to their normal function, often the pain is felt before signs appear externally that something is wrong. This is what makes the nature of pain so complicated as it highlights the "absolute split between one's sense of one's own reality and the reality of another person's". (Scarry: 1985: 4).

Another aspect that further complicates the nature of pain is one's inability to express it – "Physical pain does not simply resist language but actively destroys it" (Scarry: 1985: 4). When experiencing an injury or bodily trauma, one is reduced to cries of agony which cannot be encapsulated into language as the sufferer is overwhelmed with pain. In these moments, the shock of injury along with the pain being experienced takes over the individual, reducing their ability to communicate, even if it is only temporarily. Scarry elaborates on this idea further by stating that, "for physical pain – unlike any other state of consciousness has no referential content. It is not *of* or *for* anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objectification on language" (Scarry: 1985: 4). This causes the experience of injury and bodily trauma to take on an abstracted presence in the mind of sufferer. The person experiencing pain is absolutely certain of what they are feeling, however,

when faced with the task of verbalising these feelings, one is stricken with an overwhelming inability to communicate these exact feelings.

Scarry also points out the contradiction that takes place during these moments of bodily trauma and experiencing pain by stating that, “as in medical work, it is the assumption that the act of verbally expressing pain is a necessary prelude to the collective task of diminishing it” (Scarry: 1985: 9). Pain itself defies language, yet in order to overcome this pain, one must be able to communicate what they are feeling (to a medical professional) in order to alleviate their suffering. Without this ability to communicate, or without having someone to speak on the sufferer’s behalf, the medical professional can be misinformed or misguided as to what steps need to be taken for the patient to be returned to their normal state of being. However, bodily trauma, in terms of physical injury, is usually visually prominent and action can be taken to halt the immediate effects of the injury (such as bleeding), but with regards to further healing, language is needed to guide the recovery process. This creates a tension between the moment of injury and how an individual understands their physical state of being. This is especially the case when it comes to the aftereffects of injury – direct and visible symptoms of physical injury can be dealt with straight away by the medical professional, however, there may be underlying trauma that only develops after the victim has been treated by the medical professional – later down the line. These symptoms that appear later may not be visible and this results in doubt developing on behalf of the person who is listening to the previously injured person describe their pain. Before the pain progresses into something that causes cries of agony, in the beginning stages when it is only the injured person discovering their own discomfort, is when doubt is at its peak as the injured person appears to be in their normal state and it is difficult to understand a pain that seems to display no evidence.

Contemporary British artist Michael Clark investigates the idea of the wound through his artistic practice. In his oil painting *Untitled Wound (1991),* Clark makes use of a mixture of warm colours to create a surface which depicts a close up of the skins surface with a wound on it, or rather, the remnants of a moment of injury. The wound is not a direct representation, but rather a suggestion of the idea of the wound or physical harm that has been experienced. The fact that he has titled it *Untitled Wound* places the artwork in context of how it should be viewed and interpreted by the audience. By placing the word "Untitled" first, it creates a sense of mystery, perhaps with how the wound originated in the first place, or perhaps what may have caused it, or where it may be located on the body. However, by placing the word "wound" next to this, one immediately understands the image to be some kind of evidence of bodily trauma that has taken place. The contrasting tones placed alongside one another create the sense that trauma has occurred to the subject, however the surface of the skin is not ruptured so this is evidence of an injury that has taken place previously, or perhaps internally, with the surface still healing. This is the kind of pain that is visible to the onlooker, or the person who is listening to the person who is experiencing pain, as Scarry has spoken about. However, it also raises notions around the idea of healing and the fact that healing is not a linear process, but rather something that can go back and forth – from pain to a state of normalcy, and back to pain again – before one can truly feel like they did before the injury occurred. The evidence and marking of bodily trauma serve as a reminder of the injury that has taken place, so that once the injury has already been experienced, the individual is still forced to confront what they have gone through, both physically and emotionally.

The small scale of this painting requires an intimacy from the viewer as one has to move closer to see the detailing on the already small surface. This brings to mind the manner in which one inspects their wounds: generally bringing the wound closer in order to get a better reading of what has happened to the body during the moment of injury. The severity of the symptoms determines the approach that one takes when interacting with an injured body part – this is especially the case when the wound is not located on one's own body but the body of another. In the case of the painting, it would be assumed that the audience takes on the role of the onlooker. The role of the onlooker also brings about notions associated with the gaze – how we not only look at, but into the body, particularly in the case of an injured individual. The

painting does not give hints as to what part of the body has suffered the injury, so it highlights the complexity and abstracted process of understanding another person's physical pain.

Michael Clark, *Untitled Wound*, 1991, Oil paint, 11 x 14cm, Collection unknown. Photo credit: Victoria and Albert Museum.

Continuing with Scarry's notion of pain and how it abolishes language, my motivation for including Clark's work is to underline the power of visual language. When the spoken word is unattainable during or after a moment of injury, visual evidence (such as a wound, blood etc.) has the power to communicate feelings of distress through its physical existence. It conjures up feelings within the viewer or onlooker to hep gain a better understanding of what is taking place before them. Adding to this, even though a wound is not always present when accompanying pain, the implementation of the medical gaze through the use of medical instruments helps one to visually gain an understanding of one's pain through the many processes that are available – For example, X-rays that show fractured or broken bones, blood tests that show infection markers, sonars to show inflammation of certain organs etc. Factors such as this highlight the importance of visual language as they allow communication to take place when verbal language is not always available.

Another contemporary artist, Dragana Grujicic, also explores notions surrounding the wound and the visual impact that a wound carries within itself. The striking presence, the curiosity of

how it came about and the manner in which these thoughts linger in the mind after being exposed to a wound are clearly communicated through her work. In her one of her oil paintings titled *Wound (2007)*, Grujicic presents the viewer with a striking portrait of an open wound. Although she has not used a hyper realistic painting technique, the variety of deep red tones that she has chosen to incorporate create a particular depth to the two-dimensional canvas. The forms that have been created communicate clearly that this a severe gash, one that goes deep into the body as the viewer is faced with multiple layers of the wound itself. The abstracted shapes that have been used emphasise the damage that has been done to the surface of the skin. The light line that flows downwards just off centre on the canvas makes it clear that this wound is fresh, one that has just occurred and needs attention as it appears to be dripping downwards, highlighting the fresh nature of the injury that has just taken place. It is not a wound that is healing and has been dealt with, rather it is an active wound that demands treatment before potentially getting infected. The skin tones towards the left side of the canvas contain tints of blue which allude to a physical trauma having taken place along the wound. Due to the size of the canvas, it takes on a more confrontational manner than the work of Michael Clark. This confrontational aspect serves well when thinking about severe injuries. Often, because these injuries are so unexpected, the element of shock is heightened when they occur, causing the victim and onlookers to be faced with something that requires immediate attention. The sense of shock may halt or slow down the process of action that needs to be taken as the individual is processing what has happened. However, the sense of urgency is further heightened by the cries of the person experiencing the bodily trauma and often these moments remain with the victim long after the injury has occurred – changing the way they think of their physical body by realising that our vessels are not indestructible, but rather fragile. This can often make an individual navigate through the world more carefully from fear of repetition of the same experience. This experience of navigating shock and requiring treatment emphasises the tension that is undergone by both the injured individual and the onlooker.

Dragana Grujicic , *Wound*, 2007, Oil paint, 100 x 150 cm, Collection Unknown, Photo image by unknown

Abjection

In Julia Kristeva's *Horrors of Abjection (1982),* Kristeva explores what gives rise to horror and disgust in humans, as well as the exploration of why these matters in particular cause feelings of abjection to arise. Kristeva claims that, "The abject has only one quality of the object – that of being opposed to I," (Kristeva: 1982: 1). What is meant by this is that when one experiences a breakdown in meaning that is the result of a deficit in distinction between the subject and object, a sense of abjection arises. An extreme example of this can be seen through a corpse. A corpse is a body that was previously living, but is now overcome with stillness of death, seemingly transcending into the abject realm of becoming an object. Upon viewing this, it causes our understanding of the living body with identity and meaning to linger on the border of life and death. This is what ultimately causes the breakdown in meaning. However, when one experiences a particular bodily trauma that causes the need to go to hospital, a very similar sensation of shock and disassociation arises. This type of injury to the body causes a breakdown in the meaning of what one considers to be their state of health and their state of normalcy. There is a breakdown between the relationship of one's mental state and the relationship that they share with their physical body. The body which has fundamentally carried and been one's holder of identity starts to seem foreign by the rupture or puncture of surface. The relationship of certainty that one has with their body becomes less certain and one feels as though they are a visitor in their own vessel – no longer certain of the place that they hold. "Abjection is above all ambiguity. Because, while releasing a hold, it does not radically cut off the subject from what threatens it – on the contrary, abjection acknowledges it to be in perpetual danger" (Kristeva: 1982: 9). Severe injuries remind one that death is a possibility for all. They are a threat to the state of life that one currently holds, and this is what makes bodily trauma contain such a potent sense of abjection. This is even more so the case when a physical injury comes as a complete surprise or was not anticipated – the level of shock is heightened as one must face the symptoms of injury in a state of unforeseen disarray, which ultimately stirs on more adrenaline and makes the experience more impactful in the mind of the person who is experiencing the injury.

When one thinks of the body, it is often considered to be in its pure state, a pure body. Abjection, on the other hand, aligns itself with the impure. When referring to the abject being neither a subject nor object, one can consider bodily fluids to be an example of this. Essentially, bodily fluid is a part of what formulates and carries one's existence, it *is* the individual. However, it is simultaneously not the individual as it is seen as a substance *of* the individual. It is in this instance of the internal fluids spilling out that break not only a physical boundary, but the boundaries of one's understanding of their normal physical state. "The abject is perverse because it neither gives up nor assumes a prohibition, a rule, or a law; but turns them aside… the better to deny them," (Kristeva: 1982, 15). When experiencing an injury that results in bodily trauma, the rules of the normal state of the body are disrupted through means of rupture of the skins surface or internal injury that becomes visually prominent, whether it be instant or take time to be visible on the surface. This disruption to one's physical state abstracts one's relationship to, and one's understanding of their physical body. The rupture of the skins surface also signifies ideas of abjection as there is a threat of infection with a wound. Infections are caused by bacteria that is foreign to the human body, however, once inside the human body, it becomes a part of that particular body and disrupts its normal state of being by means of making its victim ill or causing a variety of growths to appear which were not previously on the body. Growths specifically are seen as an object, yet by occupying the body they become part of it, causing the boundary of self and object to blur. These growths, or signs of infection by means of pus, are a clear indication that the body has been invaded by a foreign entity, further heightening the sense of abjection that the individual may experience. Susan Sontag also comments about the notion of abjection in *Illness as Metaphor* (1978), as something being created by means of a threat through the use of military language that is used when an individual falls ill when she states, "every physician and every attentive patient is familiar with, if perhaps inured to, this military terminology. Thus, cancer cells do not simply multiply; they are 'invasive' ('Malignant tumours invade when they grow very slowly,' as one textbook puts it. Cancer cells 'colonise' from the original tumour to far sites in the body, first setting up tiny outposts ('micrometastases') whose presence is assumed, though cannot be detected" (Sontag: 1978,64). It is not only the physical threat that heightens the sense of fear to arise in an individual that creates a sense of abjection, but also the way language functions to create an understanding of it. By using

military language in association with disease and substances that create feelings of disgust, it immediately evokes a sense of threat that emphasises one's feelings of abjection.

In Rina Arya's *Abjection and Representation: An Exploration of Abjection in the Visual Arts and Literature (2014)* the subject of abjection is further explored. Arya explains that, "Fear of the other is central to abjection," (Arya: 2014, 7) and this is once again evident through the example of bodily fluids that was mentioned earlier in relation to Kristeva's writing. Additionally, the sense of abjection can be magnified when one is faced with another person's bodily fluids as they may be carrying an infection that is not directly evident. Arya also discusses how, "Identity is constituted through a process of abjection resulting in clearly delineated boundaries between different states: inside and outside, life and death, and so on" (Arya: 2014, 40). There is a clear sense of being that one has with regards to the state of their physical body. However, when faced with the risk of infection or experiencing bodily trauma, one's sense of self is threatened or altered causing a breakdown in meaning of what one knows their physical body to be. "Abjection is not a stage 'passed through' but a perpetual process that plays a central role within the project of subjectivity," (Arya: 2014, 18). This is in part what makes abjection so threatening: it is not something that one goes through and can simply overcome, but rather, it is something that is consistently lurking, an ever-present threat. It is something that one can't escape as it is intertwined with one's very existence. There is always the threat of physical injury or being infected by bacteria that one cannot see or know about as one can never be fully in control of the world that they live in – there are always external forces influencing the nature of each environment that one occupies. This is what essentially makes up the world that one lives in, yet simultaneously puts one under threat.

There is a particular moment in which Kristeva speaks about the *time* of abjection where she mentions, "time crops up suddenly and condenses into a flash of lightning an operation that, if it were thought out, would involve bringing together the two opposite terms, but, on account of that flash, is discharged like thunder. The time of abjection is double: a time of

oblivion and thunder, of veiled infinity and the moment when revelation bursts forth" (Kristeva: 1982: 8-9). This can be thought of in relation to injury, specifically, when bodily trauma occurs. Injury often happens quite spontaneously, and in that spontaneous moment, outside meets inside and meaning is disrupted. This ultimately fuels the feeling of shock that one experiences during these moments of injury, which heightens the sense of abjection that is created and experienced through the individual experiencing the bodily trauma. The heightened sense of shock leaves a stronger impact on the person experiencing the physical injury, and thus starts to develop a potential anxiety about accidents or instances that may occur in the future.

Anish Kapoor, a contemporary British visual artist, demonstrates a strong sense of trauma and abjection through his work. One of his pieces titled *Internal Objects in Three Parts (2013 – 2015)* is made up of large-scale paintings made from silicone and pigment. The pieces are highly abstracted and confrontational due to their size. The title, paired with the rich colouring of the pigments, alludes to something living being torn asunder – a violent dismembering that has taken place. The silicone has a particular quality that makes the artwork appear wet, which adds to the feeling of it being read as something that is still alive, something that has not perished but persists through the agony that it has experienced or is experiencing. The appearance of an open wound, especially at its scale, emphasises how trauma can create a state of perplexity. It is not clear whether one is looking at a human wound or animal wound, and this perplexity is further emphasised through the use of a traditional rectangular canvas. By not supplying additional context, the artwork remains a complex abstraction which echoes the feeling associated with the experiences of bodily trauma. During these moments, the internal body ruptures to the external sphere and a particular break down in meaning takes place in the mind of the person who is experiencing the bodily trauma, as well in the mind of a person who may be witnessing another person's bodily trauma take place.

Anish Kapoor, *Internal Objects in Three Parts*, 2015, Silicone and paint, 293×218×40 cm, Lisson Collection, Photo image by unknown.

At the Venice Art Biennale 2022, Kapoor had a two-part exhibition that took over the Gallerie dell'Accademia and Palazzo Manfrin space and interacted with the structure of the architecture. [1] These works not only carry the essence of the body (the essence of the internal aspects of the body), but due to their large scale, they become objects and moments in which the viewer is forced to confront what is before them. As viewers walk through the space, they walk through installations that take up the space and appear to be in a state of something that is not frozen in time, but rather something that is happening before them – a moment of something unravelling. This brings to mind the confrontational aspect that one experiences during instances of bodily trauma. In these occurrences, it is not just something that has happened and is frozen in time, but rather something that is continuously developing into new states (the moment of injury, the pain that is experienced, the confrontation of viewing one's body in an injured state and so on) until one is able to get medical attention. The visceral nature of the works, paired with their confrontational aspect carries a strong sense of abjection as the viewer is not able to simply overlook what is taking place before them. Much like when one experiences bodily trauma, they are often not able to ignore what is happening as they are overcome with shock and physical pain. The deep red tones that are used extensively in a number of his sculptures allude to the idea of blood and the fact that it is used throughout the architectural structure and not contained neatly in a vessel, suggests a violent experience of the body – something that is bordering on the lines of life and death.

Eva Hesse, a German born American artist, approaches ideas on abjection through her sculptural processes. In her work *Untitled (1965-1970)*, Hesse alludes to ideas of abjection through the materials that she has chosen to use and the way in which she has structured them. The latex structure is made from intertwined heaps of cordage that remind one of intestines or the nervous system of a body. Once again, these objects allude to 'objects of the body' that simultaneously *are* the body. They have been bundled up together in quite an abrasive manner which brings across feelings of unease. This is also due to the strategy that

[1] For more information: (https://www.designboom.com/art/anish-kapoor-blood-red-and-vantablack-venice-art-biennale-2022-04-21-2022/).

has been taken with the sculptures display – the hanging of these tangled bundles suggests that the subject has gone through a violent ordeal. The repetition of these bundles further emphasises the idea of trauma having taken place in several bodies. They can be likened to the way meat and internal organ structures hang in a butchery; a reminder of a body that is just another commodity, however, when one thinks of it possibly being related to the human body, the sense of unease that is experienced is deepened in the mind of the viewer. The materials themselves evoke a sense of abjection as Hesse makes use of latex, which ages and deteriorates over time. This deterioration links to ideas of the human body which itself deteriorates until it reaches a state of death. Even though the work has been completed in an abstracted manner, there are clear indications that suggest the human body and a particular trauma having been carried out against the body. The gradient of colouring shifts from beige to blue/grey tones. The blue and grey allude to not only physical harm experienced such as bruising, but to the idea of something that is rotting away. By placing these tones next to one another there is a sense of time that is being presented with the sculptural piece – one can experience the time of something starting to perish as their gaze shifts across the sculpture.

Eva Hesse*, Untitled,*1965-1970, Latex, Dimentions variable, Collection unknown, Photo image by unknown

London based French artist, Nicolas Deshayes, also confronts the theme of abjection through his practice, particularly in relation to the human body. His work focuses on humanities desire for the pristine through means of industrialisation, contrasted by the imperfect and uncontrollable human body. There is tension between the manner in which one wishes to see the body, and the reality of what the body actually is. In his work titled *Cramps (2015)*, Deshayes makes use of mixed media to abstractly refer to the colon and ideas of excretion. As discussed previously, ideas surrounding bodily fluids and excretion are strongly linked to creating a strong sense of abjection. Arya discusses the idea of why bodily fluids rouse up feelings of abjection within an individual - "An inextricable connection lies between disgust and our animal nature; we tend to find things disgusting that are a reminder of our animal origins" (Arya; 2014, 33). As humans, we have separated ourselves from animals on a number of levels, one of these ways is by putting our bodies under control, such as the treatment of our bodies via the means of hygiene and the manner in which we deal with excretion. Excretion, in particular, is something that is expelled in personal confines and flushed away – even the use of toilet paper creates a barrier between having to interact with the substance directly. Once the excretion has been expelled, it is immediately viewed as an object, a threat of contamination.

The work is made from vacuum formed plastic and polyurethane foam, which has dried in a manner that still appears to be wet and sticky on the surface. The substance of the material that has been used to create the works, apart from the colouring, looks as though it has been expelled from the body. There is a sense of unease that is created as the viewer is confronted with an exaggerated bodily fluid that is fairly large in size from a mystery donor. The size of this work adds to its confrontational quality as it is not something that the viewer can simply move past without noticing. It simultaneously alludes to the both the colon and excretion – the fact that some parts of the sculpture seem to be have splatted upon application, create the sense of it having been aggressively expelled from the body, and thus further emphasising the degree of abjection felt when viewing and interacting with the sculpture.

Nicolas Deshayes, Cramps (detail), Vacuum plastic, pigmented polyurethane foam, powder-coated aluminum, neoprene, 2015, Collection unknown, Photo image by unknown.

The same approach has been taken with his work titled *Thames Water (2016)* in which cast iron and hot water have been used to create a sculptural work that is yet again reminiscent of a colon and excretion. Although the material itself is firm, solid, and quite distanced from the organic nature that is the human body, the form in which it has been displayed creates a very different feeling in the mind of the viewer. The feeling that is created is one of an uncomfortable confrontation with bodily excrement. The fact that it takes on such a concrete presence brings to mind that it may have been something that has been left behind to decompose and not cleared away as would be hygienically expected and solidifies this moment. Additionally, this sculpture has been placed on the surface of the wall, emphasising the fact that this work was made to be seen and contemplated, contrasting heavily with the actions that are normally taken with bodily excretions – normally excretion is done away with: flushed, buried, and hidden from sight. One also cannot ignore the context of the artwork due to its title *Thames Water*, which is also the name of a large company in London which controls the public water supply and waste management of a large portion of London itself. The sculpture, paired with the titled alludes to the idea of water being contaminated, accentuating the idea of water – something 'pure' that one puts into their body, as something that is contaminated with the risk of infection. This highlights the border of tension between health and sickness, life and death, constantly an ever-present threat as discussed by Kristeva.

Nicholas Deshayes, *Thames Water,* 2016, Cast iron, hot water, 205 x 106 x 7.5 cm, Collection unknown, Photo image by Nicolas Deshayes

South African artist Penny Siopis creates artworks on canvas using ink and glue which carry a strong sense of fluidity. Although stagnant, these artworks appear to be in motion and one gets the sense that they are viewing something that is happening before them, unfolding in front of their eyes. In her artwork titled *How Do I Love Thee* (2011) Siopis has depicted what appears to be a human figure standing upright.

Although the title *How Do I Love Thee* has strong connotations of Sonnet 43 by Elizabeth Barret Browning, these connotations are not what I wish to discuss with regards to the focus of this paper. The focus here lies in the way Siopis has used materials such as glue and ink to imply not only the human form, but its internal fluids. The artwork has been created in an array of red tones that create a range of depth within the picture plane.

Around the lower half of the figure, a deep red tone that has been used and the texture created from the splatting technique, when viewed as an individual feature of the artwork, creates a strong impression of blood – one that has been created in quite an aggressive manner. The flow of this deep red spreads outwards from the human figure and alludes to

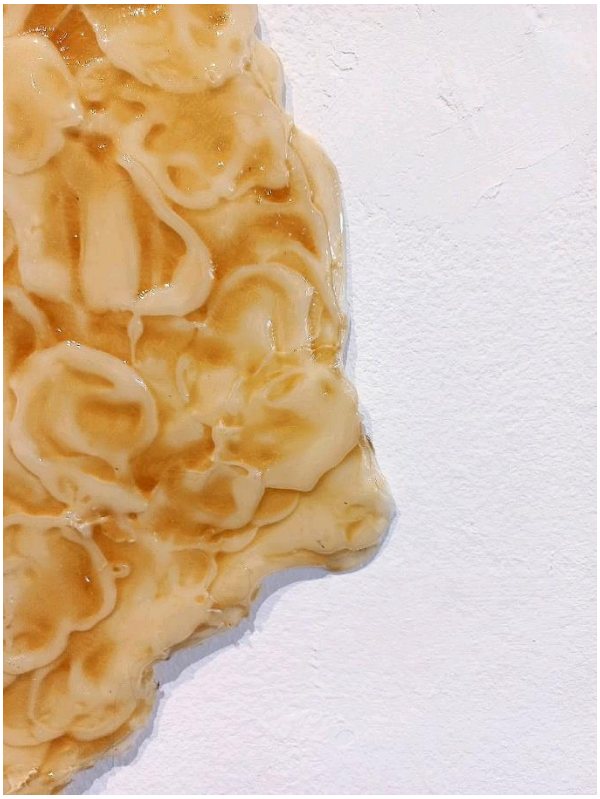
the idea that one is viewing a spilling that is currently in motion. However, the areas that contain a black tone to them carry an essence of blood that has been spilled and has dried up and there is an interesting play that takes place as though something is simultaneously *happening* yet has also *happened*. This suggests the idea of injury and bodily trauma that was discussed in Chapter 1. Although a type of bodily trauma may have happened previously to an individual, often its effects are felt after the injury has already played out. The injury has *happened* to an individual, yet the pain is still *happening*. The ink, paired with the glue and tones of reds creates a visual effect that alludes to the idea of time with the various stages of bodily trauma having taken place.

The stillness of the figure is contrasted with the implied movement of the deep red tone moving outwards away from the body. The head of the figure has been depicted in a light tone that almost fades into an orange which forces the viewer to cast their focus onto the body of the figure. The body is further emphasised through the lack of facial or bodily details, which make the human form itself the focus of the artwork. However, it is the reds that have been utilised that create the sense of blurring the boundary between the inner body and the outer body. Had this artwork been completed, for example, in a range of blue tones, it would not create the implied sense of blood that one feels when viewing the assortment of reds.

Penny Siopis, *How Do I love Thee*, Glue and ink, 200cm x 125cm, 2011, Collection unknown, Photo image by unknown

With regards to my own practice, I have been strongly influenced by the choice of materials that these artists have chosen to work with, particularly with regards to how these materials behave and are altered during the process of both mixing and setting. Although many of these materials are used in industrial processes and hold a strong characteristic of being a solid, they tend to carry a particular quality that is reminiscent of the human body and its internal textures, namely, a peculiar sense of fluidity. With one of my works, titled *Stain*, I have used melted glue sticks to create an abstract shape that is reminiscent of a stain. The shape itself is abstracted due to the nature in which bodily fluids escape the body, often in an uncontrolled manner with regards to how they land on the external environment. I have chosen to make it quite large to create an element of discomfort when viewing the artwork as it creates a sense of confrontation within the viewer – it is not something that one can merely walk past and ignore unintentionally. The way I adhered the glue to itself creates a clumped appearance. The varnish that has been used has wrinkled over time which alludes to the idea that something has spilled out and is reacting to the external qualities outside of its containment – reacting to the air outside. As the glue dries, it retains a shiny quality that gives off the illusion that it is always slightly wet, and the varnish that has been placed over the glue starts to dry up and wrinkles creating the appearance that implies that only the top layer of this stain has dried. It creates the illusion that if one where to touch or poke the stain, they would be met with an oozing of fluid from the centre, which heightens the element of discomfort when facing and thinking about the artwork. It also suggests that the implied fluid is still a threat in terms of potential contamination – it is not fully dry, so it has the potential to still cling onto new surfaces and spread. It echoes Arya's thoughts regarding abjection when she states, "Disgust generates feelings of nausea that prompt our desire to move away from the source of these feelings, thereby reducing sensory contact with it," (Arya: 2014, 33). The colouring of the varnish has a yellow tone to it which gives the impression of urine or other bodily fluids that may have spilled out and dried up.

Diana Lopatecki, *Stain*, Glue and varnish, 117cm x 88cm, 2021. Photo image by Diana Lopatecki



Diana Lopatecki, *Stain*, Glue and varnish, 117cm x 88cm, 2021. Photo image by Diana Lopatecki. (Detail)

Another artwork that I have created consists of a rectangular canvas base that has been covered in Plaster of Paris. The Plaster of Paris has been added to the canvas in an abrasive manner causing a rough and uneven surface to develop. This has been done intentionally to create the idea that the wound one is facing, is one of a severe nature, not created by the smooth slice of a knife for example, but something that has forced the skin to rupture in a forceful, rough, and uncomfortable manner. There are no signs of skin around the sculptural painting as my intention was for the focus to be on the contents of the wound, something alluding to the innards of the body – the stark colouring that one is faced with when experiencing bodily trauma. Sugar, food colouring, and varnish were then added onto the surface of the plaster to create gritty texture, emphasising that this is a wound resulting from aggressive actions. The varnish is glossy and makes the surface appear as though it is still wet and sticky, evoking the sense that this injury is something that may have just happened. The wound is not in the process of healing yet or drying out, but rather in an in-between moment of having already happened yet not so fresh that bloody is still pouring out. Due to the size of the work (100cm x 80cm) it is read as a kind of magnified internal view of the body. One is confronted with the deep reds that are associated with areas beneath one's skin. The nature of the reds emphasises that this is a deep wound, not a surface wound where the blood may still appear to be light in colour, but a deep red, almost maroon-like tone that is associated with blood gathering in large quantities. This piece in particular has been created on a rectangular surface which immediately places the idea of injury and abjection into a space defined by boundaries – much like the role of the hospital in the contemporary world. I will elaborate further on this notion in the following chapter.

Diana Lopatecki, *Wound*, Plaster of Paris, Acrylic paint, food colouring, sugar, varnish, 100cm x 80cm, 2021.
Photo image by Diana Lopatecki

Diana Lopatecki, *Wound*, Plaster of Paris, Acrylic paint, food colouring, sugar, varnish, 100cm x 80cm, 2021.
Photo image by Diana Lopatecki.
(Detail)

The Medical Gaze

In Michel Foucault's *The Birth of the Clinic (2003),* Foucault explores the relationship that takes place between doctor and patient in the medical field. He acknowledges that new beneficial forms of drugs and treatments have evolved from the 17th century, however, he makes a claim that around the mid-17th century the professional doctor was brought into existence, and he believed that this 'professional doctor' figure was a sinister one that would look at the patient in what he termed 'the medical gaze'. There is a particular moment that Foucault refers to in the introduction of the book, where he discusses how the doctor had previously asked the patient what their symptoms were and goes on to explain the shift that took place whereby a doctor now asks, "Where does it hurt?" This ultimately subjects the patient to the doctor's gaze. The patient no longer verbally communicates their experience of pain and sickness, but rather is silenced under the workings of a medical professional so that the medical professional may execute their range of knowledge and judgement onto the patient. The patient becomes an object or a sight of knowledge for the doctor to decipher and examine, leaving them in a vulnerable state.

When the patient presents themselves to a medical professional, the doctor applies their medical gaze and searches through structures to gather information on what may be going on beneath the surface. The medical gaze is not just the gaze of a mere onlooker, but the gaze of someone who is accredited by an institution that holds power in a particular circumstance – the circumstance being that of returning the patient back to their state of normalcy. This results in the interaction between the all-knowing doctor and the vulnerable patient to become a prescriptive engagement.

In Chapter 5, titled *The Lesson of the Hospitals*, Foucault goes on to explain how all observations of a patient is essentially a type of violence as it turns the body of the patient into a spectacle. This particular spectacle is treated as an enthralling point of knowledge. However, what this does to a large extent is dehumanising the patient and turns the patient into an object of knowledge, where they are not seen as an individual human, but rather a

combination of multiple parts that create a working whole. With this peculiar interaction taking place, it also destabilises the relationship that the patient has with their own body, causing their source and vessel of certainty to become something foreign and uncertain. This creates a further type of trauma that the individual experiences. The bodily trauma that one goes through shifts the understanding and relationship that one has to their physical body, in both a physical and mental state. This is additionally emphasised through the interaction that takes place between doctor and patient as the act of being viewed as an object is ultimately a type of violence that is experienced by the patient, creating a basis for further potential trauma to begin.

In Chapter 6, *Signs and Cases*, Foucault further elaborates on how the patient takes on the role of an infant/child or someone who can be seen as the lesser under the gaze of the medical professional. The doctor becomes a type of guardian that looks at the patient and determines what is going to transpire. The patient is left vulnerable in the hands of the doctor. This vulnerability causes a shift in autonomy due to the fact that the medical professional now has power over the patient with regards to deciding how to administer treatment. In the case of tests that need to be done, the patient is further subjected to the findings of a laboratory procedure. This transfer of power leads to a fear that is further developed from the bodily trauma that has already taken place. Ultimately, these moments result in a shift between the injured individual and the relationship that they have with their physical body. The manner in which one may have understood their physical body before has been altered into a state of abstraction that borders between the familiar and the unfamiliar – unfamiliar as they are no longer in control of what is going to transpire with their physical state; unfamiliar as they need guidance in potentially determining the problem and possible solutions to guide them back into a state that they are familiar with.

In *The Body, Medicine, and Society (2005),* Debra Lupton also expands on ideas of how an individual is viewed and treated as an object via the means of medical practices, particularly those regarding the operating room. She states that, “procedures carried out to prepare a patient for surgery tend to reduce the patient to an objectified, segmented, depersonalised

body. These include the anaesthetising of the patient, hooking up the patient to various machines and tubes, marking off sections of the body that are to be operated upon and painting them orange-brown with disinfectant, covering other parts of the body with blue linen, and obscuring the face from the operating surgeons" (Lupton: 2005, 200). This practice places the patient under full control of the surgeon and his or her assistants. The medical professional explains the procedure to the patient beforehand (if the operation is not an emergency that needs to be carried out right away) and this often heightens the patient's state of vulnerability.

In *Under the Medical Gaze (2001),* Susan Greenhalgh considers the role of the practitioner as not only a threatening individual who puts the patient under his or her control, but rather as someone who can create and alter the relationship that a person has with their physical state of being. Greenhalgh claims that, "The physician's work is not merely restorative but also productive: he creates fears and hopes, images and identities, perhaps even side effects and symptoms that did not exist before" (Greenhalgh: 2001, 18). This highlights the tension that patients often feel when under the guidance of a medical professional as there is hope of their body being restored back to its previous state, however, there is also the threat of instigating an onset of new physical problems that may have not been present before the proposed treatment plan. The interactions that take place between a doctor and a patient in a doctor's room hold more power over the individual than just placing the patient under the medical professional's guidance. These interactions hold power through the means of language as, "today it is not the stethoscope or the scalpel that does the fundamental work of medicine; it is the ideas conveyed in words, that persuade us that what is done is right and good. Our repair metaphor is not just wrong; it is dangerous because it is part of a powerful mythology that clouds our perception. It keeps us from seeing the real work of medicine and its interventions in our identities, our emotions, and our lives" (Greengalgh: 2001, 18). Through this statement, Greenhalgh emphasises the fact that a patient is not only placed under the guidance of a medical professional but persuaded by the language used in the medical domain – language that can create restorative hopes or cause one to see themselves and their physical state as something that has been altered into something foreign, for example, a healthy body being altered into body that is sick or injured.

Damien Hirst, British born contemporary artist, contemplates the medical field and its processes through his artistic practice. Hirst's exhibition titled *Pharmacy (1992)* makes use of an exhibition space that resembles a pharmacy; however, it carries a strong essence of it being a kind of temple – something sacred. He speaks about how people have a strong faith in pharmacies and medicine and makes a comment that in a pharmacy there seems to be a strong denial of death taking place. What this reflects is society's strong belief in medicine and the scientific world - believing that one can defy death through science. This idea is appealing as it allows one to mentally push away notions of abjection and being under threat through the clearly defined boundaries that are practiced in the scientific world – the study of cause and effect, and the manner in which one can alter these states and their outcomes. In the exhibition he places stools throughout the space that have bowls of honey on them and above them there is a suspended fly zapper. The honey draws flies into the space and the fly zapper kills them. This alludes to the idea of bringing contamination into the space, and having the contamination killed there. This is a similar type of thinking that takes places in relation to the space of the hospital, and the gaze of the doctor. The space of medicine takes on a kind of all-knowing presence that subjects the patient to its will. The patient, not necessarily being privy to this field of knowledge places themselves in the hands of the medical professional. This heightens the sense of uncertainty in the patient as their recovery is reliant on the guidance of another individual.

Damien Hirst, *Pharmacy*, 1992, Installation, Dimensions variable, Tate collection, Photo image by unknown

There is also the moment of the 'medical gaze' that happens between bodily trauma (a disruption to order and normalcy) and the medical field (scientific and ordered world), which is examined through the work of artist Kaisu Koski. Her work deals particularly with the medical field and centres around that of the medical gaze, specifically with regards to its power structures and processes that are followed. In one of her video pieces, *Second Opinion (2008*), she positions herself as both a doctor and a patient within a consulting room. The doctor and patient sit across from one another, separated by the doctor's desk, yet the two are joined together by a long stethoscope (a tool that is strongly associated with a doctor and allows for the doctor to deepen their gaze into the body). Often one see's medical professionals with stethoscopes around their necks, and this image becomes a signifier of the medical professional and the power that they possess. The video highlights the abstracted process that takes place between a doctor and patient in the confines of a doctor's room. The fact that she plays both roles eliminate personal identity, however, costumes such as medical wear and scrubs play a significant role as they highlight the power dynamic between doctor and patient – the doctor being fully dressed and the patient in their undergarments, appearing more vulnerable. There is a series of actions that takes place which also emphasise the moments of dominance that are typically played out by a doctor during these patient and doctor interactions as the patient needs to follow the orders of the doctor, for example, "Take a deep breath in," or "Cough," (as they listen with a stethoscope).

Koski's work offers an interesting comparison to that of Damien Hirst and Anish Kapoor as it speaks to the moment in-between abjection (Anish Kapoor's work) and the ordered world of science which restores patients back to their state of health or normalcy (Damien Hirst). Kaisu Koski's work presents a look into the moment of the medical gaze, where the subject is shifted into the realm of the object and emphasises the destabilising effect of this type of interaction between doctor and patient. It highlights the tension that takes place between these two states by showing the viewer something that they have likely experienced themselves at some point in their life and pointing out the intricacies of these proceedings.

Kaisu Koski, *Second Opinion*, Video, 2008, Collection unknown, K.Koski

Artist Cristin Millett investigates The Medical Gaze through her visual practise. In one of her pieces, titled *Abdominal Hysterectomy: Dissection of the Observer,* Millett has created an interactive installation piece. The installation consists of a circular structure (that the viewer may walk through) constructed from aluminium pipes that have forty-nine chiffon panels with inkjet-transferred imagery suspended from the pipes. The images that are on the panels are made up of medical illustrations that play with the illusion of space as the viewer moves towards the installation. The chiffon allows the viewer to peer through before entering the structure, much like medical instruments allow a medical professional to look *at* and *into* the body via means of the medical gaze and its accompanying instruments. There is a steel examination table located in the centre of the structure that has a projection playing on it – that of an operation taking place on a female body - a hysterectomy. The space that the installation occupies is dark, unlike the space of a medical setting such as a hospital or operating room. However, much like an operating room, the installation requires lighting for it to be effective.

When the viewer stands at the foot of the table casting their gaze at the table, their face is captured via video camera and projected onto a screen located at the top of the video that is playing the operation, so it appears as though the viewer is being operated on. This confronts the viewer with a stark awareness to not only *viewing* but also *being viewed* and results in the viewer feeling a particular kind of tension that is associated with patients entering the medical realm. The viewer experiences both the disembodiment and embodiment of surgery whereby they are outside of their own body and occupy another body, that of the implied surgeon. The disembodied body that is on the operation table is embodied by the viewer who takes on the assumed gender and physical stature of the given patient on the table and represents the body undergoing surgery. The notion of the operating theatre is also engaged in the active viewing of surgery – relating to ideas around medical school students who attend operations and practices in order to learn how to preform various medical procedures. Just as Kaisu Koski's practice, Millet explores the role of the Doctor and the patient simultaneously through the use of positioning of the body and the actions being carried out onto the body. She also makes allowance for the viewer into the complexities of the type of operation without a requirement of previous medical experience or training.

Cristin Millett, *Abdominal Hysterectomy: Dissection of the Observer*, 2004, video projection with surveillance hardware, modified exam table; and *Lighting*, cast aluminium, rubber, lighting element Collection unknown, Photo image by unknown

As mentioned earlier, the anatomy needs to be abstracted to a certain degree to make the interaction with the subject matter more approachable. Yet, to the patient (the person experiencing injury who may not be privy to medical structures and knowledge) this abstracts the idea of anatomy further in their mind. It complicates the experience of bodily trauma as the thing the patient is witnessing unfold in front of their eyes, is not the same as the idea of normalcy that has been presented in these medical textbooks. This disconnect of knowledge paired with the experience of injury highlights and emphasises the vulnerability that is created in the mind of the patient. It magnifies the idea that they are not in control of their vessel and that they need to subject themselves to another person during times while they are undergoing physical trauma.

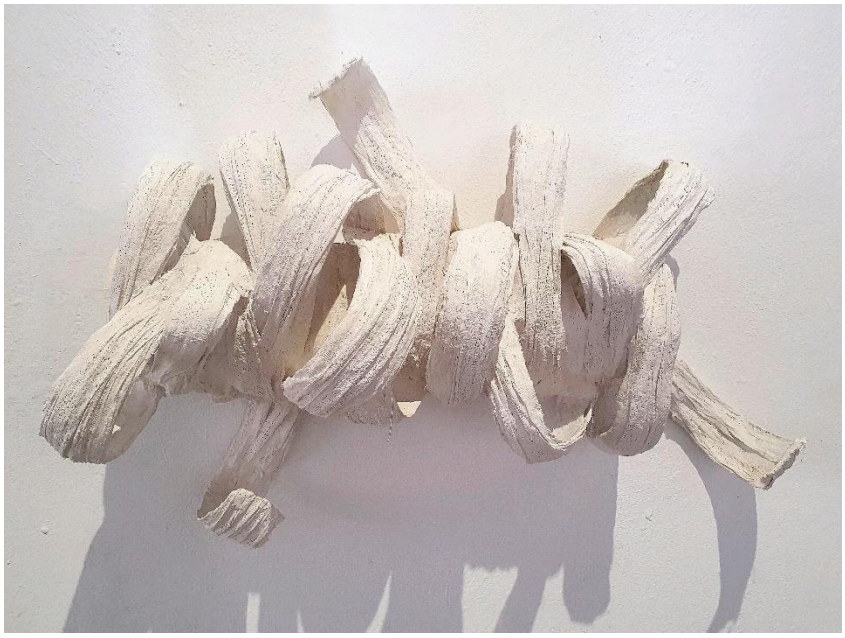
In relation to my own practice, I considered the manner in which anatomy is presented in medical textbooks. There is this idea of normalcy that I mentioned, however, it is often presented in fairly abstracted ways such as dissections of the body that can be found in the form of a cube or slice. With this in mind, I created a circular sculpture that hangs off the wall in two layers. The sculpture is titled *Slice* and is made from expanding foam that I sliced up and connected together to create the circular form. The bottom layer is stuck onto glass and suspended via means of rawbolts 3cm from the surface of the wall. The glass was used specifically to not distract from the material delicacy of the artwork – the expanding foam. In the centre of sprayed out expanding foam holes form as it expands and appears as though one is looking at a highly magnified view of a bone. When it gets sliced, it splinters and evokes a sense of bone that may have been cut up. This magnified view is important to the work as it draws on the idea of how the medical world uses technology to focus on specific aspects of the body, making them objects that are seen alone, separate from the body and the individual to whom the body belongs to. This further emphasises how the injured individual is transformed from subject into object. It also heightens the sense of abjection that they may be experiencing as it leaves them in an ambiguous state with regards to the relationship that they have with their physical body as Kristeva mentions.[2]

[2] Refer to Chapter 2, page 15 about Kristeva's discussion of Abjection

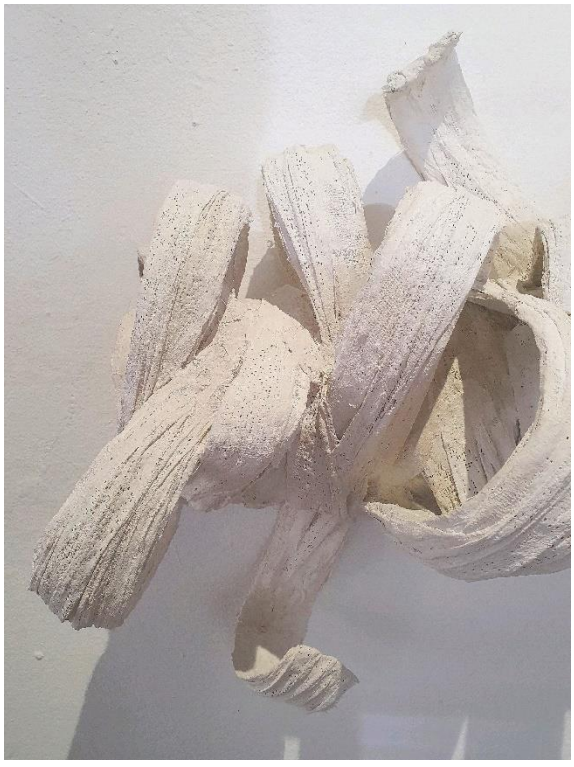
The expanding foam also holds a delicate quality that is reminiscent of human anatomy, even if the anatomy in question is something sturdy. I did however take some shades of brown acrylic and dab the edges of the holes and the structure itself as the expanding foam alone against a plain wall looked washed out and flat and I wanted to emphasise the visual quality of the textured foam. The second layer is attached with silver nails and there is a 2cm gap between them. I made use of nails specifically as screws did not hold the expanding foam in place, but they conjure up ideas around the medical world and the manner in which screws are used in bone after a severe accident has taken place.

Diana Lopatecki, Slice, Expanding foam, glass, acrylic paint, 95cm diameter. Photo image by Diana Lopatecki

I have also experimented with these ideas around the doctor-patient relationship in relation to the healing process. In one of my works titled *Cast*, I have created a sculptural work made from Plaster of Paris bandage that is used extensively to create casts for broken bones by medical professionals. I wrapped Plaster of Paris bandaging in the form of a thigh, big enough for it to be clear that it has been wrapped around a body part. However, as the wrapping progresses, the bandage forms rings that start to stem further and further away from the original wrapped area (as though it is unravelling) which is supposed to be holding the injury in place in order for healing of the bone or bones to commence. The rings create the idea that the bandage has a life of its own and takes on an abstracted appearance – something that is not adhering to its expected stiff and rigid structure, something that is out of its usual method and construction of control. The bandage is reminiscent of the strict medical world and its processes, whereas the form starts to take on the abstract appearance and play on the notions of how physical injury can alter one's relationship to their physical body. This was also based around ideas on how the healing process can seem quite abstracted to a certain extent to the person who is experiencing the bodily trauma. The injured individual is placed under the guidance of the medical professional and the means that he or she chooses to employ to guide the individual back to a state of normalcy. The injured person has to subject themselves to the will of the doctor with the intention of healing. Of course, often when the patient is presented with options regarding the approach of their healing, but even these options tend to be limited and often the medical professional influences the choice of which healing procedure they think is best or is known to have the best outcomes. When presented with such information, and perhaps having little knowledge themselves as the patient on these types of procedures, the patient is inclined to follow the medical professionals lead on such matters.



Diana Lopatecki, Cast, Plaster of Paris bandage, 75cm x 52cm, 2021. Photo image by Diana Lopatecki



Diana Lopatecki, Cast, Plaster of Paris bandage, 75cm x 52cm, 2021. Photo image by Diana Lopatecki.

(Detail)

Although the medical gaze has a destabilising effect on the patient, one that carries out a particular violence – one where the individual is silenced to a large extent as their bodily trauma is analysed, as Foucault claims, "In the hospital, the patient is the *subject* of his disease, that is, he is a *case*; in the clinic, where one is dealing only with *examples*, the patient is the accident of his disease, the transitory object that it happens to have seized upon," (Foucault: 2003, 59). Both these instances that Foucault speaks of imply that the patient and their physical body become a spectacle. However, it would be naïve to only view the medical gaze from this specific angle. One must remember that although the medical practitioner holds a position of power that seems to be dislocated from the patient, the doctor is in fact only human, just as the patient is. What I mean to say here is that these structures have been put into place so that the doctor can do their job effectively. These structures that I refer to here are namely the boundary between doctor and patient; the doctor keeping a professional emotional distance from the patient in order to perform their duties in an objective manner, as well as upholding the Hippocratic Oath.[3] These structures are implemented via codes of conduct that are employed by the hospitals and professional practices.

These notions are explored through popular culture in series such as *Grey's Anatomy* whereby the focus of the series is the doctors' lives (their personal lives in particular) and how their professional medical practice affects their day to day lives both at work and in their personal capacity. Throughout the entirety of the series, there are six separate occasions where a doctor figure develops a relationship with a patient and falls in love. While this aspect makes the medical professionals appear and be interpreted as more human, people that the audience identifies with more easily, it simultaneously places these medical professionals in potentially unethical positions which could discredit their professional career. Aspects such as these emphasise the complexities of the medical world and draw one's attention to the boundaries (keeping a professional distance emotionally from a patient) that are set in place. They draw attention to the complexities that occupy the field of healing in the medical world and how the doctor figure needs to be able to separate themselves from their professional practice.

[3] An oath stating the duties and conduct that must be practised by medical professionals.

Additionally, there are times where the patient who the doctor figure is romantically involved with passes away and this amplifies one's understanding of the doctor's grief. Due to the technique of character development throughout the series, as well as having the audience invest their time into the progression of the storyline and the lives of the fictional doctors, the doctors become more relatable which allows the audience to sympathise and relate to the grief and loss that they experience. The reality of grief and loss of a medical practitioner is further complicated by the nature of their job which is surrounded by the precariousness of health. When faced with the loss of a patient that the doctor was involved with on a personal level, personal grief and what could be called professional grief begin to overlap. This, once again, complicates the role of the medical professional even further as the boundary in the patient and doctor relationship has not been strictly upheld by means of practicing a professional code of conduct. This type of complexity is also evident when the family of an injured or sick person invests themselves to the will of the doctor in the faith that he or she has the power to save the patient. This can sometimes place unrealistic expectations on the medical professional and the outcome of the patient themselves.

Series such as this influence the audience to sympathise with the role of the doctor figure. It helps one understand that to face such complicated matters regarding the human body, one needs an abstracted approach in order to distance themselves from what they are being presented with. If a doctor identifies too deeply, or allows themselves to be affected by what they are witnessing (the patient being in a state of bodily trauma) they will not be able to perform their duties as a medical professional to the required ethical standard that is meant to be upheld throughout their practice, which will, essentially, put their entire professional practise into question.

With this in mind, the doctor figure can only be seen as a detached and unfeeling figure that Foucault referred to, to a certain extent.[4] One cannot be blind to the fact that medical

[4] For more context refer to Michel Foucault's *The Birth of the Clinic*

professionals are only humans, with human limitations of coping with the various situations that they face professionally. There are, however, instances where a doctor may be negligent, or perhaps exert their power too strongly by not taking the patient into regard and asking the patient if they are alright with the proposed plan of recovery. These instances can only be applied to various individuals and not to the entire medical world. To apply one singular judgement of the medical gaze is neglecting to account for the complex web of interactions that take place within the hospital walls. Medical professionals do in fact hold power over patients in the doctor and patient relationship, but it is largely due to the manner in which the medical field and its professional practice has been established.

Abstraction.

As a part of my research, I have been examining a number of medical textbooks, namely *Netter's Clinical Anatomy* which is used extensively by medical students around the world. These textbooks contain a number of illustrations that guide both medical students and individuals who have an interest in human body and its functions on how to make sense of the complex system that is the anatomy of the human body. They offer a simplified version of human anatomy for the purpose of study, which, although accurate, reads as something dislocated from the actual reality that is our anatomy. The language that is used in relation to these illustrations also tends to be overwhelming and foreign when one in is not versed in this field of study. I have used these types of medical illustrations as the starting point to my visual practice, however, I have abstracted these fragments even further in order to emphasise the destabilising effects that one experiences during moments of bodily trauma. Some of the artworks that I have created are made on a canvas surface and due to the materials that I use they tend to grow off of the original surface and take on a sculptural quality. By magnifying and distorting aspects of human anatomy, I wish to show how our own bodies become foreign to us in these cases of distress – how we experience shock so deeply as to what has gone wrong that we become built up into a state of fear, confusion, and abjection. My intention is to make the viewer aware that they are observing something alive, something part of or related to the human body, but simultaneously confronting them with something that is beyond their direct field of knowledge, something that creates a feeling of uncertainty, intrigue and disrupts the space between abjection and the medical gaze.

The image that I have included below from *Netter's Clinical Anatomy* (2019 Edition) refers to a particular part of the human anatomy as well as its function – it encapsulates the way the medical gaze categorises and highlights the human body to a combination of working parts. The diagram depicts the various parts of anatomy that make up an abdomen, but these parts (skeletal structure, organs etc.) are placed on the page in a spread-out manner with nothing to connect them apart from the red lines that lead to the names of the various anatomical parts. This method of ordering knowledge with regards to the human body takes on an

abstracted approach that highlights the tension between the medical world and the ordering of scientific knowledge. What I mean by this is that science sets out boundaries and places knowledge into categories for one to understand the process of the function with the object in question. The medical field practices the same technique but is dealing with humans who, although may be objects of knowledge, are also simultaneously more complex than just an object of knowledge as they are individuals who are part of various parts of society (members of a family, community etc.), each with their own autonomy. This tension between the scientific field and the medical field is a multifaceted process that ultimately results in the practice of abstraction.

The abdomen in the diagram has been abstracted into a collection of fragments rather than one individual body which separates itself from reality in one's mind. This perhaps makes the content more approachable in the mind of the student or the viewer of the textbook as it neatly organises and categorises the body so that one is not confronted with an overwhelming array of visual information. The body needs to be altered into a state where it is seen as an object in order for doctors to perform their job accordingly. This can be somewhat problematic when the patients themselves are faced with these types of diagrams, because on the one hand it can help one to understand how the various aspects of their anatomy are connected and what their intended function may be, yet on the other hand it reminds one that they are in fact, being seen as an object of knowledge, a combination of parts that work alongside and together, leaving them vulnerable as I have discussed previously. However, as I have mentioned prior, by viewing the body as an object, the doctor is able to separate himself mentally from the patient in order to perform his or her job optimally, yet it also complicates the relationship between doctor and patient as the patient is an individual. This creates a complexity within the doctor-patient relationship resulting in a push and pull of the boundaries that are set in place. It causes one to question to which extent is the doctor figure an encapsulation of his or her profession. Or perhaps, to what extent is it beneficial to view a patient as a combination of working parts? These boundaries are not clearly defined and require a constant state of questioning as ones understanding of this doctor-patient relationship is in a constant state of development and alteration.

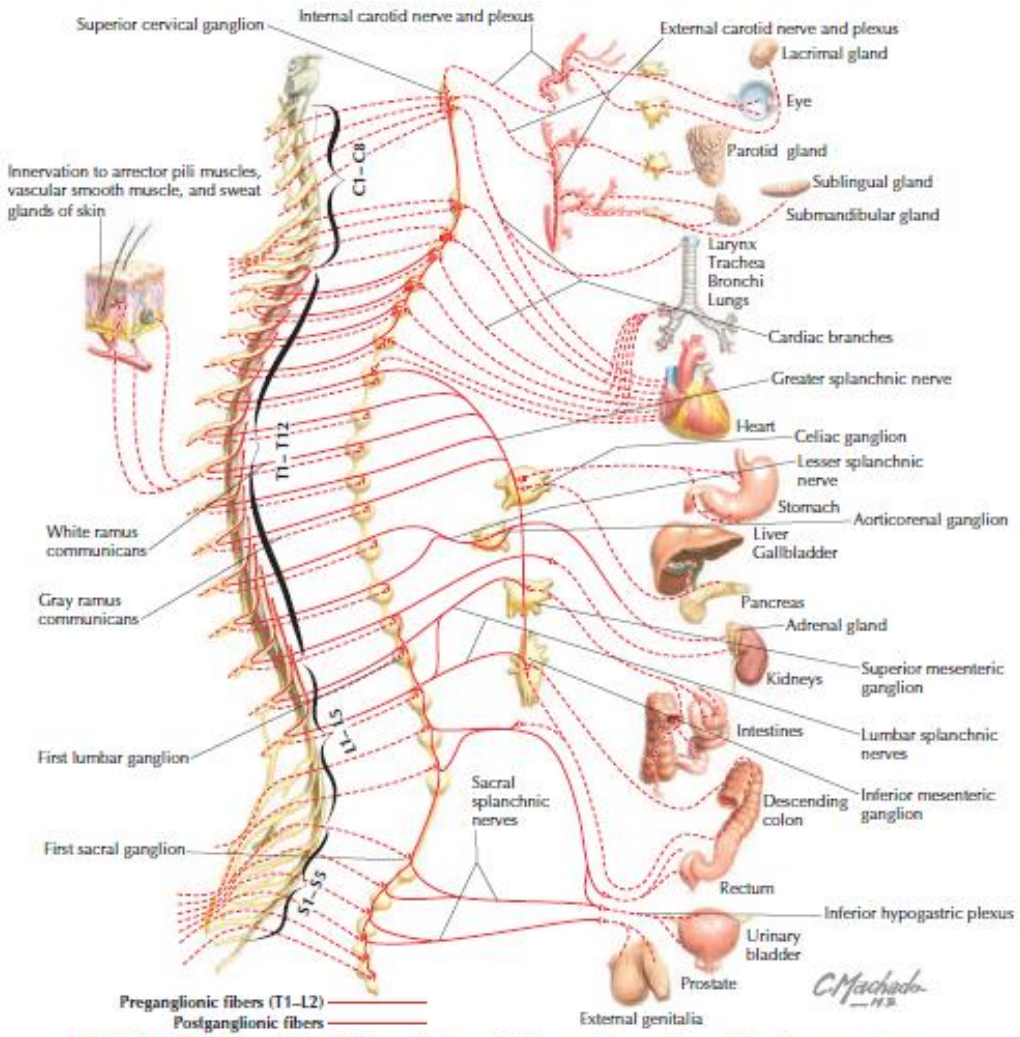
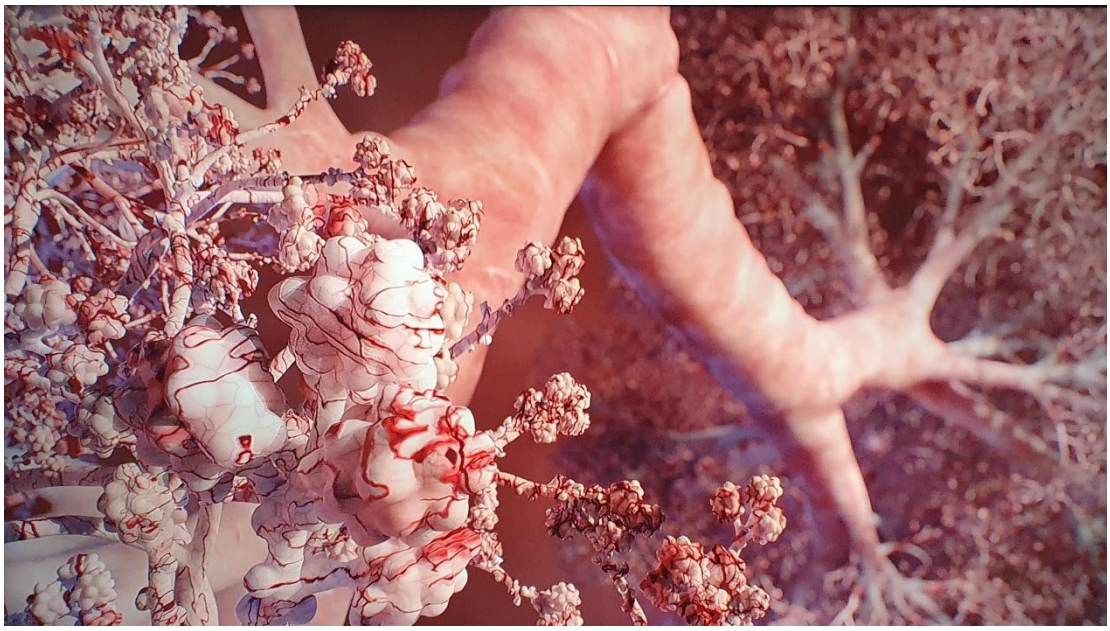


FIGURE 1.25 Sympathetic Division of Autonomic Nervous System. (From *Atlas of human anatomy*, ed 7, Plate 172.)

F. Netter. Netter's Clinical Anatomy. Sympathetic Division of Autonomic Nervous System. 2019

In an original Netflix series titled *Human: The World Within*, the human anatomy is abstracted for the purpose of tackling the complexity of anatomy in an approachable manner. The series takes you through various aspects of human anatomy, and pairs this with stories of people representing different identities and cultures (ethnicity, race, genders, and religion) in order to explain the working of anatomy in particular situations. They explain the pulse by pairing it with the personal story of a mountain climber and explain the heart and function of blood by pairing it with the story of a Ghanaian mother of six who had survived a miscarriage. These stories help the audience identify and make a connection with the information that is being

presented to them. These stories are however also used with the intention of drawing the audience in, to sympathise with as well as contextualise the patient in question –in a similar manner that other series and television programmes use character development in order for the audience to invest their interest in the outcome of a particular situation. To aid these stories and explanations, the series makes use of highly detailed medical anatomy book styled animations that assist in creating a visual narrative to what the story tellers are sharing with the audience.



Human: The World Within (2021),

This is highly effective as it gives the person in question, or the patient, a voice to be heard in terms of their own experiences. It does not merely give the medical world power over these people/patients, but rather creates a balance whereby the two can interact with each other in a fluid manner – one that does not favour any side but rather explores the complexities of these medical interactions and how they take place. As I mentioned, there is the use of medical diagrams that are made use of, however, the stories that accompany them make these types of images more attainable in terms of comprehension and understanding. The medical diagrams, which would normally be stagnant in a medical book or textbook, needing

analysis by an individual who is specifically looking to acquire information, have been animated into a sequence that breaks down the complex knowledge into something that can be more easily mentally grasped through the means of popular culture. The viewer doesn't require any previous training in the medical field to be privy of the information that is being delivered. Rather, these diagrams are utilised in a simplified manner to aid in the understanding of the complexity that is the anatomy of the human body and make the boundary between the patient and the medical world more accessible to the public. The fact that the series has employed a story telling technique as used in certain documentaries makes the content more accessible as these are stories from people who have survived these various injuries and experiences of bodily trauma. The series would not encapsulate the same accessibility if it was a third party merely relaying the story of how a patient did not survive. Because of the positive outcomes, the viewers can invest their time more easily into learning about how an individual physically persisted. Various aspects of anatomy are presented as individual fragments of a working singular team and this helps the audience understand how all these separate parts contribute to the working whole – which is ultimately you, the human.

As I have explained previously, the act of abstraction can have a destabilising effect on the patient, one that brings about a particular type of panic in relation to their physical being. However, it is at this point that I would like to discuss the importance of the act of abstraction. Although it is destabilising on many levels, it is also very useful action that takes place. Firstly, abstraction helps one create a type of mental distance from the subject matter being faced, which is necessary when the subject matter is something that is exasperatedly overwhelming – for example, a patient experiencing bodily trauma, paired with the intense smell of blood and the physical symptoms of pain that they may be displaying due to the injury that they have incurred. All these aspects make the situation feel debilitating and as though they are more than one could possibly handle. It is for this reason that the act of abstraction serves a particular purpose as it creates a safe mental distance to approach and deal with the situation at hand. "Before it is removed from the density of the body, disease is given an organisation, hierarchized into families, genera, and species" (Foucault: 2003, 4). This is a useful tool when one thinks of not only disease, but bodily trauma as the act of abstracting and placing into categories assists the medical professional into deciphering what is wrong and how to

approach the matter at hand – namely the injury of the patient. It also assists the doctor figure in carrying out his or her duties so as to not to be affected personally as, "the work of medical practitioners, nurses, and other health care professionals requires an ability to objectify patients' bodies to a certain extent, for to allow one's emotions to intrude too far into the medical encounter can prove disabling. Just as the ritualised procedures in the operating theatre serve to protect patients' feelings, they also protect the surgeons from feelings of shame, disgust, or guilt that may arise from cutting into the patients' bodies and thereby causing them injury" (Lupton: 2005, 201).

Secondly, the human anatomy in its complexity is severely difficult to understand due to the way everything is so deeply intertwined. If one were to cut a part of the body open, blood would pour out over the entirety of the cut, causing all the various anatomical parts to start blurring into one. It is for this reason that medical textbooks are abstracted in their depiction of diagrams. This also suggests the multiple layers and dimensions of the human anatomy, a surgeon and a plastic surgeon both work with the human anatomy, however one is cosmetic – yet still requires knowledge of the make-up of a body. When altering the appearance of a person, whether it is after an injury or for aesthetic reasons, the plastic surgeon still needs to make sure that the particular body part he or she is working on retains its original and optimal function. Humans learn through a process of categorisation, helping to order things in the mind. By placing things into categories and structures, it assists an individual with what steps to follow when placed in a situation that requires urgent attention. Rather than panicking or being overwhelmed by the sight if the physical trauma, the process of abstraction guides one with a particular process that needs to be followed. For ethical standards to be upheld, it is also important for the identity of the body to remain anonymous, as placing the identity of a body onto a medical diagram would place the standard of learning in a completely different context. Medical diagrams are particularly useful to visual learners who absorb and process information through the act of seeing and visualising. If there were an identity attached to these medical diagrams the act of learning would be shifted into a context that would not aid in the healing process. If an identity such as that of a child were placed onto a medical diagram, it would alter the focus of what was intended to be purely human anatomy – once identities such as age, gender, and race are placed onto such diagrams the focus shifts from anatomy to personal histories. It becomes something that can be personal and not objective

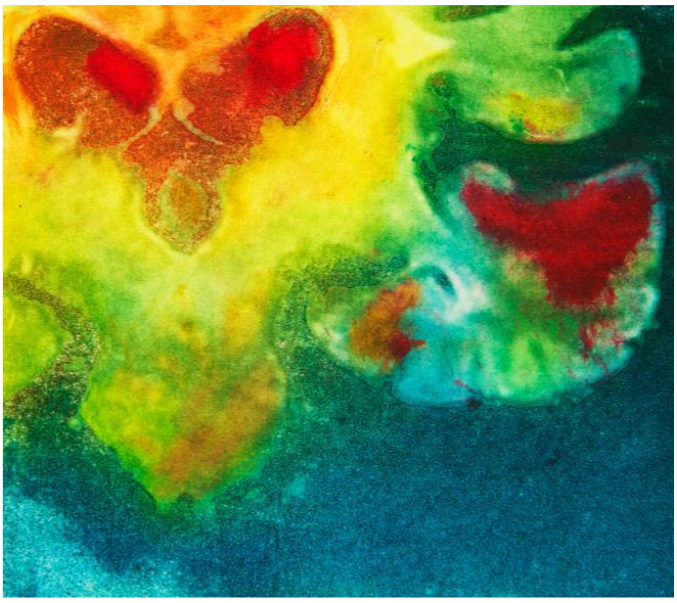
in the aim of learning about the body and its functions. Illustrations offer a safe mental distance than photographs would for example, as “photographs of an atrocity may give rise to opposing responses. A call for peace. A cry for revenge,” (Sontag: 2003, 13).

Thirdly, the act of abstraction is also beneficial when running various tests in a hospital – yes, patients are reduced to a number which is mentally destabilising to them, however, it permits the people who are running a number of tests in a lab to be completely objective as it keeps the identity of the patient confidential to a large extent. It allows for the process to solely focus on the tests being run and to not focus on the individual at hand which will ultimately guide the patient to recovery. The person’s medical history may be taken into account in particular circumstances, however, these are guiding parameters that still allow for mental space to be kept between the patient and the individual running the tests. With that said, it is important to point out at this example that the abstraction I speak of in this paper falls into two categories: one category being that of the patient and the destabilising effect that causes them to feel a sense of abstraction with their anatomy and sense of self through the means of bodily trauma; the second category of abstraction being that of abstracting anatomy for the purpose of education and understanding in order for the particular knowledge to be more accessible.

Elizabeth Jameson, an American based artist who has been diagnosed with Multiple Sclerosis, explores the intersection of where science and art meet. She works with her own MRI’s and brain scans to explore what it means to exist in what is seen as an imperfect body. Multiple Sclerosis is a disease whereby the protective covering of the nerves is damaged and this disturbs the communication that takes place between the brain and the body. Due to the disruption of what is considered a normal function of the body, such as experiencing cramping, vertigo and blurred vision, the disease defines what it is like to have a disorientated relationship with one’s physical state of being.

In one of her works titled *Valentine (2010)*, Jameson presents a coronal view of her brain stem, cerebellum, and lateral ventricles. The work presents the heart-like formation that emerges in a view of the brain and is depicted in an array of bright colours that create a sense of abstraction to the subject matter at hand. The subject matter, paired with the singling out of a particular body part and particular viewpoint, abstract the body further in the mind of the viewer. One is aware that they are looking at a type of scan, but the colouring draws one in and makes one think of the body and its internal structure from a different viewpoint as well as different gaze – one that is not frightening, but rather enticing. By using bright colours which are reminiscent of thermal cameras and making use of an off-set composition, Jameson creates a playful approach to what is considered serious subject matter. It makes it easier to mentally distance oneself from the topic at hand, which is Multiple Sclerosis, and takes on an intriguing dynamic where the viewer is curious to find out more about the artwork that they are being presented with. The fact that she has chosen the subject matter of the artwork to be the brain is a direct confrontation of the organ that controls her state of being and the manner that she is able to navigate through her life. One's brain houses their identity as it determines notions of the self and defines what one is capable of – it is the control centre of one's body. As this organ experiences its own state of trauma and the symptoms that go along with it, one is not able to live through the state of bodily trauma but rather be in a continuous state of it. It is present every day – this links to ideas of abjection that Kristeva speaks about when she says that abjection is a perpetual threat that blurs boundaries.[5] It also brings to light the notion that Scarry brings up when she claims that to hear of another person's pain is to have doubt. Multiple Sclerosis does not mark the body in the same manner that a wound would, but it can have invisible symptoms that are experienced within the confines of one's anatomy. All these factors abstract the relationship that the person suffering from the disease has with their physical body. Multiple Sclerosis itself is difficult to diagnose so this factor further complicates the relationship that the patient may have with their body as multiple tests often have to be carried out – ultimately subjecting the patient to the procedure and routine of the medical professional on a number of occasions.

[5] Refer to Chapter 2



Elizabeth Jameson, Valentine, Solar Etching, 2010 (coronal view of the brain stem, cerebellum, and lateral ventricles), Collection unknown, Photo image by unknown

Working in a similar field to Jameson is New York based artist Nene Humphrey, who works predominantly as a sculptor and installation artist. Her work investigates the neurobiology of emotion as well as the assimilation of art and science – particularly focusing on the beauty of this intersection. In one of her works titled *Small Worlds (Cerebrum)* (2004), Humphrey explores the cerebrum through the process of embroidery. Placed on a long rectangular table are 15 units of embroidered pieces that focus on various depictions of the human cerebrum – some close ups and some details of surface level readings of the cerebrum. Although she has chosen to keep the embroidery rings as part of the display, the rings are reminiscent of various fluid samples that get placed under a microscope. By placing them at various angles and degrees of separation, it brings to mind the complexity of studying the human anatomy, and how these various aspects need to be examined and re-examined in order to get a detailed reading. Through the process of embroidery, Humphrey has abstracted the cerebrum into a decorative display of form and colour which entices the viewer to take a closer look – thereby taking anatomy, something that is seen as complex and overwhelming, and turning it into a point of intrigue. The act of embroidering is something that people often practice in the intimacy of their home – their personal environment. The cerebrum is the frontal part of

the brain which instigates and co-ordinates movement, judgement, thinking as well as reasoning – something that determines how one moves and the things that they do physically. The act of embroidering, paired with the subject of the cerebrum, alludes to the idea of a personal experience being carried out. To create something such as an artwork requires one's own reasoning and judgement in order to create something that holds a particular message or aesthetic quality, each determined by the maker's choices.

Although embroidery is also carried out on an industrial level, the subject matter, carried out by the hand of the individual artist, brings to mind that the subject in question is an individual and not just one of many patients that a medical professional interacts with on a daily basis. The fact that the embroidered pieces are of the cerebrum link them to notions surrounding the medical field and highlight the tension between being just another patient in terms of doctor-patient relationships, but also being an individual and the relationship that one has with their sense of self. By placing these units on a black table with a white background, it mimics the essence of the cold and pristine medical world. The cerebrum embroidery however has been done in a range of colours and brings about the idea of anatomy in an intriguing manner, making it more approachable in the eyes of the audience. The fact that she has chosen to represent these various anatomical images through the medium of embroidery is interesting as it evokes the various ways in which one can interact with ideas of the human body and its anatomy. The act of embroidering requires a particular interaction of stitching, something that is carried out on deep wounds. However, embroidery is also seen as something decorative, and this brings about ideas of not only learning about anatomy through the means of categorisation, but through a means that makes the subject matter visually appealing and attractive – something beautiful. The small scale of the embroidery rings also suggests the intimacy of viewing and analysing various samples that are examined in a lab. One must get close to what they are viewing, often employing instruments of magnification to get a sound image of the sample that needs analysing. It is a clear showcase of the beauty that she finds at the juncture of art and science, where the act of viewing and interacting with these kinds of pieces becomes an intimate process.

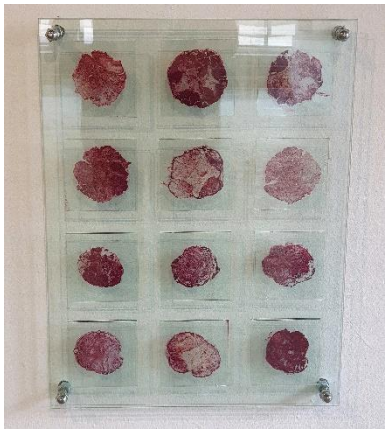
Nene Humphrey, *Small worlds (Cerebrum)*, 2004, wood, steel, embroidered fabric, 15 units, 8-10" diameter on a 40" x 8 ft x 3 ft table, Collection unknown, Photo image by unknown.

When considering the act of abstraction that takes place in the medical realm, I created 10cm x 10cm glass slides that contain food colouring, silicone, and acrylic paint. This mixture of materials produces a substance that alludes to the inner fluids of the human body. Often, when in the environment of the hospital, the patient is abstracted into an object of knowledge via the means of various samples that need to be given for tests (such as blood, urine etc.) It is through these processes that the patient loses their individual identity and becomes reduced to a sample, an object to decipher and return to what is known as their normal state – this is carried out additionally in the interaction that takes place between the doctor and the patient. I have created multiples of these samples as it links to the idea of how endless tests take place in the medical environment and alludes to the idea of what the lab within the hospital receives – a multitude of samples that belong to the mystery body. I term it the mystery body as firstly, the patient's identity is not known, and is often just a number or barcode, but also as their condition or future treatment needs to be deciphered through these procedures. Particularly with blood tests, a number of small tubes of blood are taken from a

patient, each for a specific test to be done on them. It is only once the results are completed from these tests, when a diagnosis has been determined, that the medical professional decides what route of treatment will be pursued. The sample pieces have been displayed in a tabled manner, all alongside each other to highlight the numerous tests that the laboratory needs to process. Additionally, this highlights how both the medical field and the scientific field compare various data by comparing new findings to previously established knowledge – studying and analysing the variations that take place within the controlled circumstances of a scientific process.

The example seen below is an experimental piece where I attempt to create an object that resembles a medical test such as blood samples taken in hospitals that need to be viewed under a microscope. The unpredictable nature of the materials used and how they react to one another is an important aspect of the work as it speaks to the unpredictable moments of bodily trauma, and how one doesn't fully know what the outcome will be. The materials between the glass slides set in a fairly unpredictable manner and change over time, whereas the glass is reminiscent of the medical field, neatly containing the familiar yet foreign substances and maintains a degree of order and unity. There is another interesting element that I wish to point out with these pieces, as much as they are meant to represent or allude to the idea of the hundreds and thousands of blood sample tests that hospitals go through, each piece, when held up to light or against a white surface, takes on its own individual quality. There are no two pieces that respond, dry, or set the same. There is always a slight visual variation that takes place. This is reminiscent of the human body, as much as people can experience the same type of physical trauma, or go through the same types of tests, the information gathered from these moments will have slight variations, even if they are ever so slight. This echoes the idea of the complexities that are faced in the doctor-patient relationship that I spoke about in previous sections.

Diana Lopatecki, *Samples*, 2022, Glass, acrylic paint, silicone, food colouring, varnish, 55cm x 42cm (9 panels).
Photo image by Diana Lopatecki



Diana Lopatecki, *Samples*, 2022, Glass, acrylic paint, silicone, food colouring, varnish, 55cm x 42cm (9 panels).
Photo image by Diana Lopatecki. (Close up of panel 9)

Diana Lopatecki, *Samples*, 2022, Glass, acrylic paint, silicone, food colouring, varnish, 55cm x 42cm (9 panels).
Photo image by Diana Lopatecki.
(Detail)

Blood tests in particular are used extensively throughout medical practice, they inform doctors of what illness a patient may have, whether the patient has a mineral deficiency or if they have a number of substances in their body.[6] The results from these tests can be delivered within the same day or may take a few weeks depending on the type of test that needs to be performed by the laboratory. Some of the tests may be performed at the site of the hospital and certain tests need to be sent off to the main laboratory.[7] In the case of the tests needing to be sent off to the main laboratory, the sample that has been supplied by the patient needs to be delivered by a medical professional. As the sample gets transferred to the laboratory, the patient is reduced to an object of knowledge that needs to be deciphered in order to find out if they are suffering from a particular infection or ailment. As stated by the Lancet Privacy Policy, these tests and their results remain confidential between the laboratory, the doctor, and the patient, unless the results are needed by a court order for legal reasons. With regards to the laboratory procedure, these tests are carried out by a third party (the laboratory) which is separate from the doctor and patient interaction. Although the patient is often reduced to a number, their personal information (information that is gathered from their blood) becomes circulated out of the confines of the doctor and patient relationship. This obscures the idea of agency that the patient holds within the medical field. One's agency is reduced to a number that belongs to a particular test that needs to be carried out. The patient is reduced extensively into a substance (a sample or vile) that needs to be examined through these proceedings – they not only subject themselves to the means of a procedure, but additionally subject themselves to the findings of the laboratory tests. This process leaves the patient vulnerable to the workings of medical professionals and abstracts the relationship that they hold with their physical bodies beyond the interactions that they experience with the doctor.

Bodily trauma paired with the shock experienced during the moment of injury, followed by the destabilising effects of the doctor and patient relationship, result in an abstracted encounter and relationship that one has with their body, even if that occurrence is only temporary. "The physician claims to intervene only in the body, but in conceptually sawing

[6] For more information: https://www.lancet.co.za/wp-content/uploads/2018/03/B00018-Why-Do-You-Need-Blood-Tests-Electronic-Feb2018-Rev001.pdf
[7] For more information: https://www.ampath.co.za/understanding-pathology

off the body from the rest of the person and ripping the right to know the body out of the hands of the person inhabiting it, he intervenes in the mind and emotions just as surely as if he were an executioner of the self" (Greenhalgh: 2001, 35). The factors that are both *part of* and *surround* bodily trauma cause a shift in the sense of self in the injured individual. The experience modifies the way one understands their physical nature of existing and often influences how they navigate through life after the proceedings of the injury and process of healing. However, the same can be said for the bodily trauma that an individual experiences. An individual may be left with a wound that is a constant visual reminder of the event that happened, or perhaps their body may be altered into a state of functioning differently than it had before the incident of injury took place – for example, becoming paralysed. Matters such as this can alter an individual's sense of identity, causing a tension between the person that they once were physically and the person that they are now that has been altered by a particular event.

My practice aims to take these various considerations as discussed in this paper into account and create a space for contemplation with regards to how these proceedings effect the relationship that one has with their body, both physically and psychologically. I inevitably experiment with the relationship between the individual and the medical and scientific world. By creating a space for reflection, I wish to instigate a discussion of people's experiences with the medical world and create a moment of contemplation of how these instances and events affect us as individuals.

Process work:

In the beginning of this exploration of bodily trauma and the power dynamic between doctor and patient; how one essentially shifts from subject to object during the course of injury and the interactions that take place thereafter with medical professionals; my focus was on illustrations of human anatomy, particularly those found in medical textbooks. This was the starting point of my practice.

The first artwork that was created towards this exploration was a large sculpture made from polystyrene balls and wood glue. The image originated from an illustration of the anatomy of the hand in which the focus was on a minute feature, then magnified and abstracted so that it became something that was unrecognisable. The intention was for it to be something that grew from a starting point on the wall, the canvas, and had a quality that it was part of something that was alive, but for it to be unclear of what it actually was that one was looking at.

After creating the start of the structure, the glue dried and the polystyrene balls maintained their shape which was what drew me to the material as it alluded to the idea of the multitude of cells that make up the human body. The sculpture was white in colour and the intention was to give it some kind of colouring once the final shape of the sculpture had been established. However, due to its large size, the sculpture had to be made in various parts that would link up and as time went by, the glue dried and would constantly alter the shape in which the edges would dry – making the sculpture join up unevenly. I managed to create a shape that evoked a flowing feeling of something spilling out but was unable to create seamless connections between the edges. The colouring of the sculpture brought its own battles. Initially it was stained an offset yellow tone that had been used within my other artworks that make use of varnish and expanding foam, but the colouring made it read as something that is not part of the body – something manufactured and inorganic. I didn't want to make use of red and purple tones as it would take on and overwhelming quality and detract from the delicacy of my other works. After spending almost a year working on this particular piece, I decided to not include it in my exhibition as it was visually and materially disconnected from the direction my work took off.

Diana Lopatecki, Spill, 2020-2021, Polystyrene balls, wood glue, expanding foam, bandage, Photo image by Diana Lopatecki

Additionally, there was a dissection (as seen in medical textbooks) that was created. I abstracted a skin dissection that consists of a cube form representing the multiple layers of human skin. Contractor's acrylic had been used for the middle layer as it holds a particular quality of elasticity. However, the form was exaggerated through the number of veins and arteries that are present in the medical diagram. The diagram is a simplified, yet abstracted view of human anatomy, and this was multiplied to emphasise how abstracted our processes are when it comes to learning about the internal structures of the human body. The veins and arteries extend from a bottom corner of the cube dissection, clinging and almost growing along the surface of the plinth. They had also been extended due to the fact that they course

through the entirety of the human body, taking on a form of their own. With the sculpture, however, they hung off the plinth to allude to the idea of losing their intended structure, suggesting that something is not quite as it should be – such as the interference of function when one experiences a bodily trauma. Due to the stark colour that has been employed, it immediately linked to ideas around medical diagrams – how abstracted the colouring is in order to decipher the complexity of intertwined parts and places these parts into categories so that the viewer can tell them apart. It also makes something that in reality would be abject – flesh – something that brings about interest in a playful manner due to its bright colouring and exaggerated form. However, once the sculpture was completed, it was essentially a diagram of a diagram which did not add to my intended exploration. It was the only piece that was obviously a recreation of something seen in a medical textbook regardless of the attempt to abstract it. It was so starkly different from the rest of the artworks that I felt it would take away from my purpose and ultimately distract the viewer from the other works that I had created. In the end I decided not to include this artwork as part of my final exhibition. With that in mind, there was a range of materials that had been grouped together, each carrying a particular visual and textural quality of its own. By taking each of these materials and working with them individually, I was able to explore the possibilities of each material in relation to the human body and how we look *at* and *into* the body in the medical world. These materials, when worked with in their own (or perhaps with just one or two additional materials) allowed for the human body and its anatomy to be suggested, but still permitted open possibilities in relation to the reading of the various sculptural pieces.

Diana Lopatecki, Skin Dissection, 2022, Silicone, Glue, Varnish, Food colouring, Contractors acrylic, polystyrene balls, polystyrene, injury tape, 40cm x 40cm, Phot image by Diana Lopatecki

Although these two artworks were not included in the exhibition, I feel that it is important to acknowledge the process that took place while creating them. Both sculptures contributed to my consideration of the body through the experimentation of using various materials and how they read visually. It was only by creating them and finding what does not contribute visually and structurally, which lead me to ways of creating that aid visually in terms of the purpose of my exploration. The skin dissection was too literal, whereas the magnified and distorted view of the hand was far too abstracted. The process itself allowed me to find a middle ground of creating pieces that indicate the human anatomy but are still abstracted enough to leave them open to interpretation. The polystyrene balls specifically worked in alluding to the idea of cells when thinking about it in a conceptual manner, however, once

they had been created into something physically, did not suggest cells visually at all. They also did not contain the delicacy that was achieved as with other works as their form could only be manipulated to a certain extent. Both sculptures were also dislocated visually from the medical world – an aspect that I aimed for my work to carry. The medical world, such as seen in hospitals and laboratories, holds a very particular visual quality – clean, cold, and controlled. The two sculptures that I chose not to include strayed from this type of aesthetic. The artworks that were included in the exhibition all had a circular or square shape which was inspired by ideas surrounding the manner in which dissections are carried out in medical textbooks in particular. Even *Samples* (Refer to Chapter 4), which hold a somewhat circular shape of the materials used, are contained by square pieces of glass. The circular shape also holds prominence in medical textbooks when considering ideas of diagrams where anatomy is depicted in a sliced-up format to separate its various aspects.

During the process of installing my exhibition, it was called to my attention that on a number of occasions I speak about the act of bringing something closer into view for inspection – whether it be a wound or a test that is being run. However, this act of inspection was not quite evident in my final exhibition. This led me to create a sculpture that I titled *Fragment* which was 9cm x 11cm in size. It was created from the same materials as *Wound* (refer to Chapter 2) – Plaster of Paris, food colouring, paint, sugar, and varnish. However, unlike the large contained structure of *Wound* which is bound to the shape of a canvas, this sculpture was a fragment of that which contained an organic shape. Placed on a large wall, unlit, called for viewer to draw themselves closer to the artwork to get a proper view of what the artwork actually was – much like when inspecting a wound. This was a much-needed element when thinking about the act of viewing not only art, but inspecting an injury. Art, when viewed in a gallery setting, often has restrictions on how close an individual may get in order to see the work, often with the implied idea of being able to *look* but not touch. With this in mind, the same notion is practiced when one experiences a wound that has formed - the injured individual draws the wound closer for inspection yet doesn't touch it as they don't want to potentially inflict further pain upon themselves or cause possible infection.

Diana Lopatecki, *Fragment*, 2022, Plaster of Paris, acrylic paint, food colouring, sugar, varnish, 9cm x 11cm, 2022. Photo image by Diana Lopatecki.

The work *Samples* was inspired by the idea of blood samples that are carried out in medical laboratories. The intention was to highlight the multitude of tests that take place and how a patient essentially gets reduced to being a number. However, once *Samples* was complete, the image that they held was broader in relation to the context of the medical world. It held importance through not what was just intended in the reading of the work, but ultimately what the work itself suggested. They not only alluded to blood samples, but to CAT scans and a multitude of processes relating to imaging of the internals of a body. This was a significant factor as the human body is not just the focus of my exploration, rather, it is the human body in the processes of the medical world that are brought about through injury and bodily trauma. It is these kinds of processes and procedures that alter the relationship that an individual has with their physical body.

Diana Lopatecki, *Fragment*, 2022, Partial view of final exhibition, 2022. Photo image by Diana Lopatecki.

Conclusion

The process of this paper was complicated as the different chapters are so intertwined when one is physically going through the process of experiencing an injury and being attended to by a medical professional. I have split the various sensations that are physically felt and emotionally experienced into moments of their own, hence the dedication of a chapter to each one. I am aware that more can be felt and experienced, however I have tried to narrow it down to what essentially ties many injuries and their healing processes together. The artists and their specific artworks that have been examined have been included as I feel that they deal with the intricacies of the ambiguity that an injured individual undergoes during not only the moment of injury, but through the process of being led back to their state of normalcy.

What I hope to achieve with this body of work, along with its research, is to make the viewer aware of the mental obstacles that arise when one has had their physical body altered through the process of injury, and how that is further complicated through the interactions between a medical professional and the patient. If this body of work were to perhaps be placed in a medical school, what would the implication be with regards to how potential future medical practitioners interact with and handle their patients? If the body of work were placed in a location where, for example, therapy takes place, could it influence the manner in which a patient reflects on their pain that they have undergone by seeing these forms of bodily trauma and healing processes through visual language? Ultimately, the focus of this research is in fact inter disciplinary, and only in a setting of such, where art and medicine meet, can the full potential of its possibilities arise.

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