

DISLOCATED

(Suture and Telogen Effluvium)

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“...No Beast is there without glimmer of infinity...” – Victor Hugo

My art practice centers on the body – the body as a space of interior and exterior boundaries, as a source of abject material and repulsive experience, as a fundamental actor in the formation of identity, and as a site of danger and pleasure, of horror and contemplation.

My work stems from an intensely personal place, yet applies to a more abstract notion of *body*, universally felt and collectively understood; pains of wounds, trauma, danger in blood and exposed flesh, repulsion of the “guts and black stuff” underneath yet fascination with its complexities. I am drawn to the body as a site of knowledge and illness, and the rituals surrounding our modes of its understanding. Current epistemologies of medical science rely on a wholly objective understanding of the body, “the body as object,” as material in need of being fixed, healed, changed. While I do not dismiss this line of understanding, I question if it fully captures our fundamental experience of being *embodied*.

The Repulsive Body

*“Gloucester: O, let me kiss that hand!
Lear: Let me wipe it first; it smells of mortality.”*

A central aspect of my work lies in the psychology of disgust as it relates to the body – bulbous forms, wet and soft, visceral and disconcerting... I experiment with repulsive materials and set-ups, creating ambiguous specimens and still-lives with oozing orifices and punctured skin in draped spaces, woven and delicately fuzzy and floating balls of

hair -- in an attempt to face my own discomfort, study my own experience of repulsion, and explore more universal notions of horror, fear, and the sublime within the disgusting.

In her essay *Powers of Horror*, Julia Kristeva offers a theory of “abjection.” According to Kristeva, abjection elicits disgust – a subconscious reaction of horror, nausea, and fear when confronted with the loss of distinctions between self and other, subject and object (2-9). In other words, in abjection we simultaneously view ourselves as both a subject (“I”) and an object (“physical material body,” dead corpse) and thus are no longer able to understand/make sense of our own identity. “The abject is not an ob-ject facing me, which I name or imagine...” she writes, “There looms, within abjection, one of those violent, dark revolts of being, directed against a threat that seems to emanate from an exorbitant outside or inside, ejected beyond the scope of the possible, the tolerable, the thinkable” (Kristeva 1). Kristeva outlines three categories of abjection –

- Food (in vomit, skin on the surface of milk)
- Waste (excrement, severed body, corpses)
- The Feminine (menstrual blood, lactation)

all of which I explore in my work.

FOOD

Kristeva claims that food loathing is one of the earliest (developmentally) forms of abjection (10). For Kristeva, negative reactions to food (vomiting and nausea) occur because, to the child, food represents a violation of its bodily boundaries. Food enters the mouth, essentially *becomes* the body, and this results in a confusion of identity (where do

“I” start, stop, become). This theme of interrupting bodily boundaries plays a major role in Kristeva’s account of abjection. Kristeva describes a reaction to food: “When the eyes see or the lips touch that skin on the surface of milk – harmless, thin as a sheet of cigarette paper... I experience a gagging sensation, and still father down, spasms in the stomach, the belly; and all the organs shrivel up the body, provoke tears and bile, increase heartbeat, cause forehead and hands to perspire...” (11).

Darwin similarly claims that “disgust” means something offensive to the taste (Miller 1). In his book The Anatomy of Disgust, William Miller suggests that it is more than food, but a full sensory assault that elicits disgust. He gives this account from Darwin as example: “*In Tierra del Fuego a native touched with his finger some cold preserved meat which I was eating at our bivouac, and plainly showed utter disgust at its softness; whilst I felt utter disgust at my food being touched by a naked savage, though his hands did not appear dirty*” (Miller 2-3). Although Darwin suggests that his disgust was due to food and taste, Miller argues that other (sensory) categories of disgust contributed to his experience – dirty vs. clean, cold vs. hot, soft vs. firm, naked vs. clothed (3). And that this suggests that disgust is more *visceral* than Darwin suspects.

I use food in my work as a central material to experiment with ideas of disgust. In making the still-life photographs for the series *Suture*, for example, I experiment with foodstuffs and fabrics, and I build ambiguous and bodily food objects to place into draped dioramas. Food represents an intimate extension of the body. It dictates health (nourishment), plays a role in personal power (denial of food in fasting or in punishment

and celebration with food as reward). Food is organic in form and bodily in material (food was/is/will be our body, and we eat bodies of other beings). And there exists only a thin line between pleasure and repulsion in food – it both seduces us (we strongly and instinctually desire food, as evidenced by the popularity of cooking shows/food advertisements) and repels us (as in aversions to certain foods and rotten food). Food is *visceral*; it incorporates many senses at once (taste, color, touch and texture, smell), which no doubt accounts for its unique relationship to pleasure and disgust. I appeal to this sense of visceral attraction and repulsion in my photographs, mixing repulsive textures (wet, slimy, slick) with seductive lighting and fabrics. And while my images are largely ambiguous (the viewer does not necessarily know the objects are made with foodstuffs), it is important to my process and to the work that the materials I work with are intimately related to the body.

WASTE

Kristeva claims that bodily waste is abjection at its most primary and recognizable form. Obvious examples include excrement (urine and feces), vomit, refuse, decay, and death – ultimately signifying our own materiality and thus mortality (and the most drastic example of the separation between myself as subject and my body as object, the corpse). Kristeva writes,

The corpse...is cesspool and death; it upsets...violently the one who confronts (it) as fragile...A wound with blood and pus, or sickly, acrid smell of sweat, of decay, does not signify death – a flat encephalograph, for instance – I would understand, react, or accept. No, as in true theater, without makeups or masks, refuse and

corpses show me what I permanently thrust aside in order to live. These bodily fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. (3)

Darwin's disgust at the native touching his meat reveals a similar point about our revulsion at contamination and waste. Darwin remarks that the native's hands did not appear dirty, but his remark assumes that there was something impure about his touching, something unclean (Miller 3).

In *Suture*, I employ this category of abjection by creating and photographing facsimiles of human flesh, internal organs, post-surgical body parts, and abject bodily fluids. The forms serve as metaphors for human anatomy and dissection, and the resulting dioramas suggest violence and waste. I use seemingly bloodied gauze and dirtied domestic fabrics (such as wash cloths and bed sheets) to suggest filth, leaking wounds, contamination, and medical aftermath.



Figure 1 (*Untitled*)

The objects in my photographs are ambiguous and difficult to decode, creating tension and unease in the viewer. The punctured flesh and imprecise sutures point to our fragile relationship to the interior/exterior boundaries of our body, or “border” as Kristeva describes it. She claims that above all abjection is ambiguity (Kristeva 9). It is that which “disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite” (Kristeva 4). At this border, I confront my own mortality. In facing death, I am “at the border of my condition as a living being... The corpse, the most sickening of wastes, is a border that has encroached upon everything” (Kristeva 3). Miller agrees: “The disgust that arises when the body is sliced open with a knife...is more than just a function of the muck that pours out, it is a function primarily of the inappropriateness of destroying the integrity of the body’s seal” (58).

In several photographs in *Suture*, there is a sense of dismemberment, a notion of the body being torn apart, things being removed and displaced. The forms are familiar as bodily, but not quite recognizable. The images depict the body as a site of danger, eliciting reactions of horror also associated with disgust and this type of abjection. Miller claims that, like fear, disgust is a strongly aversive emotion that can lead to a fight or flight defensive response (25). But, Miller argues that horror is unique in that it is fear-imbued disgust. “What makes horror so horrifying is that unlike fear, which presents a viable strategy (run!), horror denies flight as an option...Because the threatening thing is disgusting, one does not want to strike it, touch it, or grapple with it” (Miller 26). And so, with disgust, there is no way out, no way to save oneself. Kristeva also alludes to this type of horror and instinct of self-preservation. She claims that abjection supplies “spasms and vomiting that protect me...retching that thrusts me to the side and turns me away from the defilement, sewage, and muck” (Kristeva 2).

MONSTROUS FEMININE

“Woman is literally a monster: a failed and botched male who is only born female due to an excess of moisture and of coldness during the process of conception.” – Aristotle (Battersby 49)

For Kristeva, this sense of bodily danger and confusion of borders is exemplified by abjection associated with the female body, which Barbara Creed terms the “Monstrous Feminine.” The reproductive female body has long been associated with power and danger; representations of the mythological *vagina dentata* depict the vagina with sharp teeth (Ussher 1). Freud argued that representations of menstruation and the vagina reflect

castration anxieties: “Disappearing inside the vagina, as the penis does..., the man literally loses himself” (22). Kristeva claims that the feminine body epitomizes abjection – ambiguous and without clear borders, the body as uncontrolled and uncontained (10). During pregnancy, puberty, and menopause, the female body bleeds, leaks, and secretes abject fluids. The breasts and vagina supply a source of life and nourishment, yet are also commonly associated with reactions of disgust and fear, and power and desire (an example being the cultural baggage of female virginity). As men have commonly been associated with the rational (and human), women have often been demoted to the emotional (and animal), and thus the female body represents abjection’s “primal repression” and highlights the border of separation between human and animal (Kristeva 10).

The apparently uncontained fecund body, with its creases and curves, secretions and seepages, as well as its changing boundaries at times of pregnancy and menopause, signifies association with the animal world, which reminds us of our own mortality and frailty, and stands as the antithesis of the clean, contained, proper body, which ‘must bear no trace of its debt to nature.’ (Ussher 7)

Kristeva claims that menstrual blood, in particular, “stands for danger from within the (social or sexual) identity” (71). Presumably, this is in part due to menses as historically being deemed unclean and a source of contamination and bodily waste. In the orthodox Jewish faith, a ritualized separation practice (known as the laws of *niddah*) explicitly

draw upon fears of contamination in menstruation. Here is an excerpt of the laws of *niddah* in the book of Leviticus:

And if a woman has an issue, and her issue in her flesh be blood, she shall be seven days in her menstrual separation: and whoever touches her shall be unclean until evening. And everything that she lies upon in her separation shall be unclean; everything also that she sits upon shall be unclean...And if any man lies with her at all, and her menstrual flow be upon him, he shall be unclean seven days, and all the beds on which he lies shall be unclean... Leviticus 15:19-29

The photographs in my series *Suture* often allude to this notion of abjection in the Monstrous Feminine. Wet bulbous forms resemble breasts and other fleshy fecund body parts. In some photographs, the “flesh” is punctured with an orifice (resulting in an ambiguous vaginal shape) – leaking and oozing dark red thick fluid resembling blood, suggesting menstruation and/or violence alongside gendered bodily forms. And I use fabrics commonly associated with the domestic – washcloths, bed sheets, and brocade upholstery – which I’ve subtly stained with seemingly abject fluids (signifying waste and menstrual hygiene) to heighten tension and further allude to the feminine.



Figure 2 (*Untitled*)

ABJECTION IN ART

In the catalog for the 1993 Whitney exhibition entitled “Abject Art: Repulsion and Desire in American Art,” Simon Taylor explains how images of abjection often involve “fragmented bodies...which is to say, images of castration, mutilation, dismemberment, dislocation, evisceration, devouring, bursting open of the body” (59). Certainly, historically there have been artists who utilize abject imagery and ideas. Kiki Smith’s work in the Whitney exhibition, *Untitled* (1990) “comprises nude male and female wax figures, impaled and suspended on metal stands where they are made to resemble putrefying, bruised cadavers being readied for autopsy” (Taylor 65). The figures smell,

are creamy wax that collects dust, and ooze “sperm” dripping from the man’s penis and “milk” dripping from the woman’s nipple signaling the grotesque body. Also in the exhibition is Robert Grober’s *Untitled* (1990) – a lone torso of a body covered in hair, fragmented and disorienting. Andres Serrano famously utilizes abjection in his photographs and works with abject bodily fluids such as menstrual blood, semen, and breast-milk. His infamous photograph *Piss Christ* (1987) depicts a plastic crucifix submerged in Serrano’s own urine, and most recently, his series *Shit* displays staged close-ups of feces with colorful blurry backdrops. And Louis Bourgeois’ work commonly depicts tension and fear associated with the female abject body and female identity. One piece strikes me as deeply poignant and inspiring – *Janus Fleuri* (1968) – a hanging sculpture of a seemingly disembodied and ambiguous female bodily form.



Figure 3 (*Janus Fleuri* (1968), Louis Bourgeois)

The Sick Body

“The body is a source of great anxiety, derived above all from the fear of death.” – Stephen Kern, 1975

Kristeva’s notion of abjection centers on our universal fear of death. Abject fluids, amputated limbs, physical deterioration – all of these spark an instinctual reaction of horror because they signal to us that our bodies are in a constant trajectory of decay. Our physical bodies are constantly changing, not static and controlled, but in-flux and utterly fragile and vulnerable to entropy.

My work questions and explores this physical break-down as well as our impulse to slow down the process – to fix, alter, heal and build back the body, to gain a sense of control over its eventual deterioration. Medical science encompasses this urge – it seeks to *understand* the body from an objective standpoint. Rather than a sense of knowing that is perhaps less precise and uncertain (such as a subjective or intuitive bodily knowing), medical research provides answers to complex and difficult questions about our physical bodies by way of various empirical testing, diagnosis of illness, and prognosis for what will happen next. It provides a sense of security to ease our anxieties, and offers a way to understand our bodies as fallible yet controllable.

DETACHMENT

The practice of ‘clinical detachment’ is central to medical epistemology. Medical practitioners must emotionally detach from patients and their bodies in order to treat them

from an objective and rational standpoint. Clinical detachment represents a defensive barrier, a “necessary inhumanity,” which permits the anatomist to “execute tasks which would, in normal circumstances, be taboo or emotionally repugnant” (such as dissection and body mutilation) (Richardson 31). In early reports of body-snatching, there are even stories of anatomists dissecting their own loved ones “which suggests the considerable extent to which (one can) become able to divorce himself from traditional attitudes to the human corpse” (Richardson 31).

I use this kind of detachment in my creative process and as a way to understand and accept traumatic bodily realities from a distance. In my series *Telogen Effluvium*, I photographed clumps of my own hair as a response to the trauma and grief I felt at its loss. The camera became the barrier, a kind of microscope with which to separate myself, and the balls of hair became specimens. The resulting images are photographic documents acting as records of my hair (and hair loss), yet they are abstracted and resemble graphic drawings on matte paper, which further detaches them from their indexical nature as documents. Even though the hair is my own bodily material, this detachment ultimately makes the loss and grief easier for me to understand and accept.

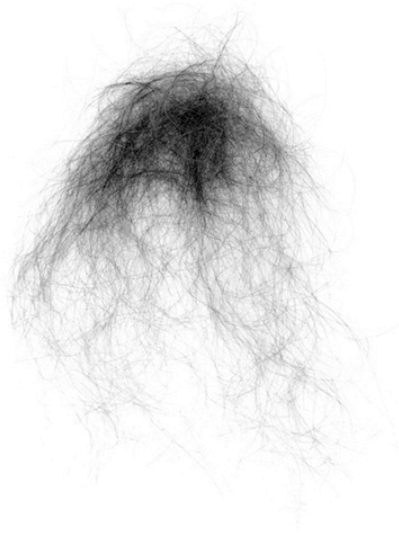


Figure 4 (*Untitled (Telogen Effluvium)*)

In *Suture*, too, there is a sense of detachment – the ambiguous forms are on display to be observed, contemplated, understood – presumably removed from their bodies and taken out of context to be studied as objects. The dioramas in *Suture* suggest surgical procedures and aftermath which points to another layer of detachment – *surgeons* are prime examples of medical professionals who must clinically detach from their patients and their bodies. Richardson explains, “Anatomy is the basis of surgery” and requires working “beyond the range of ordinary emotions” in the “willful mutilation of the body of another human being” (31).

SPECTACLE

Clinical detachment is embraced as necessary, and even virtuous (being void of emotion),

in the western medical community, but it is often accompanied by a sense of fascination, curiosity and wonder. In the early history of surgical training, anatomists performed public dissections in front of watching civilians and onlookers. For the body under the knife, public dissection was deemed a punishment, analogous to publicly being hung from the gallows and having an opened body displayed to all. It was meant to deter behavior, yet it was a popular public spectacle (Richardson 32-34).

Fascination with the internal body can also be attributed to the popularity of the more recent spectacle of public surgery whereby onlookers can sit and watch a live surgery from behind glass. In a similar vein, artist and surgeon Max Aguilera-Hellweg photographs large-format images of his invasive surgeries in a series titled *The Sacred Heart*. The resulting photos are luscious, visceral, and difficult to look at, prompting a reaction of simultaneous attraction and repulsion.



Figure 5 (Max Aguilera-Hellweg)

Kristeva makes a similar observation in her discussion on abjection in relation to the *sublime*. She describes the sublime as the “thin skin” of the abject which can explain why many who are traumatized by certain episodes of abjection seek out the abject again and again as a type of pleasure and joy (or “joissance”) (Kristeva 20-21). She writes, “The abject is edged with the sublime. It is not the same moment on the journey, but the same subject and speech bring them into being...” (Kristeva 21). The abject ignites horror and fear yet fascination and wonder. We are drawn to disgusting phenomena yet simultaneously repulsed by it.

It is this sentiment that I seek to recreate in my work. In *Suture*, the photographs are visceral and seductive, luscious and beautiful yet disturbing. The work references seventeenth-century Dutch still-life paintings with draped burgundy velvet and symbolic objects placed on display. The photographs depict the body as a site of danger and illness, yet also a site of contemplation and beauty. They both attract and repulse the viewer, creating a space where one must but can't look away.

HEAL

“Passing through the hands of the medical orthodoxy can be terrifying...I determined to document for myself what was happening to me. Not to be merely the object of their medical discourse but to be the active subject of my own investigation.” – Jo Spence, 1988:153

Much of my interest in medical intervention and the interior body stems from a recent personal experience of an invasive surgical procedure that left my insides permanently altered. I made the decision willingly and conscious of its implications and possible

complications, although, I was (am) conflicted with the violence and invasion that surgery entails. Making work about this experience not only helped me detach and distance myself from the trauma of my choice, but it provided me with a safe space with which to heal.

“Telogen Effluvium” is a medical term for massive hair-loss as the result of bodily trauma, usually in the form of surgery, childbirth, or extreme weight loss. My series, *Telogen Effluvium*, points to the medicalized conception of this trauma and serves as a metaphor for physical transformation. For several months after my surgery, I collected clumps of my own hair, ultimately losing over 50% of the hair on my head. The experience terrified me; and to make sense of it, I threw myself into the fear by photographing my collected hair, the leftover remains of my former body. The photographs depict the hair as nests, minimal and delicate, hovering and detached on a plain white background. Resembling pubic hair or discarded animal tufts, the lifeless clumps are abject, grotesque yet lyrical.

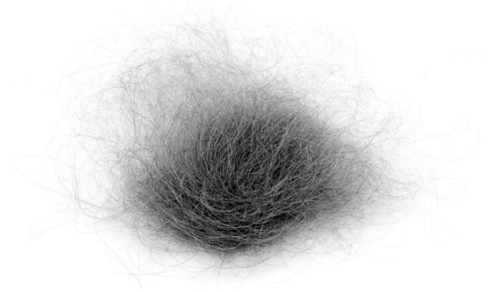


Figure 6 (*Untitled (Telogen Effluvium)*)

Locks of hair have long been stand-ins for identity. In the Victorian era, locks were traded instead of autographs. A tuft of a loved ones' hair was kept secret and sacred in lockets worn around the neck, an act that was commonplace as a ritual for mourning the dead. Hair can represent ones femininity, masculinity, connection to ethnic identity, wealth and status, and can serve as an indicator of health. Hair loss can also represent mortality, itself being a dead remnant of the body and commonly thought of as disgusting or unclean. Miller writes, "Hair just can't seem to obey the rules of modesty and propriety, having an uncanny habit of growing in places of darkness" such as the most odiferous places like the armpits and groin (54-55). In my work, hair is loaded with symbolic meaning, both in its abject association with mortality and illness and its connection to identity and the shedding of my past self.

In *Suture*, too, I use photography and my creative process as an outlet for healing and cathartic release. Not only does the work create a safe space for uncomfortable (and horrific) exploration of my surgery and trauma, the photographs show my impulse to mend, fix, and heal my body and wounds. In several images in the series, I stitch the open orifices leaving imperfect and crude sutures on the surface of the “flesh.”



Figure 7 (*Untitled*)

This is a reparative task – a way for me to reclaim my own bodily agency. It also reflects a broader ambivalence toward medical science and surgery as an approach to fixing the body.

Making *Suture* and *Telogen Effluvium*, in many ways, served as a kind of catharsis – an emotional cleansing of traumatic experience. There are many examples of contemporary

and historical artists who use a similar approach to illness and personal experiences of bodily deterioration. Hannah Wilke and Jo Spence are two examples that greatly influence my work and my process. In “Intra-Venus,” Wilke made a series of self-portrait photographs as a cathartic response to her diagnosis of lymphoma. Wilke’s work critiques the myth of eternal youth, but also served to reclaim her sick body as she died of cancer.

Health is the silence of organs; in illness, however, the body suddenly speaks loudly in pain...The transformation of pain into a symbolic representation allows for its experience to be at least temporarily tamed. Its communication, likewise, helps to lighten the burden. In depicting herself through the image of her diseased body, (Wilke) not only manipulates her experience of illness firsthand and its impacts on her subjective and somatic selves, but also constructively affects the outward perception of herself as a stigmatized, suffering being. (Tembeck 93)

Spence, similarly, created “A Picture of Health?,” a series of photographs in response to her struggles with breast cancer. Spence was particularly interested in the power dynamic in the doctor/patient relationship in healthcare institutions, and her photographs and documentation of her illness served to empower her to become “an active subject in her own investigation” (Tembeck 88).



Figure 8 (*Mammogram (1987)*, Jo Spence)

CONCLUSION

My work investigates the body as a site of danger and disgust, of knowledge and constant change, and as a primary source of identity and human experience.

My work serves as a platform in which I allow myself to be courageous, to give myself permission to face that which profoundly terrifies, horrifies me, yet I cannot help but face and understand.

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