

Alienating Aesthetics:  
Performance Art and the Medical Imagination

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## INTRODUCTION

### THE MEDICAL IMAGINATION AND THE PRODUCTIVE PURPOSE OF DISCOMFORT

#### *The Art of Medicine*

A number of years ago, the medical school that was affiliated with my hospital job offered a figure drawing class in the cadaver lab, taught by disabled visual artist Laura Ferguson, whose work I had long admired. The class filled immediately, and I fought tooth and nail (no pun intended) to get in. Eventually, I pestered Laura enough to find space for me. I don't know what I was expecting when I walked down a long, dark staircase to the basement to get to the lab. By this point, I, a recovering squeamish person, had spent years wandering around operating room spaces where my role was exclusively to provide emotional, physical and informational support to patients who were having surgeries; this also meant I was available to provide similar affective support to their doctors, who needed it in equal measure in the beast that was the public city hospital where we worked. On the surface, I wanted the opportunity to take such a rare class because I had hoped it might help me understand the process of surgery better, and because I felt compelled by the emotional disturbance I thought it would cause. I walked in expecting to feel humbled at the fragility of the human body, of the intimacy that I had already felt while bearing witness to surgeries. I wanted to take a step further in order to take the strange combination of being beholden to and alienated by the bodies of my patients as they were surgically altered.

The class, unfortunately, did not bring me to the cathartic crescendo I had hoped it would. I soon found two things: that I was indeed still squeamish, so much that the formaldehyde-smelling, constantly greasy (*with what?!*) lab made me want to fold into myself, and, second, that neither my attraction to arts criticism, nor my talented artistic family (my mother and sister are both artists) would

give me any innate aptitude to draw. The weeks that ensued would have me continue in my role as a fly on the wall—watching others supportively while maintaining an open affective presence—while at the same time trying, and failing, to accurately draw my own hand.

But this anecdote isn't actually about me. This story is about an interaction between a seasoned, attending surgeon, and a medical student who worked in the cadaver lab where our class took place. Many providers who were there, be they nurses, students, or doctors, were trying to find ways of communicating in various modalities with patients, and drawing is a trans-linguistic framework of expression. Taking an art class means that providers become nimble communicators, able to provide explanation in visual registers. I write all of this because the good intentions of the physicians in the room should not be taken for granted. They especially should not be taken for granted, even when they behaved in ways that were categorically jaded.

At the beginning of one class, Laura encouraged us to choose an organ, a body part, a bone, that we were to draw. A number of budding, and admittedly talented, artists reached into cadavers to pull kidneys, hearts, and whatever else had been cut loose in a medical student cadaver lab to take away to their corners to draw. I stood by a medical student I knew who was working in my clinic for a few weeks to decide if, and what, we might use to draw. It was his cadaver from anatomy class, her face sheathed in a plastic bag, as is typical. It is standard that in many medical schools that heads, hands, and faces of cadavers are covered in an attempt to dehumanize the body while students are undergoing such radical professional re-formation. As we hesitated in indecision, the attending surgeon walked confidently over to the cadaver, and pulled the bag from her—the cadaver's—face, in hopes of finding a brain to draw. The medical student immediately stiffened, drew in a breath. The attending, realizing her faux pas, offered a half-apology: “Well, you were going to see it at some point, anyway. Sorry.” She walked away.



The student was visibly jarred. Laura asked if the student was okay. He insisted that yes, he was, even if he looked a little jarred. It was, indeed, true that he would see it at some point. “It’s just that I hadn’t seen it yet,” he said.

In her memoir of her first-year gross anatomy class, Christine Montross reflects on the emotional impact—nearly an emotional trauma—of dissecting her cadaver’s head after spending a year dissecting the rest of her body. She describes the action of chiseling the cadaver’s skull as feeling “barbaric” (279), even when she understands the purpose of such a dissection in the broader narrative of her medical career. She writes that that the face is a point of reference, of identity, and that,

[T]hese moments of reference are tenuous. In the next days, I will peel away the skin of [her] face. I will open her skull. I will render her unrecognizable. More than any other part of her body I have altered, her face, as it is for all of us, is her identity, and I will remove it. This—the first and last chance for many to look at the faces of their cadavers—is the last chance for us to look at the faces of our cadavers (258).

In seeing the face of his cadaver for the first time so unexpectedly, the student was placed in a position where he would have to tolerate the greater existential discomfort of confronting an identifying marker of a body he was tasked with slowly dismantling. It underscored the extent to which the necessity of surgery and dissection in medical education does not take away from the brutality of cutting, pulling, cracking open another human body. In fact, such brutality offers a complexity to acts of care: how does one hold the ethical tensions of engaging what would seem like acts of harm toward bodies in order to heal them?

I begin with this anecdote, in all of its macabre glory, to frame the extent to which the art of healing that is medicine is aesthetically linked to a tradition of gothic horror. The anatomist William Hunter, who was himself actually quite squeamish around blood, famously said, “Surgery is a Necessary Inhumanity.” This statement has been re-quoted numerous times in the burgeoning canon of medical humanities, a field that combines literary and artistic narratives with medical history, theory, and practice. This glib, pithy sentence frames the paradoxical demand of healing and barbarism that includes the horrific act of cutting into a sick or ill person. This Necessary Inhumanity has long been thought to be an important part of physician identity development for medical students—readers need only think of the unflattering stereotypes of doctors that describe them as cold or distant in order to defend against the demand that they become overly emotionally involved with any of their patients.

We cannot address the complexities of caregiving without addressing the violence toward bodies that medicine needs in order to help heal. In other words, medicine, and especially surgical medicine and anatomical dissection, stands in visual proximity to torture to those who stand outside of the medical field. How unnerving, that such caregiving can share a root with acts of horror.

### *Alienating Aesthetics*

This dissertation concerns performative works by artists, filmmakers, writers, and curators who deploy images of bodily distortion, surgical scenes, and other forms of embodied deviance in order to trouble the limitations of empathy as we tend to understand it. I address works ranging from the films of Lars Von Trier, Ari Aster, and David Cronenberg, to the performances of artist ORLAN, from the speculative fiction of Ted Chiang and Octavia Butler to the revisionist historical drama of playwright Suzan-Lori Parks. These visual and literary artists challenge traditional spectatorial norms by intentionally alienating their audiences. The spectatorial challenges of their work take place in a

fascinating array of physical and aesthetic spaces: the medical museum, the hospital operating theatre, body art involving surgery, and narratives about disturbing forms of embodiment. Often, they conjure the haunting aesthetics of nineteenth-century medical education: namely, the medical museum and the anatomy textbook.

Why would an artist *want* to alienate a spectator? What is the value of an artistic work that is invested in repelling its audience? And why would medicine, a caregiving field meant to heal the human body, be associated with horror and alienation? Medical practice is caught between its caregiving goals, and its history of experiment and its display of bodies. Although a major part of medical education is passive observation (before medical students are allowed to touch patients, they must watch a number of procedures) non-medical lay people are also offered the opportunity to be observers of the fragmented human body when they enter medical museum spaces. The Mütter Museum, for example, is one of the chief medical museums in the United States that aligns with Victorian aesthetic values, particularly in the way that the space facilitates an ardent fascination of deviant bodies. It is filled to the brim with anonymous skeletal samples, wet specimens, anatomical models, and, “remarkable” medical anomalies. Visitors shuffle into a neatly organized, but relatively tight space where they are pushed into close quarters with various pieces of famously ill people, such as the liver of Chang and Eng, the “Siamese twins.” In honor of American football, the museum shows off one of its more notable specimens, the “Super Bowel,” the distended “megacolon” of a 29-year-old man with Hirschsprung’s disease, who was exhibited at a freak show because of his ailment and who later died of it. Another example of a contemporary medical museum is the ever-popular *Bodies: The Exhibition* by Gunter von Hagan, which unceremoniously displayed cadavers embalmed in a plastic solution posed as athletes, complete with various sports-balls in hand. Such museums offer an

opportunity to demystify the body. However, they usually do not incorporate a framework to address the biopolitical hierarchies that shape decisions about *who* becomes a part of the display, and why.

The medical motifs that appear in contemporary performative work have the potential to revise the role of the displayed body, as well as the role of passive spectator. Here, I consider the productive use of alienation in performances that merge art, medicine, and at times, suffering, using aesthetics to highlight what may be gained when the audience is repelled from seeing themselves in the artist. In exploring the ethics of alienation, I am guided by two overarching questions: what is the use of such discomfort? and how can an aesthetic practice help spectators refuse to go numb in the face of that discomfort? I ultimately argue that the power of medical performance art does not come with the audience's attempt to identify with the performers (which I view as potentially problematic), but rather in the work's *resistance* to this possibility. I set out to complicate a definition of empathy by using a Brechtian lens in order to understand the relationship of discomfort to a framework of ethical spectatorship. The goal of alienating spectators from a false sense of identification is actually an attempt to highlight the extent to which audiences *cannot* identify with what they see. It is in that space, in forcing the spectator to acknowledge the limitations of her imagination while also demanding that she not look away, that there arises a more useful definition of empathy.

This project explores what spectators are meant to do when their objects of attention are alienating or disturbing—something that dislodges the self from a passive position through its own discomfort. In other words, what happens when art puts us in a position to associate a strong and potentially unpleasurable emotion with an object, where we resist wholly committing to what is in front of us? This, to me, is a version of becoming radically vulnerable—to find a way of tolerating discomfort, and to train oneself to not turn away from that which is uncomfortable. The significance of words like “alienation” and “discomfort” is important, as I am not necessarily standing in defense of

work that shows an orgy of violence, pointless suffering, or gore—there are no slasher films in this dissertation, and I am not interested in work that sets out to spook audiences with a hackneyed repertoire of horror. While much of the work that appears here is not for the squeamish, I take into consideration narrative form and intent, since much of the visual and performance art is auto-theoretical in its scope. My analysis of narrative form—whether in a visual or literary narrative—looks to acts of consent: who is telling whose story? How does telling too much, showing too much, provoke a sense of alienation?

An important undercurrent in all these works is the interplay between consent and display. *How* bodies become displayed, *who* displays them, and *where* they are displayed are factors that create social guidelines for audiences. It is my goal to confront the uncritical tendency with which many audiences, viewers, and readers accept the medical display as part of a pitiable, yet morbidly interesting, unfairness. We need to develop a framework in which the discomfort that may be aroused from grotesque or bizarre encounters, from displays that make us squeamish, is used to create the ethical obligation to bear witness to what is unpleasant. In that, this dissertation is a defense of gray space in spectatorship where ethical tensions run high because there are no easy answers. There is value in giving oneself over to a discomfort, to bearing witness to something disturbing without turning away, to holding one's own total emotional well-being in abeyance in the service of another person's experience, no matter how gruesome. This is something that those who are involved in the medical system, whether patients, medical providers, or anywhere in between, endure all the time.

### *The Museum as a Dual Performance*

Medicine and science may be regarded as mediating factors of culture (Jordanova 2), which is to say that the particularized knowledge from scientific fields can be used as filters for larger public

narratives. The medical museum and the anatomical atlas, as objects that are meant for scientific study but accessible to a general laypublic, bridge the gap between the “objective science” of medicine and the subjectivity of artistic representation. According to Tony Bennett, the museum falls into a trajectory of display culture that moves from the elaborate household “cabinet of curiosities,” to the fairgrounds, to anthropological shows, to the carnival and the freak show, to more recently, the art gallery and even the department store (29-31). Often categorized as historical objects, they are also thought of as useful, if obsolete, educational tools. They form an aesthetic canon for contemporary art enthusiasts and celebrators of the macabre, and represents a paradigm shift from scientific knowledge to aesthetic display.

In the second-half of the nineteenth century, visitors were encouraged to walk through wide, open spaces in the communal meeting areas of the museum. As a cultural center, the museum was a space that mediated behaviors, with the goal of reining in the museum-goer, training them to police themselves, police others, or both (Bennett 48-59). The knowledge produced by the museum proved to be manifold: in addition to a course in cultural propriety, the spectator would also be granted the knowledge that was intended for anatomical scientists—but, through a heavily guided lens. The structure of the exhibitions as well as the specimen descriptions served to educate the public, thereby creating a basic standard of normal, and abnormal, bodies through the exhibit (Alberti 126-160).

Describing museums as “performative” may appear idiosyncratic, as the space is filled with static objects, but in fact museums demand two types of tacit performances: one from the spectator, and one from within the museum archive—the specimen collection—itsself. Scholar Diana Taylor has framed the archive as, “a slow performance” (*Performance* 189), in which curated artifacts mediate public knowledge. She describes it in detail as, “books, documents, bones, DVDs [that] theoretically resist change over time. The archive has long been the guarantor of the preservation and *accessibility* of

knowledge [...] Usually thought to be stable, the antithesis of the live, archives, and the objects in them, change over time. New objects come in, some magically vanish” (*Performance* 188-189). The archive is meant to perform a sense of scientific objectivity through a mosaic of specimens in the display cases, carefully chosen in the service of a scientific narrative. Objects become enlivened as worthwhile specimens simply by being chosen to be a part of the museum collection. Though they, like scientific knowledge, are meant to be stable guarantors of information, the museum display will shift as new objects come in, and the old ones are removed from the cases, effectively disappearing.

Taylor juxtaposes “the archive” with “the repertoire,” which would intuitively fit the definition of performance: “embodied acts – performances, gestures, orality, movement, dancing, singing – acts usually thought of as ephemeral, non-reproducible knowledge. The repertoire [...] requires presence – people participate in the production and reproduction of knowledge by ‘being there’ as part of the transmission. Yet the actions that are the repertoire do not remain the same. The repertoire both keeps and transforms choreographies of meaning” (*Performance* 188). When we think of museums, we mostly think of them in terms of the spectator’s experience: what information was learned and absorbed in the experience of observing the museum exhibits, and how the spectator’s mind was opened by the education she received. But in actuality the conditions of spectatorship are equally enforced by the panoptic, open design of the museum, wherein people who are *looking* at exhibits can be just as easily *looked at* by others. The physical structure of the museum space makes it a part of a disciplinary regime of what Tony Bennett has called “scopic reciprocity” (51).

The experience of spectatorship was, and continues to be, part of a double-sided system that mediates the parameters of “acceptable behavior,” not limited to but including a kind of intellectual surrender and trust: the expected social mores in the museum mean that spectators are to accept the information provided by the curators. The spectator is meant to fall into certain behavioral codes of

propriety within the museum space. The museum was—and remains—a place of “high culture”: a form of public education in addition to a physical space that enforces behavioral codes of the upper class. These codes frame the parameters of socially appropriate museum behavior that include passive observation and admiration; quiet conversation if any at all. You do not touch the exhibits. You keep your voice low and respectful. You are there to absorb the given information, not to undermine it. Taylor describes the experience of most audiences, where “passive watching is usually part of the behavioral code for audience members during performances” (77)—the point where they would “submit to an experience *uncritically*.” Spectatorship underscores a dynamic of politeness, of watching, where museum spectators were tacitly expected to, in Taylor’s words, “leave their criticism in the coatroom” (77).

Both performances of the archive and the repertoire are significant to the way we can understand *how* the museum represents knowledge. The visual culture of the medical museum coheres around the use of exemplary specimens that are given taxonomic, functional, and pathological context in description cards and oral lectures (*Morbid Anatomy Anthology 2*). Within a broader history of display, the anatomical museum was an important cornerstone for medical schools, and often attached to hospitals so that students would have a point of reference for anatomical structures prior to seeing patients. The collections of esteemed anatomists like Georges Cuvier and William Hunter were crucial components in making the leap between a lecture-based tradition of medicine and its position as a pathological science that could confront the diverse problems of disease. For students, this meant that the jump between “medicine in theory” and “working with patients” was steep. In its ideal form, the museum would be a “sumptuously illustrated text-book” because it is “both museum and library combined” (Daukes 12)<sup>1</sup>, connecting the oral tradition of medical school lectures with visual

1 Quoting Sir Walter Fletcher in the opening remarks of the early 20<sup>th</sup> century Wellcome Collection.



exemplars. Museum curator G. Brown Goode—whose influence reached a number of important museum curators in Europe—famously described the ideal arrangement of a museum as “a collection of instructive labels illustrated by well-selected specimens” (quoted in Bennett, 42) This is an important narrative gesture that gives meaning to the specimens, creating a standard of normal.

Foucault writes of a “complex link” between the act of looking and the act of what he calls “translation.” He writes, “Commentary rests on the postulate that speech (*parole*) [...] has the dangerous privilege images have of showing while concealing, and that it can be substituted for itself indefinitely in the open series of discursive repetitions” (xvi-xvii). Images (whether they be live patients, museum specimens, or anatomical atlases) do not speak for themselves, but are rather given a label—normal, or diagnostic—through the interpretative and linguistical power of the expert/physician. Medicine is a field that leans on narrative and visual cues in order to determine diagnoses. The visual culture inherent to the museum display is interpolated by the important narrative function of the specimen descriptions, and the curator’s authorship of the labels endows the specimen with its meaning as a museum object. Because of the impact culture and social belief systems have on medical practice, diagnosis, and therefore pathology, is historically located. Biopolitical systems are structurally translated by the museum to the spectator, who is given a greatly truncated version of a physician’s knowledge through the educational information that describes the specimens.

The nineteenth-century medical museum continues to haunt aesthetic practices and contemporary morbid fascinations, from still-extant examples of medical museums themselves to the freak show culture that has remained an ethically ambiguous inspiration for texts, films, and other media. Furthermore, the museum’s role in the epistemic shifts that created a visual culture around abnormal, deviant, or pathological bodies is a historical as well as an aesthetic problem. Alberti writes, “Pathology is as much a value judgment as it is a diagnosis” (8) – a value judgment that shifts in time,

and, with the opening of the medical museum, is available for public consumption. The determination of a pathological, abnormal body is steeped in the aesthetic judgment as to what should be considered horrific, and why. The *context* of the medical gaze is important to determining the boundaries of pathological or diseased anatomy, versus normal anatomy. The preexisting determinants of difference or abnormality as well as health are malleable depending upon the cultural parameters. The context of the gaze create the interpretative meaning for the physician—or, in the case of the museum, the spectator.

Lorraine Daston and Peter Gallison's *Objectivity* tracks a relationship between medicine's urge to create "objective realism" in books and museum representations of the human body that would be unmarred by any kind of artistic intervention or style. Instead, the museum and the medical atlas seem to present a mimetic representation of embodiment. The atlas-maker's task was (and remains) to collapse the natural diversity of the "normal" human body into an "ideal form" by essentially combining the best features of each anatomical specimen. Medical museum collectors, likewise, historically attempted to obtain as many specimens as possible to represent a library of examples of "ideal" organs. In this way, "normalcy" became a mosaic representation, a conglomerate of a number of representative anatomical examples displayed in order to determine an ideal.

The museum is already what Elin Diamond has called a "theatre of knowledge," or a space that structurally signifies realistic cues of medical and scientific knowledge. The exhibits are constructed—one could even say "staged"—to appear familiar to spectators, whether that is through dioramas or through a series of "cabinets of curiosities" organized according to organ system. The museum collection itself already signifies a specific pursuit of knowledge that can only be interpreted to the layperson spectator as a surface reading, or a brief glimpse of what she might need to know if she were to pursue medicine professionally. The museum space decontextualizes referents (bones and organs

that came from someone's body) in order to create a mimetic representation of the real, derived from a mosaic of samples. In other words, it is *realistic* but it is not *real*. Diamond writes, "Realism is more than an interpretation of reality passing as reality; it *produces* 'reality' by positioning the spectator to recognize and verify its truths" (4). The open space of the museum, the cabinets, the specific organizing structures of human anatomy, its mosaic interpretation of normal as supported by the descriptive cards, all cohere to *signify* reality without actually being real. It conditions the spectator to receive the correct cues of an entertained, self-directed learner who, with reason, moves through the museum space with trust in its methods.

### *Alienating Bodies and Body Horror*

Body horror, which in the words of Matt Cardin, is a subgenre that attempts to imaginatively trouble the limits and capabilities of the human body (2017) through visceral representations of transformation. This subgenre is often associated with a particular David Cronenberg brand of visual style. Philip Brophy has famously written that the films that align with the warped aesthetic values of such a specific formation of horror does so with "total disregard for and ignorance of the human body" (10). Pushing this further, Ronald Allan Lopez Cruz explicitly lifts the language of scientific values to call body horror *biological* horror, a term that is perhaps most accurate. Citing that the subgenre is often contingent upon its "powers of revulsion" (161), he writes, "[B]ody horror finds strength in the way it goes against what is considered normal anatomy and function in biological species (not limited to human)" (162).

I would add three points to Cruz's insights: first, that revulsion and fascination are linked in the body horror genre such that they form a spectatorial paradigm of alienation—in other words, that although such horror may seek to transcend biological limitations in order to test the limits of

*revulsion*, people are able to remain attentive to the performance (or film). The second is that while many aspects of the body horror genre might link it to intensely violent performances, horror films, or grotesque, torturous murders, it is also be atmospheric and sublime—and in fact, may be more powerful and affective when the horror is subtle, nearly unnoticeable, or otherwise working in the service of a broader narrative arc that is not so preoccupied with shock. Finally, that body horror is not necessarily *only* an imaginative tradition: its biological emphasis can just as easily look back into the annals of medical history—its atlases and medical museums—in order to find public examples of the ways that bodies may be deconstructed as tools, identities may be obliterated, and surgeries performed for audiences of students to see that the “body horror” genre also speaks to realistic medical practice. It does not only live in films or science fiction—body horror is also part of the Necessary Inhumanity of surgery.

In his valuable book *Morbid Curiosities*, historian Samuel J.M.M. Alberti critiques the Victorian medical museum through the lens of the commodity culture that created the acceptable practice of buying and selling body parts. Alberti is not without sympathy for the purpose of the medical museum—without it, medicine as we know it to be now would not exist—but at the same time, his argument describes how the process of dismantling a person inevitably results in the obliteration of that person’s identity, and thus any recognizable memory of them after his or her death. He terms this process “dividualizing”: the divvying up of a singular, individual body across museum shelves; possibly across different collections. Whether or not this was his intent, I read Alberti’s analysis with an air of mourning toward those who may have inhabited vulnerable bodies, which therefore became “desirable bodies” once they died.

This is compounded by some of the other pervading knowledge of anatomical study during the late eighteenth to mid-nineteenth century. It is fairly well-known that cadaver acquisition for

anatomical laboratories was quite difficult, ostensibly because Christian religious beliefs dictated that a body should remain intact after death in case of Resurrection. But medical study progressed and anatomical collections grew, and the bodies came from *somewhere*; often “somewhere” was the gallows and prisons where criminals were freshly executed, public hospitals or inns where bodies were left unclaimed, or fresh graves.<sup>2</sup> The cemeteries of Edinburgh, Glasgow, and London continue to bear the marks of the practice of “resurrectionists” who would dig up bodies immediately after burial: in these cities, there remain watchtowers where the keepers of graveyards would keep watch, and metal cages over the gravesites so that people would not be able to get to the fresh soil.

However, Rachel E. Bennett’s 2017 essay titled, “A Fate Worse Than Death” challenges the belief that people shied away from body donation for anatomical study for any kind of *religious* reason; she argues that, much like the contemporary squeamishness about postmortem organ donation<sup>3</sup>, people were disturbed by the idea of being dissected (159-186). It was, therefore, easier for anatomists to acquire or purchase whole bodies or specific parts (depending on what they needed) from sordid sources than to wait for people to donate bodies. Normal specimens were often pieces of executed criminals; pathological specimens were those that were sought after by surgeons and their associated collectors. This association—of normal specimens being harvested from criminals, and pathological

2 The Burke and Hare murders in Scotland were a prime example of this: innkeepers William Burke and William Hare were recruited by (reportedly mediocre) anatomist Robert Knox to keep him in supply of bodies. Unfortunately, they did so by drinking with and then smothering their intoxicated renters (in fact, their method of murder was so specific that it was given a name: “Burking”). When they were finally found out, Burke, who received blame for all of the murders, was sentenced to death by hanging, and was subsequently dissected. His skeleton remains in Edinburgh’s Surgeon’s Hall Museum, alongside an infamous notebook bound in the skin of his backside. It seems that nineteenth-century Scottish anatomists were not lacking in macabre humor.

3 See *Twice Dead: Organ Transplants and the Reinvention of Death* by Margaret Lock for a thorough analysis of bioethics, cultural perspectives, and organ donation.

specimens being, effectively, stalked or traded to suit the needs of the museum collection—had the unfortunate effect of visually connecting ill, disabled, or otherwise non-normative European bodies with criminal behaviors.<sup>4</sup> This was later reinforced by physiognomic practices, which sought to align physical body parts with affective, moral attributes.<sup>5</sup>

The archive that constructs certain bodies as deviant, whether by punishable behaviors or through pathological body structures, already performs an interpretation of “body horror” by showing spectators the wide range of abnormal bodies, as well as the horrific aftermath of dissection. However, as I earlier described, the museum tends to replicate the same doctor/patient dynamics to the interested layperson through the relationship of spectator/spectated body. Chapter One, “Displays of Grief: Riva Lehrer’s *Ghost Parade*, Dionne Brand’s *Ossuaries*, and the Dynamics of Death Culture,” focuses on a culture of “morbid curiosity” that facilitates the success of medical museums that remain open to this day. Though the museums offer spectators a useful democratizing gesture by allowing them the opportunity to learn about medicine and anatomy, they also inadvertently facilitate a necropolitical dynamic that celebrates death via the bodies of vulnerable people. Visual artist Riva Lehrer and poet Dionne Brand both situate their work in opposition to these codes of spectatorship, using what is familiar about the medical museum and shifting it to reveal an important and unignorable sense of grief.

4 One of the more grim and, unfortunately, well known-stories is that of Charles O'Brien, the so-called “Irish Giant.” The story goes, O'Brien was made aware that doctor and collector William Hunter had an eye on him to add to his museum. The prospect horrified O'Brien so much that he paid a considerable sum of money to undertakers so that he would not be buried; rather, he was to be dropped in an iron box in the middle of the ocean to avoid the fate of hanging in a museum indefinitely. The sad tale ends as O'Brien dies, and Hunter, opportunistically, stopped the undertakers, and paid them even more money to give him the body. And so, today, Charles O'Brien, the Irish Giant, hangs in the Hunterian Museum.

5See Londa Schiebinger’s *Nature’s Body: Gender in the Making of Modern Science* for further elaboration on this point.

Chapter Two continues an analysis that connects representations of death and suffering, to psychological pathologies. In “Demonizing Mothers: Ari Aster’s *Hereditary* and Lars Von Trier’s *Antichrist*,” I argue that a tendency to direct a hermeneutics of suspicion toward mothers has been reappropriated by a number of stories, films, and plays, featuring mothers and demonic possession. *Hereditary* and *Antichrist* are two films that contend with a mother’s hysteria, brought on by the loss of her child. Structured similarly by way of their pathologizing undercurrent, they walk the line between “ghost-stories” and psychodramas. What brings these films into a compelling marriage is the way in which they adopt a clinical gaze to represent motherhood in their visual and narrative approaches. The aesthetic roots of this clinical gaze began in what Ludmilla Jordanova considers a form of medical hyperrealism (47-48). We are meant to question the validity of the mother’s claims that she is being haunted by ghosts, not guilt or memories, until the bitter end of the films.

Chapter Three pivots away from the themes of trauma that are present in the first half of this dissertation. While the combination of the words “surgery” and “erotic” may make many readers cringe, it not only appears in contemporary works of “body horror,” but also in the history of medical study: enter, the eighteenth-century Anatomical Venus. My analysis considers three textual works that explicitly confuse the relationship of bodily fetishization, consumption, and surgery. In the Brechtian-historic play *Venus*, by Suzan-Lori Parks, and in speculative imagination of J.G. Ballard’s *Crash* and Octavia Butler’s “Bloodchild,” surgery is framed as a queering, penetrative act that facilitates layers of intimate discovering of another person’s body – a knowledge of body parts that she might not be familiar with herself. The uncanny horror that appears within these stories disrupts the hierarchy of the gaze, for no one – including any of the narrators – *wants* to look. Instead, they (like we the readers) endure the brutality, titillated, curious, and horrified.

As the final crescendo to this project, Chapter Four, “Radical Self-Exam,” provides an analysis of actors who take medical matters into their own hands as part of a radical, and at times, violent gesture of auto-display. I contrast David Cronenberg’s *Dead Ringers* with Ted Chiang’s short story, “Exhalation,” performance artist Orlan’s *Carnal Art*, and Terry Kappsalis’ *Public Privates: Performing Gynecology at Both Ends of the Speculum*. As evidenced by the overwhelming number of squeamish viewers during Orlan’s *Omnipresence* performance – wherein she broadcast nine bizarre plastic surgeries to art galleries around the world – people are often made uncomfortable when patients are wide awake and active in their own “medical procedures.” This chapter concludes by aligning medical and artistic practices through the use of self-exploration.

Body art and performance in visual or literary mediums changes the *context* of medicine, often in irreverent ways. It destabilizes medical hierarchies so that the patient, who has little to no medical knowledge, is in charge of the operating theatre, rather than the doctor. Here, language has an important capacity to mediate spectatorship in similarly bizarre contexts, and offers narratives where bystanders—not doctors—are given visual access to otherwise enclosed operating spaces (loosely defined). Surgeries are performed in inappropriate spaces, by inappropriate actors, and unflinchingly narrated. Spectatorship in texts become two-fold when, in addition to the perspective of the narrator, the reader also becomes an imagined spectator. It shows body parts, including internal organs, in inappropriate places, alongside unexpectedly stoic, shameless, or comedic reactions that are distinctly un-horrified by the person receiving body modification. The burden of horror and disgust falls onto the spectator, whose expectations are disturbed, even violated, by the performance. It shifts power away from the spectator, who may struggle to keep her composure.

Performative works that use medical motifs force their audiences to touch the hard limits of their imaginative selves. Who would *want* to put herself in the position of an artist whose preferred



sculptural medium is her flesh, like Orlan? Or whose legacy of trauma, when put on display, makes us feel ashamed, such as The Venus in Suzan-Lori Park's *Venus* or Yasmine in Dionne Brand's *Ossuaries*. Performances that use medicine as an aesthetic strategy are so alienating because they hold a mirror up to our own vulnerabilities. These vulnerabilities not only include audience anxiety about our physical frailty, but also about our need for dignity in the face of that frailty. Furthermore, most people want to feel that we are capable of extending that dignity to others—we want to believe that we are kind, compassionate, and empathetic. A critical framework for spectatorship, however, requires us to examine the limits of empathy, limits that audiences often run up against when confronted with challenging body performances.

### *Alienation and Empathy*

Anyone with an eye toward pop-culture will have heard how popular the word “empath” has become, and how many people will describe themselves as “empaths.” Widely studied by humanistic and scientific scholars, empathy is typically understood as an ability to place oneself in the emotional position of another. If sympathy is defined as a care ethic that draws a hard and distant perimeter around the self, empathy goes a step further to describe how well someone is able to imagine, or intuit, the needs, desires, and feelings of others (Baston 3-15). When we speak of empathy, it is usually present as a virtue: a rare and important trait that is at the apex of compassion. However, some works challenge the pretense that one could fully imagine the inner turmoil or ecstasy of someone else and thus trouble the compassionate undertones of the word “empathy.” The trouble hinges on a relationship of identification: empathy only exists insofar as someone can project one's imaginative self onto another.

In *On Theatre*, playwright, director, and theorist Bertolt Brecht introduces his signature theoretical principle, “the alienation effect”: a distinct theatrical style that provokes emotional discomfort in audiences, rather than emotional identification. Brecht resists a common definition of empathy that fosters the presumption that the audience member can or should “identify with” or “really understand” the plight of the characters on stage, writing (infamously) that he is “not writing for the scum who want the cockles of their heart warmed” (14). In place of the usual understanding of empathy, he proposes an alternative notion of empathy as rupture in emotional identification with the characters on stage. Real empathy, he believes, places a demand upon the spectator to watch a performance until its end. Rather than take empathy from the false promise of a person-to-person understanding, the ideal audience response to a play should be: “the sufferings of man appall me because they are unnecessary” (70-71).

When Brecht writes about the alienation effect, he defends the productive purpose of a discomfort that pushes audiences to see beyond the confines of their own feelings. His is a demand to become appalled by the situation that created oppression for the characters on stage, ideally inspiring his audience toward political action. However, emotion is not absent in Brecht’s Epic Theatre, but instead finds itself in a gray space. Rather than attempt to obliterate emotion, he demands that theatre treat emotion as a neutral object that is re-routed through an intellectual process, rather than one of “feeling.” Brecht’s notion of the emotional responsibility of the spectator troubles the behavioral code of audience passivity by offering a performance that will make comfort and identification impossible, and it is in the space of discomfort that a different understanding of empathy is made possible.

The alienation effect pushes against nineteenth-century theatrical norms and their sense of sentimental catharsis, which Brecht regards as manipulative. To him, plays that demand that the audience member purge large emotions like pity, sadness, heartbreak, or even joy through the staged

performance create an affective block. This block encourages audience members to leave critical thinking behind in the wake of an emotionally satisfying experience. If the audience is able to ride a wave of emotion through to a point of resolution, whether that resolution is tragic or joyful, then they will walk away from the theatre with a sense of satisfaction and a sentimental release of their own feelings, which Brecht writes, “are private and limited” (15). In an aside, he goes on to note that, “[e]motions will only venture on to completely secure ground, and cannot survive disappointment of any sort” (45). In sentimental theatre there is no demand for audiences to be critical of what they are feeling or why, nor is there a demand for them to think of the social structures at play that create tragedy or joy for certain characters. Following Brecht, I maintain that discomfort can be a generative emotion, one that creates an important tension between alienation and empathy such that these states become partners in an active version of spectatorship. Alienation, and subsequently, “active spectatorship,” create vulnerability for a straightforward reason: you lose your affective footing when you are uncomfortable, when you confront the cracks in your protective shell.<sup>6</sup> Alienation does not foreclose the possibility of emotion, but rather threads it externally, outside the comfort of one’s own personal identity or familiar experience, in order to provoke internal reflection.

Taylor describes, “Spectatorship can only be understood as functioning within systems and relationships of power. Though *spectator*—like other words for seeing such as *watcher*, or voyeur, or *witness*—sounds like a solitary, distanced position from the margins; it is prepositional. We are

<sup>6</sup> On this note, the neurological phenomenon of “the backfire effect” has been a subject of neuroscientific research recently. The “backfire effect” relates to “confirmation bias,” wherein most people will look for facts that support their core beliefs, whether or not these facts are actually true. Neuroscientists say that core beliefs are hard-wired into brains and into individual identities, so much so that when our core beliefs are challenged or attacked, our brains respond similarly to how they would if we were under physical attack. See the study by Kaplan, Gimble, and Harris, “Neural Correlates of Maintaining One’s Political beliefs in the Face of Counterevidence.”

spectators *to, with, in, of...*” ( *Performance* 80). My interest in spectatorship lies in its ability to create a common ground: people watch films and medical sitcoms and docu-dramas; people go to museums. We acknowledge squeamishness or fascination, but without pushing further on what those emotions are doing for us, and what they *can* do for us. Unexamined, our fascination or squeamishness become “useless” emotions.

This dissertation concludes by regarding the subject formation of what may be called a “Brechtian spectator,” whose identity is temporarily formed and, perhaps, permanently shifted by her interaction with the performance through a process of alienation. Though the role and ethical responsibility of the spectator does not often appear as a cornerstone of criticism, the spectator is what makes a performance a performance. The goal of alienating spectators from a false sense of identification is to reveal the extent to which audiences *cannot* identify with the performer on stage. By forcing the spectator to acknowledge the limitations of her imagination while also demanding that she not look away, “medical” performances facilitate a more useful definition of empathy. Such performances suggest that making empathy equivalent to one’s ability to identify with a subject or situation is as dangerous as it is presumptuous.

Spectatorship and “the gaze” are usually theorized in terms of power dynamics: who is looking at whom, who has the power to look, and how the object of the gaze feels his or her identity challenged by the onlooker. In *The Birth of the Clinic*, Foucault establishes his concept of “the gaze” specifically in the medical encounter. The power of the gaze is an ongoing theme in Foucault’s work – the panopticon in *Discipline and Punish*, as well as the “loquacious gaze” (xvii) of the eighteenth-century physician that becomes a source of shame. The dynamic of the gaze sets up a hierarchy, where the one who looks upon the body of the other uses a tacit, but powerful, knowledge to break it down into parts. Similarly, a number of feminist film critics, particularly Laura Mulvey and Kaja Silverman, work

against a masculine gaze that they label “voyeuristic” and “fetishistic.” These influential theories have caused a ripple effect in how the gaze is typically interpreted: always at the risk of creating hierarchies between the one who has the power to see and the one who writhes under the pressure of being seen.

However, Foucault also asserts that the gaze manifests in a co-constructed, if also hierarchical, relationship between the “looker”—the center of knowledge and therefore, of power—and the “looked at.” He writes that, “what is modified in giving place to anatomo-clinic medicine is not [...] the mere surface of contact between the knowing subject and the known object; it is the more general arrangement of knowledge that determines the reciprocal positions and the connexion between the one who must know and that which is to be known” (*The Birth of the Clinic* 137). The spectator of surgery falls into a gap in criticism, especially when the observer is a non-medical layperson who is granted access to what are often enclosed professional spaces, whether through medical museums, medical documentaries, or by the sheer accident of being at the wrong place at the wrong time. Neither an active participant in medical practice, nor the patient who suffers (or, in the case of museum specimens, *has suffered*), the bystander is usually theorized as a voyeur, a fetishistic consumer of other people’s experiences, overly willing to indulge in curiosity about the unknown bodies of other people. Alternatively, in texts such as philosopher Stephen T. Asma’s *Stuffed Animals and Pickled Heads*, the spectator is exalted as a learner whose willingness and passion to explore even the strangest archives eclipses the power dynamics involved in museum collecting.

Without letting go of the power dynamics inherent in “the gaze,” this project explores the important ethical possibilities that uncurl around the demand to *not turn away* from bodily performances that seek to make the viewer uncomfortable. The methods of being a “good spectator” who looks at display cases with passive interest, without the urge to touch or to indulge in feelings of

disgust or horror, may have their origin in museum culture. Current performances of body art, however, force us to re-visit the parameters of being a “good,” passive spectator.

In many ways, this dissertation would seem to go against the grain of most of the Literature and Medicine and Narrative Medicine canon, which often settles on an appropriate reverence toward the emotional trauma that is part of being a patient and a physician. Texts that are usually written within a realistic narrative structure so as to translate these individual and often personal reflections into something a broad, non-specialist audience can understand. The field is filled with memoirs, poems, and fictions that have a straight-forward plot against the backdrop of an emotional, if sometimes cynical, internal monologue that candidly confront the struggle of practicing medicine. Looking at surgical practice as an important kind of performance impacts on several interdisciplinary fields: performance studies, medical humanities, and literary criticism.

The philosophy of “Narrative Medicine” is developed through a Levinasian care ethic between self and other, wherein a face-to-face encounter with the Other stimulates the self to feel an implicit (and, in Emmanuel Levinas, a spiritual) impulse to provide care. Through the use of “storytelling,” “bearing witness,” and “narrative medicine” (a therapeutic technique that providers lift from methods of literary close-reading), many of the core texts in the burgeoning field of Medical Humanities attempt to destabilize power structures between doctors and their patients. Often, these work to soften the hierarchy of knowledge between doctor and patient, calling the physician to a caregiving ethic and a strong sense of humility.

In some of its core texts, scholars can be evasive about confronting what Foucault might call a “genealogy” of medical caregiving, where the goals underscoring *current* expressions of compassion and empathy through care may be undermined by acknowledging the sordid history of body collection for medical museums. To the extent that medical history and the medical museum is brought up, it is

often to create distance between medicine now and its older and more brutal past. Of course, denying or avoiding power does not make it go away. As a caregiving ethic, Levinas's call to love and tend to the other, even before knowing him, is an important goal, and at the same time, does not negate power structures that arise through the visual culture of medicine. Narrative Medicine often does not confront shock and horror and performance as useful catalysts. Nor does the narrative emphasis necessarily confront the specifics of medicine's aesthetic history, often talking around power dynamics that are entrenched in museum (and atlas) display culture.

A strange pairing, Brecht and Levinas attempt to re-frame, in different ways, an ethical obligation to other people by allowing the space of non-identification to become fraught. Their mutual concern for resisting identification opens the door to an important and radical re-definition of empathy in the public vocabulary. It is perhaps not surprising that both Brecht and Levinas were exiled under Hitler's fascist regime and therefore saw firsthand the dangers of identification with a dominant group, which provided a method to cast Jews, communists, and so forth, as expendable others. Although Brecht does not approach the relationship of the Self to the Other with the same spiritual impulse toward caregiving as Levinas, their methods share the belief that it is in understanding the impossibility of identification with another person that empathy appears. Empathy forms in the gaps between the Self and the Other, not in our ability to project our interpretation of another person's experience.

While I do not view this project as a practice of "auto-theory," I must also acknowledge that my research is inspired by my own strange encounter working in an operating room space, as a non-medical layperson hired to provide comfort and care to people undergoing surgery. I would often see all or part of my patients' surgeries, and would be one of the few people who would see them through "the before" and "the after" of their care. There is no stranger intimacy that I can imagine than knowing the inner landscape of another person's body better than they do, better than I know my own.

But my experience is not unique: it is a rite of passage that belongs to all medical and nursing students, one that I was given accidentally. Yet medicine, medical manipulation, and medical practice, are all subject to artistic intervention whether in literature, film, or art. Medicine is often the inspiration behind the “body horror” genre, where surgical acts that change the shape of flesh, or otherwise open the boundary between the inner body and the outside world are performed with the wrong affect (detached) and by the wrong person (the patient, not the doctor). I work with texts, films, and artwork that employ a number of bizarre, and at times, grotesque aesthetic strategies that defamiliarize social codes of behavior in an attempt to challenge viewers to look away. They show functions and structures of the body which most people believe ought to be kept private, and they do it in celebratory or irreverent terms. David Cronenberg, ORLAN, and the other artists are often associated with their shock value. It is the purpose of that shock that demands close attention.



## CHAPTER 1

### DISPLAYS OF GRIEF: RIVA LEHRER'S *GHOST PARADE*, DIONNE BRAND'S *OSSUARIES*, AND THE DYNAMICS OF DEATH CULTURE

I stood over him in the [crematory] prep room. I read the story his tattoos told and forced out of my head the uneasy voice that had narrated my rookie months at, suggesting that perhaps his hand would rise up and seize mine, keeping me forever on edge. Nor did I worry that I was somehow going to mishandle or break his body. I thought instead of what his tattoos meant, and about how some people would look at this man and judge him as dirty, a criminal. [...] He *had* been a criminal, but he was also beautiful [...]. Holding up his arm to wash it, I paused: I was *comfortable*. I wanted other people to know that they could do this too. The washing, the comfort. This confident, stable feeling was available to anyone, if society could overcome the burden of superstition.

-Caitlin Doughty, *Smoke Gets In Your Eyes*, 175-176.

#### *The New Resurgence of Death Culture*

Caitlin Doughty's 2014 memoir, *Smoke Gets in Your Eyes and Other Lessons from the Crematory*, traces a young, precocious woman's trajectory from a morbidly curious budding historian to a full-time mortician. She describes the moment of recognizing her own comfort with death as she prepares a body for viewing as a "beginning of wisdom" (174). She frames the practice of washing the body as the utmost act of intimate caregiving—for the act of washing a living body is an encounter of

touching a body's most intimate parts, and normalizing its vulnerability, even in its dark corners and crevices. It's an important detail that the man whom Doughty cradles had been a criminal in his life, and that, when she raised his arm to wash him, she found herself holding his hand. The significance of her care toward someone with an undesirable past gives his death a humanity that had been absent toward the end of his life as a prisoner. She calls it "cradling the dead" (176).

Doughty's rise to her strange fame occurred in the wake of her blog, *The Order of the Good Death*, and her YouTube video series, "Ask a Mortician," both of which unflinchingly address the squirm-inducing topics of death and dying. Most important, she bluntly frames the funeral *industry* as just that: a business that capitalizes on the "death denial" that American culture tends to facilitate. Invested in the "green funeral industry," Doughty highlights the sheer bizarreness of embalming and preserving bodies to then bury them in high-quality caskets underground, as well as the artifice of high-quality funeral makeup, among other issues, as symptomatic of a society that is in denial of death and its unglamorous, grotesque process of decay. Though natural, this process of bodily decay exposes people to the vulnerability of bodies that will disintegrate and, eventually, disappear, without the aid of chemical intervention to preserve them.

Doughty's cult following overlaps with that of Joanna Ebenstein's *Morbid Anatomy* blog, which was initially created as a means to keep track of her own photography and independent scholarship. What began as a small project in public humanities (that frequently featured Doughty) turned into a wildly successful forum for a sub-culture of people who, like Ebenstein, were morbidly fascinated by the intersection of art and the more gruesome aspects of medicine. Ebenstein writes of the initial impulse to start the *Morbid Anatomy* blog in the introduction to the *Morbid Anatomy Anthology*:

I was drawn by the strange alchemy that transformed an object in a museum into a specimen, and by the ways in which all forms of human knowledge production—and

none more than science—could be seen as autobiographical, revealing the very human need to find stories and meaning. I was especially interested in the way that science so often sublimates very human drives such as the desire to collect, the impulse to order, and sexual curiosity (2-3).

Though she did not necessarily intend to spearhead a movement, Ebenstein and her *Morbid Anatomy* project were instrumental in launching terms like “death culture” and “morbid curiosity” into the vocabulary of the general public. She emphasizes “human drives” and curiosities, and desires to look behind the veils of medicine and science in order to understand something about the fragility of being human. Art becomes a point of access for medicine and science, a way for people to understand the context and the autobiographical notes of scientific study through the inherent individuality of artistic style. By openly tugging at the private veil of medical and scientific history, she facilitates numerous conversations about death, dying, distorted bodies, outdated medical practices, and the sheer artistry of medicine. It makes sense that Ebenstein, a photographer herself, sees an important purpose in looking through the bodily archives that create medical museums.

The blog’s popularity later encouraged her to start a small library, gallery, and lecture space in the fashion of Early Modern Cabinets of Curiosities called the Morbid Anatomy Observatory, which was frequently packed with throngs of Brooklynites who regularly crowded into the tight lofted room. From there, Ebenstein and her collaborators and funders threw their efforts into a multi-faceted project that included an enormously well-attended interdisciplinary conference titled, “History of Medicine and Art,” a publishing house (and subsequently, the *Morbid Anatomy Anthology*), and finally, the crowning jewel of Ebenstein’s project, The Morbid Anatomy Museum overlooking Brooklyn’s dank, industrial Gowanus canal. The Museum was a distinctly contemporary space that featured the aesthetic remnants of eighteenth and nineteenth-century death culture in its broadest sense. Displays included Anatomical

Venuses from Germany, Walter Potter Mouse Taxidermy, Victorian hair art, and numerous funeral daguerreotypes and photographs, as well as a collection of anatomical textbooks. Sadly, the museum's huge following and aesthetic prowess could not match its funding needs, and it closed at the end of 2016, to the chagrin of many New Yorkers who counted it as another of the casualties of a politically miserable year.

Ebenstein and Doughty's projects to demystify death also capitalize on a long-standing subculture of curiosity about the human body that has kept a number of nineteenth-century museums open and filled with spectators. Though it developed as a part of Victorian medical culture, many of these museums remain open as historical mementos, nearly falling into the category of a reliquary. The practical use of these collections has changed, as the deterioration of most of the specimens render them useless for *medical* education. It is tempting to say that the museum's original purpose in medical education is obsolete – that now, with cadavers and simulations available for anatomical study, medical museums fall into the register of “morbid fascination” or other forms of historical curiosity for a large lay-public. However, the success of displays such as Philadelphia's Mütter Museum, and the Hunterian Museum and the Wellcome Library in London, among a long list of other medical museums that are still open to the public, show that morbid curiosity continues to have a place in contemporary culture. Here, spectators learn about “themselves” (their own bodies) by gazing at the bodies of other people, who likely did not consent to their post-mortem display.

These museums have undergone an epistemic shift in their purpose: no longer up-to-date scientifically, they now serve as what a number of scholars call “citational spaces.”<sup>7</sup> They refer to the history of medicine and the strong aesthetic principles developed in the eighteenth and nineteenth-

<sup>7</sup> Petra Kuppers, *The Scar of Invisibility*, pg. 43; Diana Taylor, *The Archive and the Repertoire*, pg. 165

centuries, where anatomical atlases merged artistic identities with anatomical accuracy.<sup>8</sup> In other words, the atlases, and the museums that serve as three-dimensional supplements to these atlases, were beautiful and continue to remain sought-after art objects that develop a neo-gothic, “museum” aesthetic.<sup>9</sup> Even nineteenth-century specimen jars can still occasionally be found at niche antique stores as collectible, kitschy objects. Artifacts made up of dioramas, bottled organs, drawers of bones, and images and models of people and objects are used as exemplary tokens of culture that would go on to constitute a “museum aesthetic.”

But the curiosity inherent to the “museum spectator experience,” even within the progressive-minded constituents of the “death culture” movement, manifests in wanting to view the bodies of others, rather than excavating our own. Leveraging the aesthetics of the medical and natural history museum, visual artist Riva Lehrer and poet Dionne Brand have uniquely expanded upon this creepy aesthetic shaped by images of bones, jars, surgeries, and display cases to bring an imaginative life to the bodies who would become the exhibits. These objects elicit horror and fascination for their respective audiences by interrupting the curiosity that is meant to be part of the pleasure of spectatorship. Instead, their work pushes spectators to confront the social death of the bodies who make the medical museum archive—the people whose disabilities or “bodily deviance” made them celebrated in death, not mourned.

For the layperson, the Medical and Natural History museum was, and remains, an attempt to make scientific knowledge legible through a narrated form of visual culture. The visual system is the

8 See Daston and Gallison, *Objectivity*, pg 55-105.

9 See Sir Walter Fletcher’s opening remarks of the early 20<sup>th</sup> century Wellcome Collection in S. H. Daukes’ *The Medical Museum: Modern Developments, Organization, and Technical Methods, Based on a New System of Visual Teaching*.

closest way the spectator can access the privatized sphere of scientific and medical knowledge. At its best, the museum is an educational space that usefully demystifies the human body. It may provoke a sense of engagement, and even excitement about what's inside of us—what we can't see, yet what we know is there. The museum has the potential to be an important form of what Stephen T. Asma has called “edu-tainment” (10) that merges medicine, history, and art, in hopes that spectators are able to learn something about themselves, while also making a move toward democratizing medical knowledge: offering the layperson information that is often partitioned off to privatized, scientific spaces.

But at its worst, the medical museum provides the general public with a kind of sovereign power, one that mediates acceptable “gallery” behavior as well as the aesthetics of displayed bodies through the vocabulary of “normal” and “deviant.” The bodies that are deemed “deviant,” whether whole or fragmented, make up a particular kind of learning tool: a rare specimen, unique, hard to find and therefore hard to medically treat. The museum display is the precursor to the contemporary case study. It attempts to reach toward a care ethic: learning to treat a rare condition in order to help people. But this care ethic gets blurred in the context of the display case by establishing an “Other.” This Other serves a public purpose of showing a disability or illness that made them vulnerable to those who are curious, whether or not the person who belonged to the body had consented to this task.

In the vein of collections like the Mütter Museum and the Wellcome Library (among many others across the U.S. and Europe), the Morbid Anatomy Museum *historicizes* death in a way to make practices and cultures around human mortality and the afterlives of bodies palatable to contemporary audiences. In other words, it is far easier to let go of the murky ethics of body collection if the specimen is from a time or place that is too far away to trace. Distance of time or space facilitates historical amnesia, allowing people to forgive their curiosity.

The phenomenon of the medical museum sets a stage where the spectator is bestowed with the sovereign power of Michel Foucault's "loquacious gaze." Thanks to the narrative display cards, the spectator may mimic the doctor/patient hierarchy, where the one who looks upon the body of the other uses a tacit, but powerful, knowledge to break it down into parts. Ironically, in demystifying death conceptually and aesthetically (by displaying bones, bottled organs, medical tools (new and old), hair, and photographs), even the most conscientious of museum spectators risk losing one of the Doughty's most important points: that the ethics of death culture should include leaving oneself open to grief, loss, and caregiving, in addition to leaving oneself open to the limits of one's own mortality through the celebration of strange and macabre imagery. The remaining galleries and museums of nineteenth-century of death culture demystify death aesthetically, but risk dehumanizing the loss of life that occurred to obtain the specimens.

They also continue the tradition of obscuring the identity of displayed bodies while fostering a celebratory air of fascination. Socially progressive communities are currently incorporating the medical museum as an important part of demystifying the human body, normalizing death culture, and erasing the hard lines that divide the sciences and the arts. These are all good things. However, the positive elements in this cultural shift do not erase the lingering, implicit feature of what Alberti identifies as material "fetishism" of the museum (67), wherein the bodies become fragmented, commodified, and determined to be collectible, whether because they are particularly deviant (and therefore particularly fascinating) or exemplars of the normal (the definition of "normal" being a temporally and aesthetically contingent question). The museums were meant to fortify anatomical education at a point when cadavers were hard to come by. Alberti describes the guiding principles of the museum—especially the Victorian museum—as the practice of "collecting," which underscores its engagement with commodity culture and a sense of "having" (67). The museum collections were

contingent upon a capitalist culture that was quick to turn the bodies of the sick, disabled, poor, criminal, or racial other into objects. After death, their bodies would be subject to dissection, where surgeons would “harvest” the organs and structures they needed or wanted, and would preserve the bodies, in pieces, in a pickling fluid made of a careful mixture of high-proof alcohol and water. The newly-minted specimens would be placed in clear jars with descriptive labels, and traded or sold to museums (Alberti 112-116).

By de-identifying the bodies and turning them into objects, the museum is illustrative of what Achille Mbembé has called necropolitics, a revision of Foucault’s biopolitics. Whereas biopolitics frames the sovereign power of the state to regard certain bodies over others as “make live” or “let die,” Mbembé’s necropolitics pushes against the passivity of the phrase “*let die*” by inverting Foucault’s original phrase. Necropolitics is the sovereign power to “*make die*” or “let live.” Mbembé casts the state as an active participant in the death of its most vulnerable citizens, whether that is physical death (war, starvation, neglect in the face of national disasters) or social death (loss of identity, inability to elicit grief over the loss of citizens). Mbembé writes that necropolitics are “death-worlds, new and unique forms of social existence” in which “vast populations are subjected to conditions of life conferring upon them the status of the living dead” (39-40). In the museum, necropolitics highlights a dynamic of death, commodification, and visual consumption, where sovereign power is bestowed upon the spectators in the name of public education and the collective agreement to determine what is best for “the common good.” Judith Butler’s elaboration of Mbembé’s claims in her essay “Violence, Mourning, Politics” in *Precarious Life* underscores the extent to which the body, broadly specified, is an interface and a mirror of our own vulnerability and desires for dominance. She writes, “The body implies mortality, vulnerability, agency: the skin and the flesh expose us to the gaze of others, but also



to touch, and to violence, and bodies put us at risk of becoming the agency and instrument of all these as well” (26).

The Medical Museum engages a system of necropolitics in both of these ways: first, as a state-sponsored entity designed to collect bodies, initially for the purpose of public education, and then for the sake of public intellectual betterment. The collectors’ zeal for interesting, unique, strange, or otherwise memorable bodies, the driving force behind the museum’s commodity fetishism, provides contemporary Morbid Anatomy enthusiasts with a long list of horrific stories about how some of the more famous bodies were sourced. However, the stories of these abuses are often—though not always—temporally dislocated, and the distance between the “now” and the time and place when the bodies were collected facilitates a kind of “historical amnesia.” The bodies, decontextualized, fragmented, and otherwise intentionally made unrecognizable as a distinct person, are split categorically across shelves to fit the curatorial needs of the museum. Alberti refers to this process of embodied deconstruction as creating the “dividual” from the individual (6). The dividual is the body which is dismantled, taken apart in pieces, and fit to suit the needs of the museum display, often categorized into parts: vertebrae, skulls, femurs, taken out of the context of the individual person to be placed in drawers or shelves of like pieces. The specimen loses the name it has, replaced by that of the museum collector: *the* diseased esophagus now becomes William Hunter’s diseased esophagus. The fragmented, dividual bodies in the museum hint at a history of violence, whether that violence happened by way of medical neglect, murder, or illness. In the museum, the spectator confronts gaps in our knowledge, where questions about the status of personhood and agency, and about the patients who make up the displays are answered with the tacit, empirical results of dissection.

As historical spaces, museums signify a cultural importance, as well as a means of normalizing the human body, and death. Medical museum culture participates in a duality of fetishisms—the

commodity fetishism involved in the original development of collections, where bodies were traded across auctions, and a corporeal fetishism that may, as Ebenstein points out, border on the erotic desire to see, touch, and hold bodies that are not ours. If we cannot acknowledge these fetishisms, then we continue to repeat the same oppressions that harm people whose bodies are precarious. We are celebrating the demystification of death—but *whose* death? What does it mean to be a proponent of death culture when it involves celebrating over the literal bodies of those who were sick, ill, and disabled? The medical museum’s purpose has changed, but the cultural paradigms and presentations of display and visual consumption of bodies haven’t.

Lehrer, who has Spina Bifida, has referred to herself as “the object of toxic staring” (2017); in *Ossuaries*, Brand frames spectatorship as “Eye murder” (17). These two artists confront the necropolitical dynamics that stack up against the unquestioning pleasure that comes in hand with museum spectatorship and, in doing so, trouble the spectator-oriented museum experience by alerting us to loss and the grief of anonymity. Leaving ourselves open to the grief and loss that is erased in the culture of museum display may help us revise the behavioral codes of “morbid curiosity.” Our willingness to feel alienated by their work is crucial to the way we may be able to participate responsibly in museum and death culture.

### *Riva Lehrer’s Artwork: Visual Representation and Care Ethics*

In a 2013 talk titled “Jarred: A Self-Portrait in Formaldehyde”<sup>10</sup> and given at a day-long symposium by the New York Academy of Medicine and the Morbid Anatomy Museum, Chicago-based visual artist Riva Lehrer described the experience of going to Philadelphia’s Mütter Museum. Lehrer’s

10 I was in the audience for this compelling lecture. In the original program, the lecture was titled, “On Coming Upon Oneself at a Museum of Medical Oddities.” Allison Meier offers a review of this lecture and Lehrer’s artwork in her article, “Repatriation Through Portraiture: Giving Narrative to Disability.”

audience was filled with people who were eager to talk more about the Mütter, who spent the day discussing their morbid curiosity with a number of like-minded enthusiasts. The Symposium yielded a number of productive conversations about the tense intersection of art and bioethics—namely, the extent to which art, in its desire to excavate archaeologies of truth in powerful and creative ways, owes itself and its subjects an ethical framework that seeks to do no harm. The title of Lehrer’s talk references what is one of the most imagined and most reviled facets of the nineteenth-century medical museum: the aesthetic trope of fetuses in jars, which continues to be a source of cultural horror. Lehrer was treated in early childhood for Spina Bifida, one of the most common, and often one of the most lethal, fetal anomalies. Because of its relative frequency, Spina Bifida is a featured condition on the shelves of medical museums in general. For most people, it is one fascinating aspect of the Mütter’s collection among many. For Lehrer, it was a nauseating shock to stumble upon the fetuses that mirrored her own prenatal development.

When she was born in 1958, Lehrer was a recipient of what was deemed an experimental surgery at the time. She has reflected in numerous articles that because of the fierce advocacy of her parents and the support of an innovative doctor, she narrowly dodged the going-treatment at that time: to be “sent away” and left in the hands of hospitals and asylums.<sup>11</sup> The surgery left her with a number of noticeable physical disabilities, which, as she describes, leave her open to the constant gaze of others. In her adult life, she would consider becoming a doctor, but decided against it and, instead, would be one of a small cohort of artists working in medical schools’ cadaver labs where they are able to teach budding doctors a new kind of visual literacy. Needless to say, although she is someone who

11 See Lehrer’s New York Times article, “Where All Bodies Are Exquisite.”

aligns with the core tenets of death culture and death acceptance, she was horrified and subsequently frustrated by the celebratory air of fascination at the Mütter.

In “Jarred: A Self-Portrait in Formaldehyde,” which has appeared in several versions at multiple medical humanities conferences<sup>12</sup>, Lehrer disrupts the joy and curiosity about death, medicine, and the human body that are so significant to the “death culture” movement by likening herself to the specimens: the fetuses in formaldehyde. In doing so she highlights the privilege of normative body types (the shifting definition that it is) that can turn death celebration into a kind of visual cannibalism that is an undercurrent in the counter-cultural movement that seeks to make morbid curiosity acceptable. On the surface of her talk, Lehrer was speaking her truth as a visibly disabled, queer woman whose body has always been subject to the uncomfortable scrutiny of everyone. In retrospect, her criticism of the Mütter Museum at a conference that hailed its core values of demystifying medical history and understanding medical history was bold. In her critique of the Mütter, Lehrer also offered a critique of her audience. She was quietly, politely challenging the spectatorial norms of medical museum culture by ventriloquizing the specimens with her own voice and her own experience.

Like many others, Lehrer summarizes her work as a process that navigates the relationships among identity, the body, and “the gaze.” These broad frameworks are common tropes among artists who may have “non-normative” body types, whether they are women or gender non-conforming, people of color, or disabled—anyone who is prone to receiving the gaze from curious bystanders. Disabled artists such as Mary Duffy (a performance artist who is armless), Petra Kuppens, and others have pushed spectators of their work to feel challenged and uncomfortable by, as Rosemarie Garland-Thomson describes, simply “staring back” (334). Garland-Thomson articulates the dynamic of the

12 See the Chicago Humanities Festival Lecture, “Self Portrait in Formaldehyde” (2014) and Lehrer’s TedX talk, “Valuable Bodies” (2015).

stare as socially fraught, loaded with the question, “What happened to you?” (335). The stare intimates a dynamic of superiority (of the person who stares, presumably inhabiting a structurally “normal” body) and inferiority (of disabled person who must suffer the demand of the stare to explain herself).

What is especially notable is that Lehrer does not necessarily attempt to be confrontational, although that is a byproduct of her art, but instead attempts to rearrange the visual hierarchy between the artist, one who holds a powerful and similarly loquacious gaze to the doctor, and the subject, whose selfhood is set to be dismantled under the eye of the artist. She writes, “People who live in stigmatized bodies are often made to feel that they should be ashamed of their physical selves simply by the judgmental aggressive of the gaze leveled in their direction” (Lehrer 2017, *sic*). Her work therefore strives to *co-construct* visual narratives between the subject and the artist, wherein her art is in the service of something restorative, even therapeutic, to be able to relieve people of their shame. She acts as a combination of artist and translator.

Lehrer creates portraits of herself and of others who are, usually, beloved by her. She describes the friends who are the subjects of her drawings and paintings as her “chosen family,” an important term to those in queer communities who create for themselves new family bonds when flesh-and-blood bonds fail them. She has spent fifteen years featuring portraits of disabled performers and artists with bodies that would historically be considered “freakish” or deviant—or would still be considered freakish or deviant by the general public, as continued interest in medical museum displays attests. In her Artist’s Statement, she writes, “Traditional portraiture determines who is worthy of being painted, or sculpted, or photographed. Portraits document what we deem valuable. I began to create portraits of unconventional subjects in order to cultivate my own sense of beauty, importance and visual pleasure” (2017). Simply by framing disability as an aesthetic value, she undermines the cruel categories of

monstrosity, deviance, and freakishness. Her paintings endeavor to alleviate the shame that so many of her subjects feel when they are out in the world.

Lehrer links visual art with narrative through interviews with her subjects. The work that follows creates a visual alphabet of metaphors that connect to their stories. Her collection, “Totems and Familiars,” created over the course of 2006-2009, is her direct response to the culture of morbid curiosity that fetishizes collections such as the Mütter Museum (Lehrer 2013). This collection plays upon objects and images that people use to define themselves, whether they are fantastical creatures, forces of nature, animals, or ghosts. The titular totems and familiars are what she says “help stabilize our inner world when it is knocked off its axis. *Totems and Familiars* is centered on interviews in which I asked people to think about those images and their roles in *developing and protecting* their private selves” (2017, emphasis added). In other words, her work emphasizes the autonomy and power of her subjects, while also respectfully reflecting the images that her subjects use to cope with their lives in her paintings. She blends a fantastical world of imagery and self-reflection into a new frame of perception for both the subject and the viewer of her art. She allows her subjects to take the lead on how they would want to be portrayed.

Among the most well-known performers who appear in *Totems and Familiars* is Mat Fraser.



*Figure 1: Totems and Familiars: Mat Fraser.*

Fraser cites his most significant inspiration as early the twentieth-century performer Stanley Berent, or “Sealo the Seal Boy,” due to their similarly truncated limbs, a side-effect of the medication Thalidomide given to pregnant mothers to ward off morning sickness. Fraser recently appeared on *American Horror Story*’s season “Freakshow” as a character similar to Sealo, who is pursued by a Mütter-Museum type of body collector. Fraser, who also dabbles in the New York City burlesque scene, would only agree to the portrait if Lehrer would draw him nude. In homage to Berent, Fraser stands in front of a circus tent with the name “Sealo” carved into his upper thigh with, presumably, the straight-razor jutting out of a wall next to his hip. Lehrer explains that this is a reference to one of the side-show acts Sealo performed where he would shave for his audience (2017).

If the implicit question for disabled people from staring bystanders is, “What happened to you?” then the question Lehrer asks is, “How do you see yourself?” She takes a lot of care in her portraits of other people to represent them in ways that they best see themselves, whether in the context of his or her body or disability, or in the context of a greater metaphor, or both. The final product is meant to represent *both* of them, rather than something she has *taken* from her subject. She is mindful, after a lifetime of suffering stares and attention from an entire world of entitled strangers, that she is not replicating or reinforcing the same dynamics in her studio. The result is a series of pieces that are unique and visually striking, but that work within a narrative framework that speaks to a *relationship* between Lehrer and the people she loves and, thus, has chosen to paint. She works from a place of protectiveness, where her art attempts to place her subjects in the light of compassion, pulling them away from a place of curiosity and shame that they experience when out in the world.

Perhaps unsurprisingly, Lehrer gives herself license in her self-portraits to be a lot more candid, even a lot more brutal. In her statement for her ongoing collection, *Self-Portraits: Ghost Parade*, she writes, “Self-portraits have been a way for me to explore my evolving relationship with my own body. These works also allow aspects of formal experimentation that do not have an impact on anyone else's self-image. When I work with a portrait subject I am acutely aware of the extent to which I hold their ego in my hands. In working with my own body, I can go in directions that would be difficult to ask of another person” (2017). She is keenly aware of her power over the ego of the people who sit for portraits. But in her own self-exploration, she accesses her own truth and her own robust history of embodied trauma from surgeries (even the ones that ultimately saved her life), as well as from the constant curious and confused scrutiny of onlookers. She is unafraid to reveal her own mourning for her body, which has been through so much.



*Ghost Parade* is filled with haunting images that mix themes of nostalgia, trauma, and anatomical self-exploration. Bones and organs find their way into Lehrer's brightly colored paintings. Often, she paints herself nude from various angles, but rarely looking back at her viewer; her eyes are downcast, or she is otherwise turned away. Many feature her looking toward pieces of her past, whether they are family—"Mom" shows Lehrer quietly, somberly, revealing a tattoo of her mother's face on her shoulder—or bones. Notably, she is far terser in her Artist's Statements about this collection. Because she is only beholden to her own narrative, she may choose to withhold it from her viewer.

One of her most well-known recent paintings from the *Ghost Parade* collection is "Cauda Equina" (2005), a Latin term that literally means "Horse's Tail." It is also an anatomical term used to describe the ropey bundle of nerves at the bottom of the spinal column, near the sacrum. The nerves are as visually poetic as their name: they move from a tightly wound cord and then spread wildly into the legs and the pelvis, like the loose end of a braid. These nerves are responsible for the proper function of the pelvic organs and lower limbs. For Lehrer, the Cauda Equina is where her spine did not fuse in utero, where an opening had to be surgically sealed. As the title of the collection suggests, the painting is indeed ghostly. A nude Lehrer stands facing away from the viewer in a stance that looks, on the surface, casual and relaxed, not necessarily posed. Her fingers are intertwined behind her neck such that she is revealing the full breadth of her back. There is a liling, rightward curve of her lower back, an asymmetry in the shape of her rib cage. Nearing the bottom of this S-shaped curve is a dark pink trail: a scar, a mark of her surgeries where she had been opened many times before. Underneath the fleshly tones she has painted the pale, glowing bones of her sacrum, pelvis, and femur bones: her imagined skeleton, radiating from underneath her skin. Parallel to Lehrer's own quietly glowing pelvic

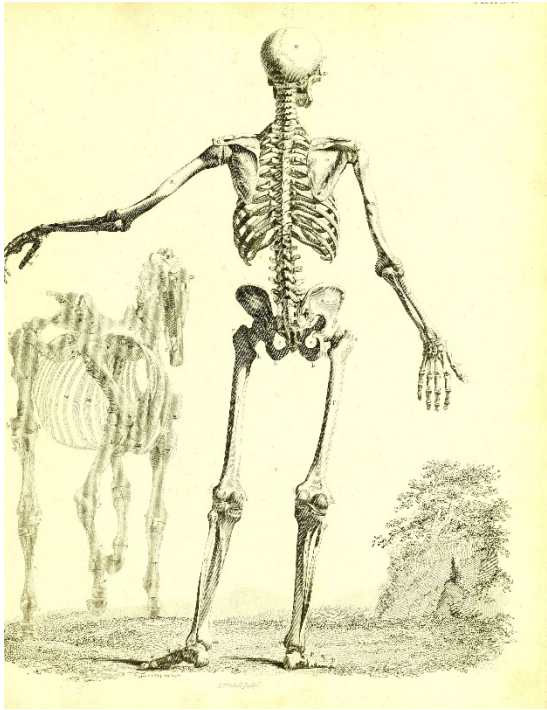
bones is the skeleton of a horse enveloped in the swirling blues of the painting's backdrop, the titular, "Equina."



*Figure 2: Self Portraits: Ghost Parade: Cauda*

Lehrer employs the same philosophies that are important to *Totems and Familiars*, where the anatomical metaphor of Cauda Equina inspires images of power, strength, and even sensuality as she stands pelvis-to-pelvis with the horse's skeleton. She turns a medical term (however poetic) into a

visual pun, given that the only horse's tail in the painting is the ponytail she wears in her hair. In addition to echoing her overall themes that triangulate images, language, and self-perception, "Cauda Equina" also contains a reference, whether by design or by accident, to an 1829 John Barclay image titled, "Male Skeleton Compared to a Horse." Barclay juxtaposed one of Albinus' early anatomical drawings of male skeleton against a drawing of a horse's skeleton, in an attempt to highlight the ideal male form: broad shoulders and broad hips, representative of strength and agility. The ideal female skeleton was unceremoniously compared to that of an ostrich (Schiebinger 37-38). In the early nineteenth-century atlases, human and animal skeletons stand next to one another to illustrate the desired physical forms. In Lehrer's painting, it may be read as a symbol of her potential physical power within the body parts that have caused her so much pain, even though she has been conditioned to understand by way of constant staring that the shape of her skeleton is to be regarded with curiosity, not admiration.



*Figure 3. John Barclay, “Male Skeleton Compared to Horse” from A Series of Engravings of the Human Skeleton.*



*Figure 4. John Barclay, “Female Skeleton Compared to an Ostrich” from A Series of Engravings of the Human Skeleton*

Whatever sense of brittle optimism can be read in “Cauda Equina” may not be applied to most of *Ghost Parade*. “Coloring Book” (2011) shows a nude Lehrer seated on the floor, wearing a rope crown of crayons (as opposed to thorns). She is surrounded by paper dolls who wear on their dresses candy-colored, cartoon versions of the various bones and organs removed during Lehrer’s many surgeries. Each of the small, smiling dolls is suspended by a curved surgical needle and suture thread, which Lehrer uses to sew the paper dolls onto her skin. She is midway through sewing an open mouth onto her upper thigh, invariably evoking the image of a vagina dentata. The painting grasps at a strange nexus of innocence and mourning. It speaks to a desire to return to a physical wholeness that may have only been possible for Lehrer during childhood.



*Figure 3. Self Portraits: Ghost Parade: Coloring*

The Crown of Crayons, and the self-inflicted harm of sewing the pictures into her own flesh, gives the painting a martyr-like tone, for although surgery can also be healing and restorative, it is a physically and emotionally fragmenting process. In “Self-Portrait in Formaldehyde” and in her published writing, she has been open about her anxiety of being in public because she feels she is on constant display. There is no privacy for her own suffering; in fact, she pointed out in her lecture, there may be jubilant curiosity about it, even from within a community of like-minded individuals. The martyrdom in “Coloring Book” may be less about Lehrer’s own feelings of saintliness and more about the relationship between fetishism and display culture for people with disabilities who are constantly re-fragmented and martyred by the world’s gaze. The effort to regain wholeness is fantastical,

mocking: the paper dolls only have representations of the body parts she wants to recover and, in order to even have them as a memento, she has to tolerate her own suffering.

“Coloring Book” is perhaps one of the best responses to the visual hierarchies that are underscored in the medical museum, but not exclusive to it. It is Lehrer’s attempt to show the painful attempts to take ownership over her body, even while her own organs remain separate from her, as abject objects. The painting shows the viewer the distress of fragmentation, whether it is literal or through her imagined dissection—that which could be found in a museum display case.

#### *Vulnerability and Disarticulation: Ossuaries*

Whereas Lehrer’s project attempts to be a restorative answer to the trauma of “toxic staring,” Canadian poet Dionne Brand’s long poem *Ossuaries* works through the strange afterlife of death in the tenor of ache, loss, and anxiety. In a piece that is encyclopedic of grief, Brand catalogs a history of vulnerability and violence toward Black people through the transhistorical narrator, Yasmine, a woman on the run against an apocalyptic backdrop. Physically and emotionally vulnerable, she stays ambiguously under the radar of the law, though always with the overhanging, anxious threat of punishment. Her environment oscillates between a grim and tenacious past and a dystopic future; history is a nightmare, and what is to come is bleak. The poem is broken into fifteen parts (each listed as an individually numbered “Ossuary”), but reads as a long, undulating sentence separated into tercets. All are rich with embodied imagery, and all consider the paradoxical relationship between anonymity and display—the body that is always at the center of attention, but never known. This line structure infuses the subjects of any individual train of thought—what might read as a “sentence” in prose—with

multiple meanings. Words trigger associations and pivot around any one, specific context, but always settle back to the relationship of display and trauma.

One of these words is the very title of the poem. The purpose of an ossuary is funereal and logistical; it refers to a place to store *bones*, but not *flesh*. Bones are anonymizing; flesh is not. Yasmine narrates “the crate of bones I've become, good / I was waiting to throw my limbs on the pile / the mounds of disarticulated femurs and radii” (49). Yasmine *is* the ossuary. She holds the history of multiple subjectivities and lifetimes of trauma in her body, and, at the same time, bears the knowledge that she is considered by the state to be expendable. Her *living* body is a “crate of bones.”

Especially common in Europe prior to embalming, ossuaries were often important supplements to burials, as they stored boxes of bones in lieu of a grave once the body had decomposed, in order to save space.<sup>13</sup> Yet, this poetic word, ossuary, manifests in diverse ways, making its precise meaning malleable. It likewise shares an uncanny similarity with the medical museum.<sup>14</sup> In its ideal form, it was used as a potentially respectful way of keeping the bones of a single body together, stored in a single, small container. However, just as often as it was a neat container, an ossuary could also be simply a pit filled with bones, or else a place (a church, a tunnel, or a street) that was decorated with those bones, such that skulls and femurs were re-purposed into patterns to fit the design of the space. Although ossuaries are explicitly meant to supplement burial, they are also an aesthetic precursor to the medical museum (which also, arguably, was meant to supplement burial): for example, in the messy drawers full of bones that museums often have as part of their research archive, or in the way that the museum attempts to offer spectators a pleasing visual experience by setting the specimens as if in jewelry cases.

13 The diversity of ossuaries is represented well in the following “list” from the travel website, *Atlas Obscura*, titled “Bone Houses: A Definitive Guide to the World’s Ossuaries” by Meg Neal.

14 The Mutter Museum has a glass case in its basement that the curators have titled “an ossuary.”

In either regard, they are places where the body is broken down into parts to suit the decorative needs of the space. Even the word “ossuary” is a pretty metaphor for the brutality of the body’s dismemberment for the display. It creates a spectacle of death using the intimate pieces of human bodies. Stripped of flesh and scrubbed clean, they no longer hint at the messy preparation; they become objects for sculpture.

The ways in which sites like the museum or its precursor, the ossuary, are made into public spectacles of death culture underscore questions of autonomy and intimacy. Who has power enough to determine if and how they are seen, whether in life or in death? Whose body gets to be remembered in a gilded crate, skeleton whole and perhaps even intact, and whose is sent to the version of an ossuary that is, essentially, a “dumping ground”? Critic Anne Quéma’s article “Dionne Brand's *Ossuaries*: Songs of Necropolitics” is the first to situate the long poem in terms of “necropower,” the structures by which lives are deemed expendable, whether through physical or social death (Mbembé 21). The ossuary, as a spatial and metaphorical category, functions as both. There, the identities of the dead are evacuated, and all memory of them is lost.

Quéma frames *Ossuaries* in terms of global colonialism and genocide, which echo through Brand’s own history as Trinidadian-Canadian. I take her comments to a specific sphere to consider how the long history of death culture and display is a significant aspect of colonial practice that breaks along racial lines. Moving into the aesthetic realm of the macabre, *Ossuaries* unflinchingly exposes the reader to hurt, a rawness that comes through a disorienting narrative that verbally dismembers the body and attacks the institutional systems that have made the bodies of Black women into fetish objects. The poem is built on the bones of colonized people who operated within two poles of display culture: the “too seen” and the “too anonymous.” Janell Hobson’s *Venus in the Dark* addresses one example of the too seen/too anonymous dynamic. Hobson finds the complete skeleton of Saartjie Baartman (otherwise



known as the “Hottentot Venus”) on a rack in the basement of Paris’ Musee de l’Homme, alongside crates of other disarticulated skeletal pieces boxed according to category, and writes: “This room of bones [...] tells an important story of how Baartman, who is often singled out for the abuses that she suffered, indeed was not alone” (6).

Evoking this too seen/too anonymous paradigm of museum display, Yasmine portrays her practice as a way to “scatter bones, losing all relation to myself” (48) and describes herself as “I, the slippery pronoun” (22). Like the rooms of bones that have been traded across museums and medical schools, she sees herself as fragmented, always at risk of losing the wholeness of her own identity. At the same time, her “I” pronoun speaks to a multitude of histories she embodies such that her selfhood does not, cannot, belong to her alone, whether or not she wishes it. She represents a genealogy of Black women’s suffering by becoming a proxy for a number of unnamed but contextually recognizable historical actors (Saartjie Baartman makes an appearance, among others). Brand is not valorizing the women whom she ventriloquizes through Yasmine, but instead leaves them recognizable in their barest form—the “bones” of them, as it were. These historical figures make Yasmine’s character into a mosaic. She is an amalgam of other Black women who experience, in some form or other, a tense, paradoxical relationship with display, an extreme version of being “seen,” and anonymity, history’s refusal to grant them a known or cared-for subjectivity. When Yasmine refers to herself as “the slippery I,” it means that she does not get to be singular, and that she must carry the burden of a long history of abuses and suffering wrought upon Black women that cohere around her contemporary self. In *Ossuaries*, the “I” lacks precision. It jumps into multiple subjectivities so that Yasmine does not have “no identity”: she has many.

At the same time, bearing the weight of so much collective trauma drowns Yasmine’s unique sense of self; instead, it forces her personal narrative downward such that it is silence, mattering only to

her. *Ossuaries* is narrated from the lonely mental and emotional space of forced anonymity, where to be anonymous is the only way Yasmine can secure safety. Yet, in addition to its loneliness, anonymity has a dual-sided tension: it can reference the privilege to move through the world unnoticed, safe from harm. Anonymity leaves Yasmine alone to consider the histories of trauma—plural because her own history works within a system of accretion, where her own suffering is bound and wrapped into the historical suffering of Black women. The “slippery I” that is, at the same time, many people, and no one at all, is painful; Yasmine has no one to share this burden with her *because no one is supposed to know that she is even there*. The threat of her death is always imminent, yet it is unclear what she did, if anything, to deserve such treatment. In the silence of holding her own lost history, presumably invisible or unimportant to anyone except herself, she, the “crate of bones,” is always vulnerable, on the precipice of a sanctioned death like the bodies that came before her.

As if in anticipation of becoming this “crate of bones,” Yasmine says that she “drowned in vats of sulphurus defences” (49). Brand oscillates between imagery of chemicals and human anatomy, which crosses a border between an apocalyptic hellscape (anxiety about the future) and the historical process of preparing bodies for museum display, making the past recursive, impossible to leave. Brand writes:

we bit our fingernails to blue buttons,  
we staggered at the high approach of doorways,  
plunged repeatedly to our deaths  
only to be revived  
by zoos, parades, experiments, television sets. (12)

“Plunged repeatedly to our deaths” refers to the Middle Passage, where kidnapped Africans jumped (or were thrown) from their captors’ ships. Exhibition is triangulated through death and revival, where the

display means that death is not a final resting place—in fact, in the fashion of horror stories, death may be only the beginning where the body will be revived to be paraded, poked, prodded, and viewed by a mass public in life and in death alike.

She begins the poem by referring to medical museum culture, notably mentioning in her concluding acknowledgments a number of theoretical texts that were “instrumental” to her work, including Pascal Blanchard's *Human Zoos*. Without referring to a specific historical period (such that history is also anonymous), Brand tacitly traces the history of nineteenth-century colonialism and its impact on nineteenth-century medicine, as the medical museum developed on the heels of the anthropological “Shows of London,” where African bodies were put on display. Toward the end of “Ossuary I,” Brand writes:

and then science, all science, all murder,  
melancholic skulls, pliant to each fingertip,  
these chromatic scales, these calipers the needle/in the tongue, the eyes' eye so  
whole diameters, circumferences, locutions,  
an orgy of measurements, a festival of inches  
gardens and paraphernalia of measurements,  
unifactory data,  
beautiful and sensuous data. (16)

These references gesture toward the nineteenth-century rise of medical practice and shift to a study of scientific pathology. Brand is questioning over whose bodies science came to exist through the “all science / all murder” dynamic. It is less a commentary on whether Brand is pro- or anti-science, but rather an attempt to route its development back through Yasmine’s transhistorical body. Violations that took place during early medical discovery still live in her bones.

However, as Brand describes science, the medical language is juxtaposed against a strong vocabulary of lust and subsequent resistance to that lust orgies and festivals of measurements, and sensuous data over “melancholic skills” and needles. Quéma comments that the poem “traces the ways in which necropolitical violence courses along the path of desire” (53). The phrase “sensuous data” in particular takes objectivity away from the voice of science and places it in a strange nexus of desire, in one sense meaning a “desire to collect” specimen objects, and in the other, titillation, or the erotic side of curiosity. As Ebenstein has pointed out, desire and display have a linked relationship. In one sense, there was historically a *desire* to collect body parts, where bones and organs were traded at nineteenth century auctions through various museums’ collections, particularly if they were rare pathological specimens. In another, a desire to see and to know manifests in the bizarre intimacy of digging through another person’s body, pushing through boundaries of skin, muscle, and organs, to understand that person better than she would understand herself.

Though Brand begins with the history of display, the language of “sensuous data” refracts throughout *Ossuaries*. The poem overlays melancholy eroticism on top of an ongoing inventory of body parts, listed in gilded language: “bronchial trees” (10); “grenades” rooting in Yasmine’s uterus (11); “votive throats” (92); “chests like torn bodices” (105); and “schistic rib cages” (113). This constant inventory of richly described organs is akin to a verbal dissection in language that is jeweled with adjectives. By doing this, Brand conjures the narrative aspects of the medical museum experience, where spectators would be guided through exhibits with display cards meant to explain the body in its most physiologically specific anatomical terms. Here, the bones and organs are decorated in the tones of museum language but, eerily, while Yasmine is still living, still available to narrate them herself.

Eroticism in *Ossuaries* is tinged with a feeble sense of ownership. Yasmine depersonalizes the bones and organs of her body such that they are often narrated without the use of a pronoun: they do not belong to anyone. This is juxtaposed against her fraught relationship with her anonymous lover, one of the other major through-lines of the poem. The intertwined themes of display culture and the tense way in which she gives parts of herself to her lover offer a myopic perspective on the extent to which Yasmine's body has "always already" not been her own. And yet, she fights against the complete dissolution of her subjectivity. Although she must remain anonymous as a means of survival, Yasmine mourns an identity that the world has told her is meaningless: her life, her love, and her body are not gifts for her to give a beloved; in fact, it is better that she has no beloved. Instead, her body is made of parts that are up for grabs. It is a fear-driven linguistic dismemberment that underscores Yasmine's awareness of her vulnerability. Nothing is sacred, not even intimacy. Even Yasmine's most intimate parts are routed through a display that will not cease.

From the perspective of the one who is within the display case, Brand conveys a sharp critique of spectatorship. The beginning of *Ossuaries* offers a subtle rebuke: "no one / expects the violence of glance" (10). Later, in the same context of "sensuous data," she describes the "fairs with new products, new widgets, human widgets" (17) and pictures, merging the medical gaze with that of the public: "their sickness, eye sickness, eye murder / murder sickness" (17). These small phrases contextualize the poem's relationship with being seen and being known. It is an extensive commentary on spectatorship, challenging its pretense of passivity. "Eye murder" is murder through the gaze, the obliteration of the object at its center. "Eye sickness" and "eye murder" frame the mutually toxic relationship of "looking" for both Yasmine and the spectator. In this short line, curiosity is an illness and a compulsion that separates Yasmine, and the historical actors she embodies, from those who are able to watch her. The act of watching such trauma places the spectator in an actively harmful role.

Yasmine’s multiplicity—the “slippery I” that makes her so many characters within one voice and one verbally constructed body—references a specific set of collective traumas that will not be universally understood. Brand sets up an “I/we/our” versus “they/them” dynamic. Yasmine is running from “they” and “them,” but they are equally as slippery as the “I,” ranging from the overarching dystopic government that sets her running to the spectators who watch and do nothing. “Ossuary I” and “Ossuary XV” bookend the exhaustion of an impending doom that is not universally imaginable. In “Ossuary I,” she writes, “do not say, ‘oh find the good in it, do not say, / there was virtue.” Brand is willing to stay within the act of suffering—to stay within the grief, acknowledging that it is beyond a restoration narrative. She literally commands us to do the same in these lines. The wisdom of suffering is limited—it is not worth the yield of virtue. To that end, “Ossuary XV” is the “final resting place” of the poem, where Yasmine looks at the disarticulated fragments of herself, spread across the world like so many specimens before her:

they ask me sometimes, who could have lived,  
each day,  
who could have lived each day knowing  
some massacre was underway, some repression,  
why anyone, anyone could live this way,  
I do, I do (123)

Brand poses the question, to be asked by the “they,” how could anyone bear it? The response, which is intuitive to Yasmine, is that massacres are not historical. They happen every day. White supremacy lends itself to tacit massacres, ones that “they” cannot imagine because it does not happen to them, and they do not wish to imagine such prolonged suffering, “living each day knowing” that they are so

vulnerable. This failure of imagination, where White people cannot imagine the daily oppression of present-day Black suffering, is an old problem that makes Yasmine “practically ancient” (123).

The final image of the poem is that of a bone pit, after being sent to a “regime” (123) that is likened to “abbatoirs for carving” (124). It is a governmental system that will sacrifice its own citizens, and leave them on “the stone mound” (123) to become part of a “museum of spectacles.” In other words, Yasmine’s death—which she narrates to us, while living—would be part of a system of display that would garner attraction. We finish as Yasmine and her lover are verbally stripped of their flesh, their identity: “here we lie in our bare arms/here the ribs good for a basket, a cage,/the imperishable mandible, the rhetorical metatarsals” (124). They are unknown in a literal and metaphorical bone pit, having been stripped of identifying features and otherwise appropriated into, presumably, a beautiful object for spectators.

For Black people, the formal, funereal version of an ossuary does not exist. In its very existence, the poem is an act of preservation—of not turning away from this history. In *Ossuaries*, Brand provides the reader with impressionistic shards that mean to project an affective experience. The poem ends almost as it begins, with a relationship to violence and Yasmine’s need to continue living. There is no satisfying resolution to this poem: it does not end in tragedy, but rather in a hellish stasis. Therefore, it preempts any sentimental response from a universal readership. The poem’s last expression is its volatile vulnerability: the image of spinal columns, with skulls attached, leaning into one another as the world threatens to erupt. Vulnerability means holding open spaces that cannot be repaired. In refusing to offer repair, the only option for the reader of *Ossuaries* is to be within the brokenness, literally and figuratively.

*Necropolitics and Grief*

Caitlin Doughty's care for the deceased criminal, with which I began this chapter, sharply contrasts with the attitude that criminals are disposable and their bodies are to be punished even after death. Bodies were collected from three main sources in eighteenth- and nineteenth-century Europe: the gallows, hospital wards, and graves of the freshly buried. This practice creates a likeness between bodily "deviance" and criminality. The literal display of prisoners—a statement for which no greater metaphor is necessary—continues to facilitate a conversation among spectators about whom in society may be used after death to satiate the curiosity of the public. In Doughty's narrative of washing, even someone who, in life, made up a part of the dark underbelly of California's crime scene is deserving of care: deserving to be admired and cradled in his death, as if he were family to her. By treating his "deviant" body humanely, she offers him dignity through her own comfort with this intimacy.

Medical museums' visitors are exposed to a perverse aftermath of the process of preparation that Doughty describes. The specimen "dividuals" have already gone through a sanitizing process where their most intimate parts—the organs they owned and ambiently felt and *knew of* but never actually saw or touched—are handled delicately, not for the sake of compassion but to make sure that they do not become damaged specimens. They are placed in an antiseptic and often crudely called "pickling mixture" (which is accurate, if also crass). The link between the identity of the *person* and the resulting specimen is destroyed—he or she is contextualized to the spectator only by the jar, the shelf, and the information card. Enthusiasts of Morbid Anatomy, Mütter Museum, and *Bodies Exhibit* are not given the opportunity for emotional intimacy. The necropolitical tendencies of death culture and the medical museum make it so that the spectators are comfortable with the macabre aesthetics and the overarching concept that "death happens," but not necessarily the process of grief, mourning, or caregiving. An awareness of the specimen's identity is at odds with the enjoyment and wonder—the



overall “buy-in”—that the museum is trying to provoke. In that way, the museum (with varying degrees of complicity) facilitates a social death through its displays.

In “Vulnerability, Mourning, Politics,” Butler poses three important, if also fairly basic and oft-theorized, questions: “Who counts as human? Whose lives count as lives? And, finally, *What makes for a grievable life?*” (20). Although questions of who qualifies as human have plagued medical atlases, scientific reports, and, indeed, museum organization plans since long before the nineteenth century, the medical museum’s contemporary purpose in the greater framework of “death culture” is explicitly to demystify what “human” is, with all of its celebrated physiological diversity. That is the insidious danger of death culture and morbid curiosity—that it both affirms our understanding of what makes all of us human, and yet, even so, makes clear humanity does not exempt certain bodies from the display case. We are bound together as community, which is less a statement of collectivity than it is an awareness that certain “deviant” bodies that are cast out from the socially and sovereignly contracted agreements become very precarious, very quickly. Difference is not often regarded with kindness.

Butler goes on to write, “[E]ach of us is constituted politically in part by virtue of the social vulnerability of our bodies—as a site of desire and physical vulnerability, as a site of publicity at once assertive and exposed. Loss and vulnerability seem to follow from our being socially constituted bodies, attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure” (20). While all bodies have the potential to be vulnerable, that vulnerability is politically determined (how bodies are obtained and how they are publicly displayed) and socially determined (who gets to look). The pretense of the museum is that there is a general knowledge of the human body, in its mosaic of normal exemplars and its occasional pathological surprises, and thus it is meant to indicate a universal vulnerability: bodies are not meant to last. Parts of bodies can be

separated and taken on their own terms; the whole body always has the potential to be fragmented, but that potential does not apply to everyone equally.

There is a fine and slippery line between Foucault's "gaze" (whether oriented in terms of "making live" or "making die") and "bearing witness." What differentiates them is an ineffable and unstable sense of intentionality that frames a narrative for the spectator as a justification for being there. "Bearing witness" tends to signify something compassionate; a way of offering care by validating the experience and anguish for another so as to expand narratives of what it means to be human, even in the face of suffering. It is completely contingent on the spectator's willingness to be self-critical and to be aware of the potential for suffering. Spectators of museums are often defensive about their curiosity, asserting that it is a thirst for knowledge, or a desire to know the process of death in hopes that this new understanding will offer something to the living (Asma 36). Part of what goes missing in that sense of curiosity is the willingness and desire to mourn. There is no sin in curiosity. But to the extent other experiences are suppressed for the sake of curiosity, the spectator's visit to a museum can become a more problematic event. Infusing curiosity with an openness toward grief, on the other hand, could be a means by which "death culture" could become a form of respect or even collective mourning.

It is true that, as Doughty writes, "a corpse doesn't need you to remember it. In fact, it doesn't need anything anymore—it's more than happy to lie there and rot away. It is *you* who needs the corpse" (174). In that regard, the corpse is a metaphor, symbolic of past memory and future anxiety. Doughty frames this difficulty: "Looking at the body you see yourself and you know that you, too, will die. The visual is a call to self-awareness" (174). The fragmented bodies underscore a biographical absence. The person who died and later became the specimen is relevant even if one does not have a spiritual belief system that hopes for bodily resurrection, for in the display cases there are ugly

lingering questions of consent and lack thereof, in addition to the fundamental violence of the act of dissection. The body parts frame a certain violation, where our knowledge of the patient's consent to the display is likely foggy, likely obscured by temporal dislocation (when the body was obtained) and historical amnesia. It is treatment that many spectators would not want for themselves.

Butler writes, "Loss has made a tenuous 'we' of us all. And if we have lost, then it follows that we have had, that we have desired and loved, that we have struggled to find the conditions for our desire" (20). She uses the past tense to refer to a moment of collective trauma and vulnerability of the 9/11 attacks—what many consider the *ur*-trauma of Contemporary America and the subsequent excuse to wreak havoc in the Middle East. But loss continues to make a tenuous "we" of us all—it *does* make and *will* make us vulnerable. She expresses that there is potential in understanding collective vulnerability, particularly in the wake of national catastrophe. The medical museum, quiet arm of the state that it is, obfuscates loss and collective mourning by focusing on the *collection*—the silent, unknown, ungrieved bodies that take center stage in death celebration and morbid curiosity culture.

What is it about these tragedies that naturally usher in this collective vulnerability? And is there a way for spectators to see the medical museum not necessarily in the light of tragedy but tempering our excited curiosity with a sense of collective vulnerability? Loss *hurts* and it is fragmenting, and we think that, perhaps, we only have strength enough to be vulnerable to people who are beloved by us—that we do not have enough emotional capacity to sit in mourning over unknown "dividuals," bodies and body parts, whose identities have been completely erased. Lehrer and Brand transmute the experience of museum visits by alerting us to the lack of mourning in the encounter. They ask that we consider heartache, and the long, deep lines of systemic tragedies against the "deviant": poor, ill, disabled, bodies; bodies that were made disposable through a dense web of race, class, gender, and disability. Perhaps the "tenuous we" holds an opening within death culture movements, if we are

willing to revive the loss and the *mourning*, even over the collective unknown someone who constitutes the exhibits. The power of Lehrer and Brand is less in their attempt to confront the viewer, which is a means to an end. They ask that museum spectators blunt their desire for intellectual entertainment.

Bodies are not cast in equal representations—neither aesthetically, nor in terms of their capacity to elicit mourning. The museum sets up a long-standing historical dynamic that frames which bodies are not meant to be mourned and which instead are meant to be utilized. “Death culture” and “death acceptance” happens under the pretense of collective education and understanding—of democratizing medical knowledge—without the burden, for example, of holding a home funeral. But perhaps in leaving ourselves open to loss and the strange intimacy of the museum, we can find that discomfort is a useful catalyst to a broader, less self-indulgent impulse. Self-reflexivity in the medical museum space is by no means a complete cure for the murky ethics of the medical display case, but it at least has the potential to leave an opening for loss. Seeing the museum in terms of grief, in addition to its provocation of wonder, may augment a useful component of spectatorship: the desire to *not* turn away; to push past what is uncomfortable to us in order to hold space for someone who is suffering.

There is no prescription for ethical spectatorship and curiosity in the medical museum space, though in their art Lehrer and Brand alert their audiences to the *lack of mourning* that has surrounded certain vulnerable bodies. There is no erasing these histories of abuses, these aches that tend to only be felt by those who, like Lehrer, literally see themselves inside the museum case. Lehrer’s and Brand’s work point to that spiraling sense of lack: we are not asked to mourn the individual object within the display, which is already a casualty of historical amnesia. Instead, we are asked to mourn the fact that these bodies are not mourned. And we are challenged to understand that the museum might be a space in which some people *identify* with the specimen exhibit, might be a cemetery in which the exhibit placards form paltry substitute for obituaries. There is no public display of grief, no sense of loss, and

certainly no restoration of agency to the severed organ or objectified corpse. In response to the relationship of aesthetics and spectatorship, where medicine can be made palatable and understandable to a public hungry for knowledge, Lehrer and Brand show us a gap: their work mourns the *lack of mourning*, the ongoing conditions that make certain lives ungrievable, unknown and therefore unbeloved, in the broader space of culture.

## CHAPTER II

### DEMONIZING MOTHERS: ARI ASTER'S *HEREDITARY* AND LARS VON TRIER'S *ANTICHRIST*<sup>15</sup>

Early in Ari Aster's 2018 *Hereditary*, family matriarch and film anti-heroine Annie Graham attends a grief support meeting after the death of her mother, Ellen. We learn that they had at best a conflicted relationship. The camera holds still on Annie's face, distorted by anguish and tears, as she slowly says, in devastated broken phrases between breathy sobs, "I sometimes feel. . . like it's all ruined. I feel like I am to blame. . . Or maybe, I'm not to blame. . . but, I am blamed."

The irony of this line is that Annie is not describing her own shortcomings as a mother. Nor is she necessarily describing any overwhelming feeling of loss toward her mother as much as she is trying to be sympathetic to her mother's difficult life, which was contextualized by mental illness: Ellen's Dissociative Identity Disorder,<sup>16</sup> and the suicides of Annie's father and older brother. Annie's affect is withheld—an emotional outburst lurking beneath the surface of her otherwise smooth and resistant demeanor—until she finally sputters out this fear of blame and of her helplessness to change the things that are already "ruined." Even the film's title, "*Hereditary*," signifies something pre-destined, such that whatever is ruined was always going to be that way. All in all, the film indicates that there is something about maternity—being a mother and also having a mother—that conjures these dynamics of helplessness and aimless blame, such that the "it" that is already "ruined" is not anything specific. "It" is recursive; "it" can be anything and everything.

15 A significant abbreviated version of this chapter appeared in *Synopsis: A Health Humanities Online Journal* under the title, "Demonizing Mothers: Psychodramas, Horror Movies, and Hermeneutics of Suspicion." I also wrote about current abortion debates and how they affect all pregnant people, including mothers, on the same platform in an article titled, "A for Abortion."

16 This is more commonly known by its outdated name, Multiple Personality Disorder

I'm going to open this chapter by stating something that may be obvious: society has a tendency to pathologize mothers in terms of their negative traits in a number of widespread, culturally diagnostic rituals in which everyone may judge a mother's parenting abilities. Furthermore, the conceptual "maternal body" has a long history as a space of disturbance, linking it to a citational tradition of body horror in which families, and their mysteries, are terrifying. Because of this, I regard "motherhood" as a politically-honed subjectivity more than a gendered parental status.<sup>17</sup> The distrust stems from a constant, anticipatory rhetoric of how, at any time beginning from pregnancy, mothers may fail and how children must be protected from these failures by the entwined, mediating narratives of medicine and law. The possible failures are limitless, ranging from pregnancy and birth choices (including the choice to terminate a pregnancy for what may be an archive of personal reasons) to parenting decisions to the behavior of their children (whether or not it is age-appropriate). A mother, in the role of supreme caregiver, may widely elicit certain sympathies if she lives up to an idealized portrait: nurturing, financially stable, partnered, and with a peaceful emotional landscape, able to constantly table her own needs in support of the new person for whom she has altered her identity. She must give without resentment what may be a large piece of herself, at least when her child is particularly young, vulnerable, and largely dependent on her for his or her emotional resources. If she does not do these things, she may be sharply criticized, even punished, for her missteps by other parents and professionals alike. The person in the role of the "mother" is often at the center of blame in therapists' chairs, in doctors' offices and police precincts, in stories of mass shootings and other acts of violence, or when a child takes his or her own life.

This tendency to inflict blame, and other manifestations of hermeneutics of suspicion on mothers, has been reappropriated by a number of stories, films, and plays featuring mothers and

17 See Jessican Friedman's article for *Medium*, "Motherhood is a Political Category."

demonic possession. *Hereditary* and Lars von Trier's 2009 *Antichrist* are two films that uniquely and painfully confront stories of mothers' grief-related mental illness, or what could also be labeled "hysteria," that is brought on by the loss of children. Structured similarly by their use of mental health pathologies, they walk the line between "ghost stories" and psychodramas. Critic Magdelene Zolkos argues that that *Antichrist* uses trauma as both a subject and a form (179), and this statement is equally true of *Hereditary*. The films are about trauma and, likewise, are *traumatic to watch* as works that are unyielding in their confrontations of grief, violence, and mental illness. They come into a compelling marriage through an unnerving representation of maternal grief that adopts a clinical gaze that becomes hyperrealistic. The formal logics of the films are somewhat idiosyncratic versions of typical "horror movies" that rely on jump-cuts and well-worn frightening images. *Hereditary* and *Antichrist* are unsettling because they are so encased in grief that they are traumatic to watch, slow-burning, and yield to visual and rhetorical narratives of mental health pathologies, such that a mother's trauma and potential nervous breakdown are as understandable to viewers as they are horrifying.

At the same time that the films provide an affective link between supernatural possession and trauma, they also contain parallel use of embodied imagery that is uncannily medical, as if inspired, whether by design or by accident, by the archives of anatomical history. With this relationship between aesthetics and obstetric medicine in mind, I address a historical visual context for maternal care and treatment that I place alongside the films in order to create a dialectic between these two modes of hyperrealistic representation. I critique some of the key obstetrical anatomical atlases in the late eighteenth and early nineteenth centuries, which were and continue to be lauded for their unflinching realism and detail, but also contain particularly violent images that did not disguise the surgical violence of the dissection table.



In addition to thinking through how an implicit sense of corporeal punishment manifested through medicine (for everyone, but particularly eerily for pregnant women), I also consider how stories of demonic mothers complicate and complement stories of hysteria. It is worth noting that, because these films were made so recently, they offer a new view into the intertwined, dialectical memories of art and medicine, both functioning within different systems of representation that impact cultural knowledge. I also argue that the persistence of the “demonic mother” genre is symptomatic of what Eve Kosofsky Sedgwick might call overarching paranoias about mothers and our vulnerabilities to them. In turn, these paranoias may be informed by long-standing medical narratives that have accidentally facilitated mother-child conflict in rhetorical and visual registers. Paranoia, hysteria, and mental illness are regarded with a clinical aesthetic in *Hereditary* and a hyperreal gaze in *Antichrist*. This hyperreal gaze has the capacity to insert doubt into the ghost stories by creating a clinical bias against the mother characters such that the audience is primed to see them as the enemy of a sane, happy home. The seeming clash of a visual dedication to realism and a thematic focus on the supernatural make these films unsettling—something in them seems familiar to viewers, uncanny.

The aesthetic roots of such a clinical gaze began in anatomical atlases and models that developed an artistic style that Ludmilla Jordanova considers a form of medical hyperrealism (47-48), a concept (though not named as such) that is further explored by Lorraine Daston and Peter Gallison in *Objectivity* as “artistic objectivity.” Jordanova writes:

[I] take realism to be an impulse towards forms of representation that insists that the viewer be convinced that they have a referent beyond themselves, in a supposedly objective world, and that they closely resemble that referent[. . .]. Here we [also] have more than realism; a verisimilitude so relentless it becomes hyper-realism. [. . .] So, realism is

ambiently associated with value, and in both cases science is implicated

(47-48).

The approach of the hyperreal, an aesthetic principle derived from a scientific value system that privileges a dissecting and hyper-focused objective gaze, shifts the ghost stories that constitute *Hereditary* and *Antichrist* into the semiotics of pathology, in terms of how they narratively represent demons as hysteria, as well as in the ways in which they deploy surgical images to reinforce methods and repercussions of maternal blame. These images resonate with a history of gynecological and obstetric treatments that explored methods to surgically “cure” hot-tempered, sexual, or disobedient women. We are meant to question the validity of the mothers’ claims that they are being haunted by ghosts, not guilt or memories, until the bitter ends of the films. This is done in each through atmospheric landscapes and a uniquely intense, unbreaking focus on people, emotions, and objects so that even the things that initially appear normal start to become horrifying.

Like many examples that fall within the parameters of “body horror,” neither film is exceptionally gory, though they engage grotesque imagery. The camera does not belabor an orgy of violence or pain as much as it regards traumatic subjects with frankness, an aesthetic strategy frequently used by von Trier as part of his filmmaking movement, Dogme 95. Utilizing a Brechtian approach to film production, the Dogme 95 collective created a manifesto to push back against overproduction in films. The manifesto includes ten “Vows of Chastity,” the name of which emphasizes a certain amount of “purity” in filmmaking. These Vows stress the use of environment (filming on location, refusing the use of props and lighting), sound (using only what naturally occurs during filming, including the use of music), handheld cameras, and the absence of the director’s identity. Dogme 95 filmmakers aimed to remove the ego-driven director’s identity through a vow that demands they do not associate their names with their films. By employing the approach of the

hyperreal, the films manifest a clinical gaze toward the bodily distortions that result from violence that is so intentionally sutured into the films that it almost seems intuitive, practical, without unnecessary blood or pain (Hjort and Mackenzie 53).

Performance scholar Elin Diamond writes, “[r]ealism is more than an interpretation of reality passing as reality; it *produces* ‘reality’ by positioning its spectator to recognize and verify its truths” (4). Realism signifies accuracy and objectivity. It brings to the viewer recognizable portrayals of the things that are familiar to us, and asks us to agree that these portrayals are relatable enough for us to insert ourselves into the diegetic landscape of the film. Hyperrealism, on the other hand, distorts what we think we know by bringing it closer—an artistic gaze that, in effect, holds a magnifying glass to the its subjects. Realism reflects the surface of what we know. Hyperrealism emphasizes the things that are trembling underneath the surface, or in the words of Jean Baudrillard, “the simulation of something which never really existed” (46), making it a mode of affect and interpretation in addition to a visual category. It produces an alienating version of reality by gesturing at what we don’t want to see. It shows too much, distorts familiarity, takes us a step too far. So real that it looks fake and yet so biased to a single director’s eye that we are sutured to one particular affective world, hyperrealism veers off into an “uncanny valley”<sup>18</sup>. In bringing realism around the curve of “showing too much,” hyperrealism brings us to a subtle fantasy, where its magnifying gaze re-casts reality as something bizarre.

18 The Uncanny Valley is a theory developed by Japanese robotics engineer Masahiro Mori to describe the unnerving feeling of when a person encounters a human-like, but still distinct from human, image or robot. For example, animated characters that look explicitly cartoonish, or robots that are meant to look like objects or animals but have human qualities usually do not cause distress to spectators. However, as these robotic representations begin to look more familiar as humans, they also become unsettling. Mori, and a number of other scientists following in his path, have called the threshold of when a close-but-not-quite-there human representation begins to be uncanny and disturbing is the “uncanny valley.”

Hyperrealism is necessary in medical texts through an ongoing emphasis on the most ideal and accurate interpretation of the pregnant body as possible. Although theoretically, medical illustrations should participate in hyperrealism, the late eighteenth-century interest in obstetrics marks an important shift in how bodies were represented in images. The images in early obstetric textbooks subtly exaggerate bodily contours, blood vessels, scalpel markings, and cell layers so that they are clearly visible to a novice or lay-reader. Similarly, the films maintain long shots and close-ups in lieu of jump-cuts meant for shock-value, mimicking the way that the human gaze functions, especially when we come across something disturbing, when we are unable to look away from the horror. Detailed makeup and prosthetics replace computer graphics so that bodily distortion looks fleshly, familiar.

Hyperrealism serves a dual function in my analysis. First, it references the implicit but notable relationship between the brutal realism of the anatomical texts instrumental in guiding obstetric care and the haunting imagery of fragmenting bodies and minds that appear in the films. Hyperrealism maps onto the psychological horrors of the film—the psychic and spiritual life of mothers who, below the surface, are only *just* held together by their obligation to a heterosexual marriage and nuclear family. This close attention brought forth by the hyperrealistic clinical gaze produced in the obstetric texts and the films also serve to amplify the overall sense of imposed fragmentation of maternal bodies and identities. By this, I mean that mothers are not inherently fragmented people, but rather that they are produced and seen as fragmented in a number of aesthetic objects, whether in science or in art. I conclude this chapter by confronting this question, the elephant in the room when scary mothers appear in horror movies: why are mothers so frightening? What fears that we cannot trust mothers are these films confirming, whether by design or by accident?

My interest here is not in the process of pregnancy or motherhood, but rather in how so much public rhetoric and so many representations of mothers, everywhere from film to medicine, hinge on a

hermeneutics of suspicion that facilitates maternal-child conflict, and in so doing, *demonizes* mothers. I use the word “demonize” strategically, for there is a significant archive of films, texts, and other representations that project narratives of maternal trauma into stories of ghosts and demonic possessions, hauntings that affect the mother and her family, who must suffer the burden of her unadulterated, dangerous trauma, often related in some way to her maternity. The canon of “haunted mothers” reflects what may be an overarching anxiety: that the *role* of motherhood is fundamentally unsafe, and therefore mothers are unsafe for their children. Recent examples from this canon include Toni Morrison’s famous *Beloved*, the art-house horror film *The Babadook*, the blockbuster *The Conjuring*, and classics like *Rosemary’s Baby*. The many pieces of this archive unify into a persistent, anxious narrative that turns the mother figure into something utterly terrifying by externalizing her trauma into a separate, supernatural being.

The demonic mothers that I discuss in this chapter are part of paranoid systems of representation that point to a profoundly gut-wrenching fear: the fear that your mother--the person in whose body you lived and with whom you shared the pinnacle of embodied intimacy, to whom you still have physical and emotional ties whether you want them or not (perhaps *especially* if not), who was, for a time you don't remember, your god--may be capable of a supreme destruction that will also inevitably alter you. Alongside this is the fear of what you do not know about your mother, who had an entire life without you and may have tolerated a suffering that you cannot touch, cannot see, but yet you are vaguely aware that all of this has shaped you. And, because there is anxiety about the unknown when standing on the precipice of parenthood, that you may have entered into her life as a more fraught entity than you realized, and that you are inherently precarious to the person who created you.

Most mothers, of course, are glad to be mothers, and value it as a part of their identity—an identity that contains traits that, to some extent, they inherit through learned behaviors or perhaps genetic or biological dispositions. And so, if a mother is unable to "keep her demons at bay," there is an opening for temporal uncanniness, where a haunting *past* may carry on through *future* generations. The subjects of my chapter all tell us the same thing: you are close enough to your mother that you will see her ghosts. I am certainly not invested in lambasting mothers, but I am curious, as someone who has supported pregnant people and new families *and* as someone who likes ghost stories featuring mothers, how this particular horror trope functions in cultural pathology. The hyperreal aesthetics of the medical imagination interpolate facts, techniques, and general anatomical study into a greater system of representation that tends to be informed by medicine's proximity to torture. *Hereditary*, *Antichrist*, and the long list of other horror stories that feature mothers lift from these motifs and ask anxious questions: how does our separation from our mothers' pasts make us supremely vulnerable? What horrors have we inherited that are lying in wait, prompting us to want to pull apart this person whom we only understand in the context of ourselves?

### *Hyperreal Surgical Representations*

It may be surprising for readers to learn that eighteenth-century studies in obstetrics marked a major aesthetic shift in anatomical textbooks at large. Alongside sensual Anatomical Venuses (to be discussed in Chapter 3), stylized, anthropomorphic skeletons, "flayed angels," and the muscles of abdomens layered like petals that were common in similar atlases at this time<sup>19</sup> stood obstetric textbooks filled with meticulous details of blood vessels, muscles, and abdominal organs of corpses.

19 See in particular the atlases of Albinus, d'Agoty (famous for the "flayed angel"), and Gamelin.



Figure 6. Julius Casserius, *De formato foetu liber singularis*, 1626.

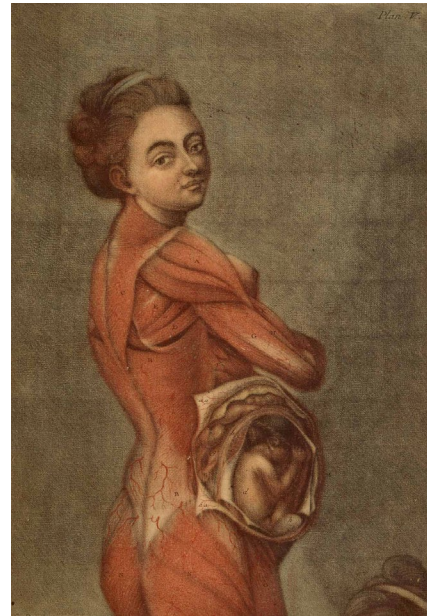


Figure 7. Jacques Gautier-D'Agoty, *Anatomie des parties de la génération de l'homme et de la femme*, 1773.

William Smellie's *A Sett of Anatomical Tables, with Explanations and an Abridgement, of the Practice of Midwifery* (published in 1754), and his student William Hunter's *The Anatomy of the Human Gravid Uterus Exhibited in Figures* (1774) presented an abrupt change in the visual registers of anatomical textbooks such that they no longer disappeared the operating theater. Instead, they engaged the hyperreal with a commitment to surgical detail that would be considered unmatched more than two centuries later. I say that it may be surprising because it is that jarring a field built on the care of mothers and their babies would conjure images of dissection.

The publication of Don Shelton's article "The Emperor's New Clothes" (2010) and his subsequent "Man-midwifery History 1730-1930" (2012), catapulted these two first famous anatomical textbooks that focused on obstetrics into the public eye. In both, Shelton presents claims that the anatomists obtained their cadavers through murder or otherwise nefarious means, which he supports though an analysis of contemporary statistics on maternal mortality. His inspiration for these claims

was the history of the Burke and Hare murders in Scotland (which I review in the introduction). The controversial articles catalyzed a major debate about the source of Hunter's and Smellie's cadavers, bringing these textbooks into view for a broader, non-specialized public. Shelton's research approach centers on a loose set of contemporary statistical probabilities regarding abnormal pregnancy, death, and anomalous obstetric outcomes—statistics that were not kept at the time that Smellie and Hunter were in practice—and maps these statistics onto speculative likelihoods (or rather, unlikelihoods) that the anatomists would have come into contact with so many of those patients (2010). He does not consider the historical context and the commodity culture and auctions among medical providers across Europe to get the bodies and parts they wanted for textbooks, corroborated by Hunter's and Smellie's meticulous notes as well as journal entries from their students about the design of the specimens and images (Fox 504, Allotey 2010, Roberts et al 2010, quoting Hunter).<sup>20</sup> Nor does he take into account any significant understanding of obstetrical risk—the ways in which a pregnancy can turn from normal to not in a short period of time (Roberts et al 2010).<sup>21</sup> Ironically, the examples of abnormal pregnancies that Shelton claims would be too rare to find would be more likely to cause fatal complications, making them more accessible to anatomists and collectors, as well as more appealing. And yet, his

20 See below quote from Peter Camper, Smellie's pupil. Similarly, Roberts et al points to a comment in Hunter's own journals, which would indicate a long search for his specimens: "At last on the 11th February, I was so fortunate as to meet with a gravid uterus, to which, from that time, all the hours have been dedicated which have been at my disposal" (2010).

21 Fatal obstetrical risks that can appear toward the end of pregnancy for people who have been otherwise healthy include infection, hemorrhage, and pre-eclampsia (high blood pressure) which may lead to stroke, among other issues. This does not include complications as a result from other infectious diseases which would invariably further compromise the vulnerable immune systems of mothers. According to Roberts, et al: "In early Georgian London, both Smellie and Hunter were the premier teachers of midwifery from 1740–1783. As such they would have an extensive network of contacts to obtain the bodies of recently deceased pregnant women, many of whom were without family. They were extensively consulted by other practitioners for difficult obstetric problems and that some such cases died undelivered would not be unexpected. Conditions such as major placenta praevia would likely have exsanguinated before delivery unless expert assistance was immediately available."

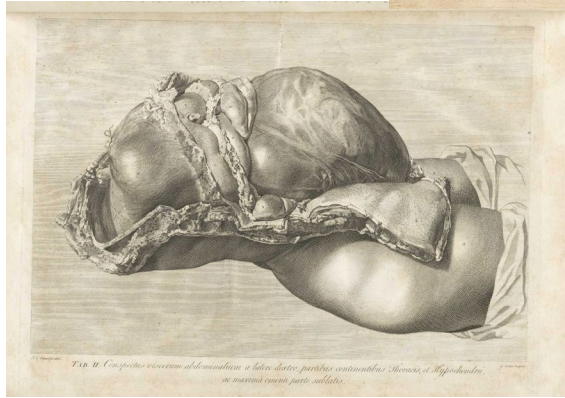
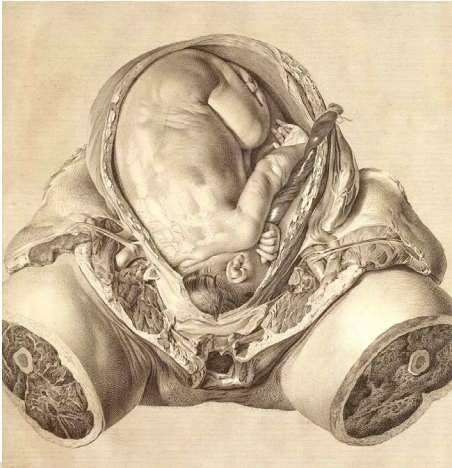


sensationalist claims that Hunter and Smellie could have only received so many unique pregnant bodies through acts of “mass murder” have been taken up by a number of publications ranging from *The Guardian* to the piqued interests of medical historians, leaving a handful of obstetricians to frantically defend Hunter and Smellie and the techniques they shaped.

In fact, Shelton’s response to the atlases and the subsequent public outcry he encouraged may speak more to the strategic, anatomically “curated” poses and the images they produced that are, frankly, disturbing.



*Figures 8-10. Images from William Hunter’s Anatomia uteri humani gravidi tabulis illustrata, 1774.*



The images push the limits of strictly realistic approaches so much that the affective boundary between dissection and murder is easily blurred. These two visually jarring textbooks exacerbate the haunting tension of the violence—or “Necessary Inhumanity”—of surgery and, at the same time, remain two of the best anatomical studies on the pregnant body. To produce the books, they used a

number of artistic and medical methods in order to preserve and manipulate the bodies to be so accurate, so precise, that they are, in the words of Roberta McGrath, “so impossibly dramatised as to be untrue to life” (64). Elaborating on this point, Allotey writes, “William Smellie actually suggests, in the preface to *A sett of anatomical tables*, that the subjects had been ‘prepared on purpose.’ His sometime pupil Peter Camper records in his diary of 1761 that Dr Smellie’s figures ‘were not all from real life. . . The children are placed in pelves of women, the children themselves looked natural, but the other parts were copied from other preparations. . .’ Camper claimed he had on several occasions used forceps to deliver a fetal head from a corpse and subsequently ‘made careful drawings and profiles’ before the mother’s body was further dissected” (2010).

An article written by midwife Maura O’Malley in supportive response to Shelton, published in the *Royal College of Midwifery*, states that “These atlases should now be regarded as a ‘memorial to these ladies’ and they should be respected as ‘victims of crime’” (2010). Reading the atlases as memorials is useful, whether or not crime was involved, and it is compelling to think that it took Shelton’s accusation to inspire a widespread conversation asserting that they should be considered as such. The late eighteenth century summoned a major medical interest in pregnancy care, shifting the focus of birth from the feminized sphere of midwifery into the field that would be labeled “obstetrics.” Many people attribute this to the long, political struggle to elevate the profession of medicine. But unsurprisingly, at least with the benefit of hindsight, this came forth because of birth’s bitter irony: bringing new life into the world can be risky. Pregnancy and delivery were major causes of death for mothers and, more often, children.

With industry on the rise, cities became overcrowded and disease-ridden, with few resources for poor people. Babies would often not survive. Infant and early childhood death was so common that no statistics were kept to track deaths of children under the age of five in Britain until 1850, though Ellen

Ross and other scholars speculate that in the late eighteenth and early nineteenth centuries it was as high as 70% (181-182). Pediatrician and pediatric historian C. Becket Mahnke notes that, in some American cities, almost 40% of all mortality cases were children under the age of five, with one out of every four children dying before the age of two (708). Medical providers and writers at the time, as well as contemporary critics, have described a certain attitude of fatalistic malaise that contextualized birth and early parenthood in the late eighteenth century, where it was not uncommon for parents to be somewhat hesitant about making connections with their children until their survival seemed certain.<sup>22</sup> Later in the nineteenth century, the medical community would radically shift its attention from obstetrics to pediatrics. The separation of these two medical sub-disciplines was meant to offer physicians a structure of specialization to confront what was also seen as a population crisis. Early pediatrician Michael Underwood commented that, "the destruction of infants is eventually the destruction of adults, of population, wealth, and everything that can prove useful to society or add to the grandeur of a kingdom" (quoted in Hudson Garrison 150).

At the same time, the need for pediatrics to address systemic issues such as infectious diseases and poverty facilitated a discourse that would pit mothers, especially mothers who were workers (in factories and in brothels), against their children (Mahnke 707). Dara Regaignon has noted that this disciplinary shift in medicine to focus primarily on children also produced the genre of the "advice

<sup>22</sup> Rifkind and Ackermann also note that other known cases of pregnancy and post-partum loss include Mary Wollstonecraft who died after childbirth, Mary Shelley who lost three of her four children, and Rembrandt's wife Saskia who died of post-partum-related complications (59). Lawrence Stone in *Family, Sex, and Marriage in England, 1500–1800* (1977) and Philip Ariès in *Western Attitudes Toward Death* (1974) and *Centuries of Childhood* (1960) have asserted that affective bonds between parents and children were weaker in early-modern England because of infant mortality. Though that particular contention has been widely debated, their comments remain significant in contemporary scholarship. Jay Clayton has also written of the intertextual relationship of mothers, suffering, and motherhood in Victorian literature in his chapter, "The Alphabet of Suffering."

column” for mothers who were placed in the anxious position of almost doing wrong, almost causing harm, always a risk to their children (32-34). The good intentions of the advice column and the chorus of new pediatric providers appealed to mothers’ individual capabilities rather than systemic injustices, such as wide-spread poverty and disease. The columns added to the widespread narrative that, without guidance, mothers would inherently pose a risk to their children, often exacerbated by the fact that they were often not actually written by physicians, but instead would rhetorically ventriloquize “physician tones” (34), offering a kind of universal sovereign power to patriarchal voices that would mimic authority, but were not actually authoritative.<sup>23</sup>

With these bleak outcomes in mind, Smellie and Hunter, two influential surgeons, took it upon themselves to develop techniques that would facilitate births with, hopefully, better results. The shift from the more classical model of home-based midwifery to the burgeoning understanding of a surgically-based obstetrical care was not without some initial trouble. Letters from midwives during this time described a number of “man-midwives” intervening in births with new tools like forceps that would decapitate babies, in addition to botching a multitude of experimental surgeries and otherwise poorly managing medical care.<sup>24</sup> Though certain obstetrical techniques would be instrumental in making birth safer, in the growing pains of the new field, they were part of a genealogy of grim birth

23 In my role as a doula, I have listened to more than one horrified parent say with an aghast tone, “You mean they’re going to let me take it—the baby—home?” My contention with the “advice column” genre, at least in this chapter, is that pediatric advice rapidly shifts in time, often revising or retracting earlier advice. Furthermore, the needs of babies are often unreadable to most people, except for their primary caregivers (in most cases, mothers). In this sense, maternal self-actualization and self-trust is a crucial part of caring for a small baby.

24 See documents from midwives Sarah Stone (*A Complete Practice of Midwifery*, in which she speaks against the new “man-midwives” who caused accidents “occasioned by too common use of instruments”) and Martha Ballard’s diaries.

outcomes during the eighteenth and nineteenth centuries for mothers and children that set the stage for change.

Smellie and Hunter share an unflinching aesthetic, their images carefully crafted to show elaborate, painstaking detail, notably absent of any sentimentality toward their pregnant subjects. Their atlases used a different approach from other medical texts, where artists would base drawings of ideal organ structures on composite images of many examples (Daston and Gallison 63; Allotey 2010). Because Hunter and Smellie had a limited supply of cadavers, the drawings in the atlases were of one specific subject at a time, making each surgical depiction intensely focused on the details of one person's dead body. Only thirteen "models" were used at various stages of pregnancy to develop the images, and the realism of the detailed, one-on-one portrait makes them very intimate (Daston and Gallison 76-77).

The images do not shield the viewer from a story of loss through any visual metaphor. The anatomists' presence in the room can be read in the atlas's visual treatment of the bodies, in the terms of the surgical set-up and the white sheets of the operating theater that are carefully draped so as to guide the viewer's focus. Unlike earlier obstetrical images that privileged a sense of feminine brocade over small anatomical details such that pregnant subjects were opened like lotus flowers to coyly show the petite, yet fully formed fetus inside, Smellie's and Hunter's textbooks read like death portraits. Drawings contain details of legs cut off, mid-thigh, in stumps, coldly reminiscent of a butcher's table. The skin and viscera pulled back to show the shining full-term uterus. Other images show the intricate details of the cell layers of the uterus and the way it interacts with the placenta. Notably, they are some of the first images that considered the vulva in extensive detail, making this study appear all the more

intimate, and, ironically, more sexual (Rifkind 60).<sup>25</sup> The fullness of the patient's belly and breasts block any view to her head—which, arguably, would only be a distraction from this study of obstetrical anatomy and would complicate the Necessary Inhumanity of dissection. Care is taken to show the uterus in all of its planes—the anterior (top) and posterior views, as well as the the sagittal (side) view of the ligaments. The fetuses inside of these disembodied torsos are intact and fully developed, perhaps simply due to the logistics of the dissection, but also perhaps to focus our attention on the unknown fascinations of human development, while inadvertently dehumanizing the mother.

Bearing the brutality of the images in mind, Shelton *might not be wrong* that Smellie and Hunter obtained pregnant bodies by nefarious means. But what is more striking than the debate of “were they or weren't they mass murderers” is the number of educated scholars and writers who were so quick to believe Shelton's articles, even when a cursory review of Shelton's provocative argument but limited methods should raise eyebrows. This, in and of itself, leads to important questions about what readers see in these images. Perhaps the starkly violent visualizations of Hunter's and Smellie's dissection tables primed readers to be willing to believe the unthinkable, that two of the originators of obstetric surgery, whose techniques and tools continue to be used, developed their practice through murder, rather than viewing the atlases through the lens of the banal violence inherent to the practice of surgery. The atlases accurately reflect and amplify the detailed and gory reality of surgery and dissection, but inevitably do so over the bodies of mothers. The hyperrealistic images provide a visual backdrop in medical care—headless, de-identified, limbless. Furthermore, they offer a perspectival reading of what Smellie's and Hunter's students may have seen from their positions in the classroom dissection theater. For the contemporary viewer, the bodies in these images are unmistakably dead,

<sup>25</sup> Rifkind describes that the artists Jan Van Rymdyk associated with the anatomical textbooks inadvertently also became associated with erotica of the time period, much to his frustration (60-61).

unmistakably being dissected. In having such visual access to these intimate parts of someone's body, without any further story or context for her death, it is tempting to substitute our own horror. And because the healing techniques of surgery are, paradoxically, not so far removed from techniques of torture, the dehumanizing bent to these images provokes a number of curiosities and questions about the full source and goals of the textbook.

These images do not necessarily only exist as historical objects, but rather as a mediating factor (Jordanova 2) in the study of obstetrics, as well as in the way we may view the relationship of women's bodies to medical care. The frank and emphatically detailed, realistic gaze offered to people learning pregnant anatomy did indeed mark a number of important shifts and medical advances inspired by the work of Smellie and Hunter. Their textbooks produced a form of anatomical hyperrealism and remain two of the best examples of artistic objectivity. But the drawings also position spectators to be locked into a perspective—unable to move around the body, we see all of the fine details of obstetric anatomy without the opportunity to ever see the patient. They condition a viewer to see a violence that goes along with anatomical study, and thereby produce a hyperrealism by so blatantly placing the bodies in the landscape of the operating theater. And we then assume the gaze of a medical student standing in front of Smellie's and Hunter's dissection tables.

Diamond writes that, "realism is itself a form of hysteria" (4). Realism attempts to show its viewer a perspective that contradicts itself, of being objective and yet also subjectively identifiable—of showing an honest portrait that a spectator (of theatre, or, perhaps, of surgery) can identify as a study on the representation of truth. And, at the same time, the hyperrealism with which these images were deployed is alienating.<sup>26</sup> In these medical versions of realism, maternal bodies are in a process of

<sup>26</sup> Of note, in her consideration of these images, Ludmilla Jordanova does not categorize them as "hyperreal," as she does the Anatomical Venuses I write about in Chapter 3. Because of the way they were drawn—by studying one model at a time—she describes them in the vein of realism. I tend to

fragmenting physically and emotionally. This medical view that breaks mothers down into pieces maps onto an artistic, theatrical landscape that, for a non-medical spectator, easily confuses what is meant to be in the service of understanding and caring for mothers when medical care looks so violent.

### *Decapitating the Mother: Hereditary*

*Hereditary*'s reputation preceded itself: buzz about the film started about six months before it actually opened to the public, with reviews promising that it was going to be “this generation’s *Exorcist*” (Rothkopf 2018). As the title suggests, the film is largely about the things that are inherited within families that they—we—cannot control. As I indicate in my introduction, *Hereditary* confuses the lines between mental illness and encounters with the supernatural, and it is important to note that it does so with a sense of sympathy toward Annie’s helplessness as her family careens toward tragedy. The “inheritance” that is passed down through three generations—between Annie, her mother Ellen, and Annie’s children, including her stoner teenage son, Peter, and her bizarre 13-year-old daughter, Charlie—is an allegiance to Paimon, one of the “eight Kings of Hell,” and the promise of riches and rewards in exchange for the complete corporeal sacrifice of all members of the family.

But this information is not confirmed until the closing scene of the film. Up until its breathless last half-hour, *Hereditary* does not clearly answer whether it will resolve into a ghost story, or a mental illness narrative. Some reviews have even referred to it as an arthouse film that happens to be horror (Wilkinson 2018, Zinoman 2018). In interviews, Aster has said as he wrote his script, he intended for

diverge from her analysis in this instance, as it is the fact that they were the result of long and meditative studies on one body at a time that makes them nearly photographic representations of bodily distortions and details. Furthermore, the mechanisms that Hunter used to keep the integrity of his bodies at a time when preservation techniques were limited, including injecting his cadavers with wax so that they would keep their original form (Daston and Gallison 76-77), could be considered orchestrations of the hyperreal, aligning with Jordanova’s argument about the Venuses.



viewers to reach the end and to understand that the Satanic cult, which was led by Ellen, orchestrated the entire fall of the family. When the audience views the film, we are meant to see it as “a story told from the perspective of the sacrificial lambs” (Riley and Aster 2018). Though it features a number of unnerving images and plot twists, it is a story of grief about mothers, children, and mental illness, all couched in a narrative that quietly expresses anxiety about blame. *Hereditary* is a family tragedy as much or more than it is a horror movie.

What makes the film so horrific is its sublime touch to the things that are terrifying. Aster’s images evoke uncanniness in rituals and events that are repeated, but also with the use of Annie’s “miniatures,” which are elaborate dollhouses and dioramas that depict scenes from her life. She spends the entire film preparing these miniatures, which are made for her art exhibit titled, ironically, “Small Worlds.” At the same time, they also fill in informational gaps, providing a tacit, visual backstory for her family history. The miniatures promote an overarching sense of metaphor throughout the film—the characters appear doubly as dolls, pawns who are moved and manipulated by a higher force. The miniatures also serve as a way to frame Annie’s relationship with her mother, offering glimmers of a backstory into the months before Ellen died—Ellen offering her swollen, elongated breast to Charlie as a baby; Ellen, lurking quietly in a translucent nightgown in the doorway of Steve and Annie’s bedroom as they sleep. Additionally, many of Aster’s shots use mirrored images such that characters are doubled and distorted, becoming visual echoes of themselves.

The film progresses at a slow, aching pace that entrenches the viewer in the mental state of grief in place of shock. *Hereditary*’s visual narrative happens through long tracking shots that hold on to the camera’s subjects, following them up stairs, through bedrooms, and through doors without cuts. Scenes of horror are given similar treatment, wherein the camera’s gaze only breaks away at the climax of what is “unspeakable,” the scenes that would show horrific violence. Instead, the viewer gets the

build-up of the “before” and the “after,” but it is left up to our imaginative efforts to fill in the blanks. The film’s tense-yet-heavy bereaved pacing leaves narrative gaps such that the dead characters are as much a presence in the film as any of the living ones. As is often the case in the process of grief, these dead take up “space,” even without a body. The implication in *Hereditary* is that Annie’s grief facilitates a means by which they can take up a physical (if also invisible) space in addition to an emotional one.

All four members of the family eventually meet tragic ends, but, in an iconoclastic move, Aster manages to “sacrifice”—kill off— what would appear to be his most important characters as we are meant to become attached to them, which violates the implicit agreement made with the audience: that we will have a narrator through which we will see the diegetic world of the story. Aster’s narrative turns out to be multi-valenced in a way that makes slippery whose perspective we are meant to adopt. This especially applies to Charlie, played by Milly Shapiro. In a gesture of rare subtlety on part of a number of film critics, the fact that Charlie, who is extensively featured in the film trailer, is killed in a gruesome accident relatively early in the film, was kept under wraps.

Charlie is, at best, strange and, at worst, repellent. Milly Shapiro’s ability to play this character well is contingent on an embodied performance more than Aster’s verbal script, as Charlie has very few lines, despite the fact that she is at the center of *Hereditary*’s story. Her presence is known through her avoidant and panicked sideways stare, her too-childlike inability to control her compulsions to draw strange, morbid pictures in her notebook and to eat chocolate (which is always in one of the pockets of her baggy sweaters), and, most importantly, the loud clucking sound she makes with her tongue. The beginning of the film is preoccupied with Charlie, giving viewers a clear inventory of her strange behaviors and habits, and, later, the strange, supernatural occurrences that punctuate her life—birds fly into windows to their deaths; she has “visions” of her grandmother sitting by a lake of fire. Like

Annie, Charlie makes her own miniatures in the form of strange toys made of garbage and animal body parts, which she leaves at an “altar” to her grandmother.

While Ellen’s death sets in motion the events that will eventually dissolve the family, Charlie’s death is the catalyst for Annie’s destruction. In the course of fifteen minutes—a long time, considering that it is about ten percent of the film’s overall runtime—Charlie is pushed by Annie to attend a party with Peter, where she eats a piece of irresistible chocolate cake that is filled with nuts—to which we know Charlie is allergic. She goes into anaphylactic shock, and, as Peter is speeding to the hospital in the car, she leans her head out of the window to gasp for air, just as he must swerve to avoid a large, dead animal in the middle of the road. The camera flashes to an oncoming pole, then Charlie’s swollen, panicked face, and then immediately pans away as we hear a loud, blunt thud, and then nothing: a nauseating silence when Peter asks, trembling, almost inaudibly, “Are you okay?”

The scene, set against misting desert darkness, is already surreal. It gets even more surreal when Peter pulls the car back into the family’s driveway, walks quietly up the stairs and into his bedroom, and gets into bed, fully awake and fully dressed. It is not until Annie cheerfully says goodbye to her husband before heading out for errands for the day that we can be certain that this was not a nightmarish dream sequence. Only then, upon hearing Annie’s primal screams of anguish in the background as the camera holds on Peter’s horror-stricken, open-eyed face, followed by a long-shot of Charlie’s decapitated head by the telephone pole, are we certain that she is dead. Against the auditory field of Annie’s cries, the shot holds the viewer in contact with Charlie’s lifeless half-open blue eyes—the final confirmation that the dreamlike sequence that led to her death is not a nightmare. Surrounded by a crown of curly blonde hair, Charlie’s head tilts to the side on the ground, bloody mouth half-obliterated, covered in ants. Like the spectator who is unable to look away from an accident, Aster holds the shot long enough that the audience has an uncomfortable amount of time to integrate the shock

of it such that the “shock” mellows and becomes a different version of disturbing and haunting. But most importantly, it becomes a punishment toward anyone who is drawn to look at the horrific aftermath of accidents. It is not a glimpse that pans away before it becomes traumatic to the viewer, but rather an indictment of curiosity that transfers the burden of the gaze away from the subject, who is both dead, and staring back, to the onlooker.

Her death scars everyone in the family in all of the obvious ways—because she is young and it is unexpected; because one child has died and the other has killed her, even if accidentally. The family is shaped, tormented, and re-born through her death. This metaphor becomes most obvious during a scene in the immediate aftermath of Charlie’s death, prior to her funeral, in which Steve holds Annie on the floor in the darkness of their bedroom. Annie rocks on all fours, her hips high in the air as she wails, “I just want to die,” and “I just want it to be over.” Steve, silent and unable to relieve her of her pain, holds her around her waist and she rocks back and forth, moaning and breathing. The physical action of the scene, from the rocking and breathing, to the emotional intonations and auditory backdrop of long, low, wails, to the choice of language in “I just want it to be over,” makes this moment resemble a scene of birth.

But it is a strange kind of birth—the birth of absence, of missing someone who was not supposed to die. For Annie, it is the catalyst for a new identity that is cloaked in a hysterical grief. For a while in the aftermath of her initial hysterics, this grief trembles below her coolly aloof surface. Toni Collette’s performance brilliantly holds the tension of a forced calm, of a mother who is always a hair’s width away from rage, although she was never particularly warm or soft. After Charlie’s death, Annie tolerates the world through fury and desperation, experiencing a new version of herself in the context of loss. In the face of this “re-birth,” a term used by Hortense Spillers to indicate the arrival of a new subjectivity following a traumatic event, her rational, perhaps even anti-emotional, facade falls apart as

she is drawn into supernatural pursuits.<sup>27</sup> Annie gets talked into séances by Joan, a woman Annie meets at her bereavement group. (We later find out that Joan is the secondary “priestess” of Ellen’s cult).

Two important events happen back to back: first, on the heels of a bitter argument between Annie and Peter, Annie has a series of labyrinthine dreams, filmed so it is not initially clear whether a dream is happening or who is having it. One of these dreams-within-dreams is particularly realistic, and provides significant insight into Annie’s feelings of anxiety about herself as a mother. Annie had earlier spoken to Joan about a history of sleepwalking, and of a time when she woke to find herself in her two young children’s shared bedroom. Everyone was covered in paint thinner. Annie woke up as she was about to light a match.

This, she describes, is the thing that caused her children to lose trust in her—in other words, the catalyzing event that makes her an unreliable, mentally unstable, and therefore *dangerous* mother. In the new iteration of this dreamscape, which happens within another dream in which Peter appears in Charlie’s corpse pose, Annie is standing in Peter’s room, out of nowhere. She blinks awake as he asks her, “Why do you hate me?” Annie replies before she can stop herself, “I never wanted to be your mother,” and clamps her hand over her mouth, shocked that the words would come out like that; like vomit, unstoppable, embarrassing. Sobbing and vulnerable, Peter punctuates her sentences with the question, “why?” Annie goes on, “I never felt like a mother. I tried to have an abortion but *she wouldn’t let* me. I tried to have a miscarriage. I did everything they told me not to do” [Italics added]. From one shot to the next, Peter and Annie are soaking wet, as they speak over one another: he sobs,

27 Spillers’s article, titled, “‘Born Again’: Faulkner and the Second Birth,” frames trauma in terms of seeing oneself as an object, unable to fully form an independent subject due to infrastructural oppression. Although her essay is on trauma as it pertains to Black people, who are positioned to have to face their own “second births” more often than whites, the concept of “re-birth” or “second birth” can be applied to traumatic events more broadly, as the inception of a new subjectivity.

“You tried to kill me; you hate me,” and Annie frantically and fruitlessly asserts, “No, I love you, I was trying to protect you.” It a verbal upheaval that evokes Kristeva, who writes “I give birth to myself with the violence of vomit, of sobs” (*Powers of Horror*, 3). As she lights a match, and we see that this is an uncanny repetition of the early event of Peter’s childhood, the one that, according to Annie, has planted the seed of discontent in their relationship. She wakes up as the room goes up in flames.

The irony of this dream—or, perhaps, fantasy—of destruction is that it might have been the only thing to protect Annie’s family from becoming “sacrificial lambs” to Paimon, the only way in which she might have avoided the blame of her mother’s demonic allegiance. There is something cyclical in the way that Annie admits that she does not want to be a mother, first just because of the knowledge the viewer has of her estranged relationship with her own mother, whom Annie has called “manipulative,” and second, in the strange and almost unnoticeable comment, “I wanted to have an abortion but she wouldn’t let me.” She: Ellen? Annie’s anxiety about her children and her desire to *not* be a mother is modeled on her relationship with her own mother, who, in some way or other that is never described, has forced or pressured Annie to continue a pregnancy she did not want (for nefarious ends, so that Ellen’s bloodline could continue in support of Paimon). The not-wanting of children makes Annie appear in the light of monstrosity—as cruel, as a destructive mother, and, later, as someone who unwittingly embodies a demon.

This dream inspires her to follow the advice of Joan, and to hold her own impromptu séance in her home to contact Charlie.<sup>28</sup> On a more meta-level, this is where the story can no longer be

28 This story-trope, of parents desperately seeking to reunite with the ghosts or spirits of their dead children, is common, perhaps for obvious reasons, for who wouldn’t want some respite after going through such a terrible trauma as losing a child. Young adult author Lois Duncan’s memoir, *Who Killed My Daughter?* details her desire to connect with her murdered daughter through a number of psychics. She does not regard her experience with the psychics with skepticism, but rather with a deep sincerity and faith that they were helping her, perhaps more than the police did. I bring this up to say

interpreted *only* in terms of mental illness, but instead simultaneously amplifies and confuses the narrative trajectories of the archetypal “hysterical woman” and a story of demonic possession. By following Joan’s instructions (which include repeating a chant in a language Annie does not know or understand), Annie effectively “makes a pact with something” in order to have some contact with Charlie. From this point until the end of the film, the neat and profoundly controlled edges of Annie’s persona become violently undone as she begs Peter and Steve: “*Trust me.*” Wild-eyed, with a voice that tilts upwards in shrill notes, Annie spends a great deal of the latter part of the film insisting that Steve trust in her ability to sense the demonic forces (which, she realizes, includes Charlie) taking over the household and terrorizing Peter. The desire to perform the séance and to believe in the supernatural makes Annie an untrustworthy narrator of her own experiences, especially to her hyper-rational husband.<sup>29</sup>

During one of these scenes, we see a brief glimpse of an email Steve is starting to write to Annie’s (we assume) psychiatrist, that says, “I’m very worried. This is the worst it’s ever been.” Though this is the first time we hear anything of Annie’s past and, as of yet, unidentified history of mental illness, the assumption is that it is influencing how she is perceived at this new time of crisis. Furthermore, as Peter begins to be targeted by demons (we learn later that this is because Paimon, who was initially housed in Charlie, would prefer a male host), and is prompted to public acts of self-harm in school, Steve blames Annie—not for the séance, but for frightening Peter, for causing damage to her living child. Contrasted against wild, erratic Annie, Steve is framed in the film as an unyielding source

that psychic mediums and séances have been and remain tools to cope with grief that are often utilized by parents who have lost their children, appearing both in fiction and in memoir.

29 This relationship dynamic is typical of the gendered ways in which couples typically behave in supernatural movies. Carol Clover writes about how female bodies are open to spiritual penetration, so the rational male mind can then be opened into belief.

of good, unwavering in his support for his family, and that is exactly what strengthens the impact of his frustration, of his disbelief in the supernatural but total belief in the harmful capacity of his wife.

The film's ongoing tension of "haunting," whether by ghosts or the inheritance of mental illness through generations, and the way in which the duality of hauntings troubles a straightforward temporal structure, the film conveys the extent to which death is a forced bonding experience for the family. Trauma re-forms and re-conceives the family structure and binds its members together in grief, even when each character is holding his or her grief separately. Furthermore, if traumatic deaths have been pre-destined by Paimon's cult followers, then it is necessary for the family to be "stuck" together, with or without their consent. *Hereditary* begins immediately after Ellen's death, as Annie and her family prepare for her funeral. Although we rarely see Ellen—and only then in pictures, and in ghostly appearances, she is a significant presence who has marked Annie, even when they were estranged.

*Hereditary's* slow and drawn out pacing, which further compounds the "haunting" affect of the film, is uniquely seen in its emphasis on the repeated images of decapitation that bookend the film—first, Charlie's terrible accident which occurs within the first thirty minutes, then Annie's discovery of her mother's decapitated, decaying body in the family attic, and finally, Annie's self-decapitation, when she, possessed by a spirit that is not her own and suspended in air, slowly, calmly, cuts into her own neck with a wire. In each of these events, the camera pulls away before the actual moment of decapitation; we know that the "event" is over after hearing the noise of something heavy hitting the ground—and then, a silence. Eventually the audience sees the aftermath of the decapitations in what will foreshadow the closing scene of the film. The bodies of Annie and Ellen—the mothers—are left headless; on the other hand, Charlie's disembodied head is placed on a gilded statue of Paimon.

The act of decapitation has a fraught symbolic history, informed by images that place religion and medicine next to torture and sacrifice. Ritual decapitation appears in religious belief systems from



Hindu and Celtic traditions, as well as in Christian folklore—a significant number of saints were beheaded, many of whom continued to live, or so the stories say. In each of these traditions, decapitation signifies a separation of body from ego—the head, and the mind, are the body’s sources of identity. With this in mind, psychoanalyst and theorist Julia Kristeva has pondered a long artistic fascination with decapitation as a particularly horrific and particularly effective form of corporeal punishment. She opens her series of essays, *The Severed Head* with a notably bizarre dedication to her mother, who was an artist. Kristeva sees this decapitation as an anxiety about powerlessness and castration, later citing a general need to destroy the mother figure in order to gain independence from her (82-84). It is an emotional impulse to separate oneself from a mother by pulling at the threads of her identity structures—the things that shape children. The head, the home of identity and ego, is of course the most defining “part” of the body, but it is also the most vulnerable. Decapitation, after all, is one of the most efficient ways to guarantee a death, in addition to being one of the most aesthetically violent ways in which one can die.<sup>30</sup> *Hereditary*, though, finds the tension of family and inheritance through decapitation, which not only distorts the identity of the mother figures, but is also an act of violence that binds the family together in Ellen’s will. The theme of sacrifice, specifically by way of decapitation, is a central visual link between the members of Ellen’s bloodline—Annie, Peter, and Charlie.

The decapitation in *Hereditary* echoes the aesthetics Smellie’s and Hunter’s anatomical textbooks, where the maternal bodies are effectively headless, or else the pictures direct the viewers to look at the pregnant torso. Whether or not the cadavers in these pictures were actually decapitated is unclear, but their visual impact focuses the viewer toward anonymous flayed abdomens. In medical

30 See also Mark Dery’s essay, “Thirteen Ways of Looking at a Severed Head.”

imagery and even in operating rooms, it is common to try to make the bodies faceless, whether through an elaborate system of draping or through a specific dissection. This hyperfocus on specific organ systems, without the distraction of faces or other identifying features that might humanize the body, is a facet of the obstetrical drawings that continue to situate them as important to anatomical study. In medical schools now, it is standard practice for the faces of cadavers to be covered with bags, ostensibly to protect students from the emotional burden of humanizing their cadaver at a time when they are meant to be learning surgical skill.<sup>31</sup> Ultimately, it is a way of initiating doctors into the brutality of surgery and dissection by making the body into an object of study, and a tool, which requires that anything that could represent an ego or an identity be disassociated. At the same time, Smellie's and Hunter's anatomy textbooks offer an initial sense of scaffolding, where the most important medical textbooks of obstetric anatomy engage an aesthetic of decapitation featuring would-be mothers' swollen reproductive organs, but not faces.

*Hereditary* takes Kristeva's notion of "decapitating the mother" to an extreme. It does this visually—one of the most unavoidable and horrific aspects of the film, and its only real gesture to blood and gore—but it also reflects this "decapitation" in an emotional sense, where grief and trauma make Annie, the mother figure, fragile and vulnerable. Grief moves her, literally and figuratively, to a demonic realm where she is ultimately a stranger to herself and those around her. One of the subtlest aspects of the film is the undercurrent of tragedy and helplessness. Aster quietly puts forth a number of small, nearly unnoticeable side-narratives (in Peter's high school classes, in Annie's bereavement

31 Christine Montross' memoir, *Body of Work*, details this at length, but I also learned this while working for a teaching hospital attached to a cadaver lab. More often than not, gross anatomy labs that generally occur during a medical students' first year of school cover the heads, hands, and feet of the bodies (interestingly, Vanderbilt's medical school is a notable exception to this generalization; students see their cadavers' faces from the outset of their lab year). Similarly, surgeons in operating rooms also often follow the practice of blocking off their patients' faces as a way to focus on the operation.

group) that gesture at the ways in which hope and torture look the same in the face of unrelenting tragedy. Aster's decision to build his film from the shuddering space of a mother's horrifying grief and terror of her own failure is an important formal gesture that speaks to a fraught affective and political environment for mothers. In *Hereditary*, inheritance is that tragedy; the family's situation is hopeless—at least from the perspective of those outside of the cult.

I opened this chapter with Annie's distraught comments about blame: "Or maybe... I am not to blame, but I am blamed." In light of the film's events, this line feels profoundly bleak, because it is true. And, for Annie, being the recipient of this blame is part of the karmic intervention of *Hereditary*; it is a burden she has received and passed on to her children. She, the physically, emotionally, decapitated mother, whose grief represents a maelstrom of tragedy, is the one whom audiences are already prepared to blame.

### *Hysterical Surgery in Antichrist*

Director Lars von Trier has never be one to shy away from controversy. Like *Hereditary*, his 2009 *Antichrist* was catapulted into the public eye by critical reception months before the film was available to public audiences. To call the film polarizing is a gross understatement. On the one hand, it is a powerful aesthetic experience in the green, blue, and gray mountain tones of a forest called "Eden," a setting which shifts the film into the mode of a contemporary biblical story, complete with a suffering nameless couple, a woman who identifies herself as evil, and the likening of feminine sexuality to the "original sin" in the opening prologue that sets the film in motion. Put simply—some might argue reductively—*Antichrist* is about the inherent evil nature of women. This point is reinforced during the opening credits when a "woman" symbol replaced the "t" in "Antichrist" (von Trier has a certain reputation for opening his films with an overture of what is to come). Split into four chapters titled,

“Grief,” “Pain (Chaos Reigns),” “Despair (Gynocide),” and “The Three Beggars,” in addition to a prologue and epilogue, the film moves through the grief process of a married couple, nameless besides the titles “He” (played by Willem Dafoe) and “She” (Charlotte Gainsbourg), after their young son falls out of their apartment window chasing a balloon. This we learn during the prologue, the first and last time the young boy is a living character. With teddy bear in hand, the little boy’s walking adventure through his parent’s apartment is laid against a long and detailed sex scene between the couple. The camera is angled to catch every thrust, every water droplet dripping off genitals, every pleasure-filled gasp. Behind them plays Handel’s aria, “Lascia ch’io pianga,” which contains the lyrics, “Let me weep over my cruel fate, and let me sigh for liberty / May sorrow shatter these chains, for my torments just out of pity.” Everything slows down as they orgasm—the open window gently swaying against the wind, their son falling on the snow-covered ground two stories beneath them.

Although many agree that *Antichrist* maintains the director’s long-standing distinctive and powerful aesthetic style, the film has been received by audiences as problematic. It is an uncomfortable, ethically confusing experience that is compounded by the stifling focus on the couple and their devastation. von Trier’s long and carefully curated prologue sets the tone for the rest of the film. *Antichrist* is the first part of the controversial director’s “depression” trilogy, all featuring Gainsbourg (the others are *Melancholia* and *Nymphomaniac*). Though the films are meant to reflect the director’s struggles with his own mental illness, it is curious that all of them feature the taboo, erratic behavior of hysterical women. And, at the same time, it is an accurate portrayal of the embodied turmoil of anxiety. In fact, von Trier’s approach engages what Davina Quinlivan calls a “corporeal hyperrealist” aesthetic that focuses on the embodied aspects of her anxiety and refracts it across the film. Anxiety, sex, and violence form a triangulated relationship (152-163).

Orgasmic faces are mapped onto moments as a child falls silently screaming, in slow motion, out of the window. Erotic moments are filmed with unyielding pornographic attention to detail.

But it was not the graphic sex in the film, nor the troubling gendered message that frames women as evil and their sexuality as dangerous that garnered attention for *Antichrist* months before it came out in theaters. Conversation around the film honed in on one particular scene: when She cuts off her own clitoris with a dirty pair of scissors fifteen minutes before the film ends. Zolkos has noted that discussion of this scene has undermined all other productive conversation about the film, particularly with regard to grief (179). It is certainly true that the audience's prior knowledge of the clitoridectomy has invariably colored its reception. Zolkos's push against over-analysis of this scene, which preempted the film as a whole, is important. The clitoridectomy stands in the service of a broader narrative of hysteria—one that is familiar to audiences because we have seen it before; it is a story that keeps being told, that a hysterical woman is uncontrollable and must be punished. *Antichrist's* structure is similar to *Hereditary's*, insofar as it is unclear if this is a psychodrama that erupts as a mother loses her hold on reality after her child dies, or if she is possessed by ghosts. We learn in a concentrated fifteen minutes at the end of the film that it is indeed a demonic force that possesses her. Until then, *Antichrist* appears more to be a story of loss, mental illness, and hysteria—an anxiety so big that it can only be quelled with the distraction of sex.

The film shares a similar “frank and unreserved gaze” at embodied violence as Hunter's and Smellie's obstetrical textbooks. When She reaches for the scissors after she attempts to masturbate for the last time, the camera focuses on her labia, held in place by her quivering fingers, with all of the melodrama of a jaded gynecologist. Like the books, representations of physical acts that we would imagine to be painful in *Antichrist* are not gratuitous, but functional: though the film is marked by a number of bizarre violent moments—culminating in Her self-mutilation—von Trier does not dwell on

screaming or writhing or elongated scenes of torture. This is not to say that he explicitly lifts images from Hunter and Smellie, but rather that his similar commitment to the hyperreal imposes a surgical affect onto his viewer. The shots are calm, intentional, and focused such that the camera does not pan away from violence, and yet at that same time makes violence a plain and unglorified event.

The clinical gaze also frames Her embodied symptoms of what the film calls “grief,” but looks like a form of uncontrolled hysteria. In what may be one of the best aesthetic representations of a panic attack, von Trier amplifies Her physical symptoms. He (Her husband) narrates the telltale signs as she falls into severe anxiety: rapid heartbeat, dry throat, trembling fingers. The camera moves to a place inside of Her’s mind, her body lit gray against a black backdrop such that the shadows of her clavicles, her ribs, the “V” shape of her throat, all serve to give her the effect of a reverse x-ray, a means of making her transparent without actually seeing inside of her. Her twitching fingers, bobbing thyroid, and rapid breathing are uncomfortable to watch because we see every inch of this turmoil, breathing horrific life into the dry or otherwise common symptoms of anxiety. The clinical approach to detail, and to psychological violence, punctuate scenes of erotic sensuality, where She, unable to cope with her consuming grief, relentlessly demands—even sexually assaults—her psychotherapist husband, who has taken it into his own hands to manage her care. She kneels trembling by the toilet and repeatedly bangs her head against the rim until He forcibly drags her away, capitulating to the demand for sex. He apologizes, angry with himself at doing “the stupidest thing I could have done for you.” Breathing in regular rhythm, She says nothing—no regret or acknowledgment, only a brief respite.

In addition to manifesting the visual landscape that mimics a medical gaze, *Antichrist* situates itself in an atypical genre. Hyperrealistic, yet strikingly straightforward, it is at the same time a work of fiction that amplifies the embodied and narrative effects of a monumental hysteria so much that it, paradoxically, also functions as a case study. Her narrative is mediated through His guidance: his

rejection of her medication and psychiatric care, his prompting questions, his hypnosis, and his decision to bring her to “The Woods” or “Eden” for exposure therapy. It frames mother’s grief within a larger, unforgiving infrastructure that already flags the bad behaviors of women as duplicitous, evil, and irrational, and therefore reflects a heritage of giving female characters all of the worst traits of the hysteric patients. Despite the explicit sex scenes and very pointed bizarre imagery to mark the end of each of the “chapters,” the content of *Antichrist* shares a similar formal logic to the works of the late nineteenth-century genre of realist plays, which, as Diamond describes, were popularized in Britain through the translated works of Henrik Ibsen (26).<sup>32</sup> She points out that in the late nineteenth-century, plays that made characters (and perhaps also, caricatures) of hysterical women were often resolved in one of two ways: the hysterical anti-heroine either self-destructs (often through suicide, or when her carefully-laid deceptive plans backfire), or else she is taken down by another character—usually, unsurprisingly, a man in a position of some authority.

In this way, *Antichrist* shows a certain kind of thematic genealogy: the “hysterical woman” narrative that was associated with Ibsen in the nineteenth century. Diamond points out the trouble with Ibsen: although he was considered sympathetic to women at the time, the limitations of such sympathy was built on the oppressive medicalized discourse of hysteria. She routes the “realism” genre pioneered by Ibsen and similar writers through what was a general fascination with hysteria as a widespread, psychological problem, making hysteria subject to pathologizing gaze that had a symbiotic relationship in arts and entertainment as well as in medicine. She comments that on stage, hysterical women, and more specifically, hysterical wives and mothers, were associated with dark pasts filled

32 Diamond writes that *Hedda Gabbler*, in particular, had a huge influence on women, many of whom found Hedda identifiable as a character, and the men who found the character repellent and immoral (32-36).

with erratic sexual behaviors and disobedience. In the plotlines of the late nineteenth-century stage, these characters were to fight against a newly-discovered “split” identity that tainted her.

The backdrop of the woods, with all of its mystery and its Evil, reinforces the eighteenth- and nineteenth-century divide (which I discuss in Chapter 3) that genders and separates Nature as Woman, and Rationality as Man. In these terms, Man is meant to conquer, discover, and “unveil” nature. That He attempts to cure his wife of her uncontrollable grief through exposure therapy in nature presents double meanings: he insists that she succumb to his care and therefore to psychologically reveal herself to him, and equally insists that she do it in the environment that is the most natural—and therefore the most terrifying and the most feral. Like a lot of von Trier’s films, *Antichrist* made its mark through a sublime form of violence—sublime because the film’s atmospheric backdrop in the middle of the woods folds this self-mutilation into the violence of the natural world. The Woods—Eden—is where She went the summer before their son died to work on her thesis on Gynocide, and where she first confronted her anxiety of a nameless, formless Evil that we will later learn is inherent to herself. She tells her husband, “Nature is Satan’s church.” While He tries to frame her anxiety of evil—of her own, of the woods’—as a byproduct of her loss, this statement marks a turning point. The woods up until this point has been bizarre and hostile. One of the last coherent, calm things She tells Him is, “Everything that is beautiful is hideous,” something that von Trier has made clear throughout the film through distorted animal bodies that punctuate each chapter. These include a young doe that stares at Him without fear before turning to reveal her half-born dead fawn; a baby bird that falls from its nest and is immediately dismembered by a predatory crow; and a fox that eats its own bowels as it hisses, “Chaos reigns.” These animals later symbolize “The Three Beggars,” Pain, Grief, and Despair.

He steps into the attic of Eden where the remnants of Her’s thesis are scattered across the room: sixteenth-century drawings of women being tortured, burned, killed in a myriad of horrible ways. And



then, there are her notes, which show the rapid deterioration of her handwriting such that, by the end of her previous summer in Eden, it was large and childlike, illegible. “Nature is Satan’s Church” becomes part of a circular logic: She says the research she abandoned on Gynocide led her to understand that “the Nature of all human beings caused people to do evil things against women...Women do not control their own bodies. They are controlled by nature.” In other words, Gynocide is a defense mechanism against an evil that women embody. This makes parallel the comparison between the hysteria—manifested in Her through, we incorrectly assume, her grief—and *evil*, while at the same time entertaining hundreds-year old ideologies that women are more susceptible to punishment because they are dangerous in nature, and unable to rise above it.

He, on the other hand, is at all times unshakably reasonable, the curator of Her story. Von Trier intrinsically acknowledges the violation of therapeutic ethics that says never to treat a loved one as a patient and yet, perhaps as a testament to the long history of flawed and unethical therapeutic care, He is made to be insistent that his skills as a therapist would be better than the psychiatric care She receives in the hospital. He remains unflappably calm while She, per his encouragement, flushes her medication down the toilet, and when She hurls attacks at him for his arrogance, his absence, and his neglect toward their son before he died. The only point at which his rational exterior degrades is when he reveals disgust at her claim that women are evil—that “Thousands of women have died because of that belief.” He represents the archetype of Rational Man almost to the point of comedy (emphasis on *almost*): as She succumbs toward the end of the film to demonic presence, She knocks him unconscious (by bludgeoning him in the testicles with a piece of wood so hard that He passes out), then, before he wakes, embeds a large weight into his leg so that he cannot leave her. When they both regain awareness, he calmly asks her to remove the weight, then asks her if she will kill him. Sniffing, she

says “Not yet. When the Three Beggars arrive, someone must die,” to which he responds, stoically and ridiculously, with a therapeutic, “I see.”

The irony of the film is that everything Rational Man defends is wrong. Everything, from His over-confidence in his ability to provide care, to his intellectualized defense of women, is positioned to be unraveled. His attempt to use exposure therapy backfires because Eden is indeed Satan’s Church, and She is a part of that demonic system, unreachable by him or any man. At the end of the film, He, the representative of Reason, chokes Her to death. He then burns her body outside of the cabin, just as the bodies of the women she studied—the women who came before her to Eden—were burned. A lot of the driving force behind Her anxiety does not stem from the loss of her son, but that it was her own *predisposition toward evil that caused his death*. Because *Antichrist* is a story that takes place between two characters, there are no external forces outside of their marriage that impose a sense of blame on the couple. She adopts the identity of the guilty party with an appropriate amount of self-blame. When she is in the hospital, she tells him, “It is my fault [that Nic died]. . . I knew he had started walking around, getting up at night. That he could get out of the baby gate.” He responds supportively, willing to split blame with or take it from her: “Well,” He says, “why isn’t it my fault?”

But it is, in fact, *her* fault. We learn this first when He reads in Nic’s autopsy report that there was a slight distortion in the bones of their son’s feet. He sees pictures from the previous summer and realizes that She had consistently put his shoes on the wrong feet, revealing that, She—a mother—was slowly, calculatingly, torturing her son. Before she reaches for the scissors, and after she touches herself for the last time, a scene from the prologue flickers: shortly before she orgasms she sees Nic leaning out of the window. But she does nothing, can think of nothing, until she climaxes, and so he falls. Her hysteria originates not from the external event of losing her son, but from her own internal

struggle—her desire to engage her demons and to cause harm, which conflicts with the external expectation of who she should be, as a wife and mother.

Ultimately, *Antichrist* constructs a mutually parasitic relationship between emotional demons, and spiritual demons. The two masquerade as one another through their distortion in Her subjectivity. “Evil” shifts power relationships through gender, making Rational Man all but powerless in the face of Nature. A number of critics assert that in order to see the ways in which stereotypical gender dynamics become undermined in *Antichrist*, we must look to aspects of form and alienation that align with Artaud’s “Theatre of Cruelty” (Bradley 155). In other words, *Antichrist* challenges the complicit spectatorship through the representation of Her intense and overwhelming embodiment of emotions (Quigley 155, Galt 2015, Marso 2015).<sup>33</sup> We cannot take at face value that, even by saying that “women are Nature, and Nature is evil,” spectators are meant to walk away with such a clear understanding of this as an objective truth or argument that the film means to convey. Instead, it is possible to read it as a broader response to a societal fantasy that already tends to damn women for their sexuality. Zolkos writes,

[T]he acts of destruction and mutilation that She undertakes (and undergoes) in the film do no redemptive work and offer no salvific promise, but they also point beyond (by a way of confronting) the Sadean pleasure of the spectator. [...] She subjects herself to violence, commits

33 Notably, in her article, “*Antichrist*, Misogyny and Witch Burning: The Nordic Cultural Contexts,” Linda Badley addresses the gap of cultural knowledge that pervades so much criticism about von Trier’s work, which, she argues, is steeped in his Scandinavian roots. She argues against a typical Judeo-Christian reading of the film, emphasizing that in order to fully empathize with the witch (Her), viewers should take into account the importance of paganism in the film.

violence as a site of resistance and of love, and undergoes transformation through violence, while denying femininity as a site of redemption (180).

Zolkos points to the power in Her's resistance to categories—that Her's character functions outside of the poles of “violence” or “victim” (180) but rather in confrontation to the spectators, involving us in her grief without respite.

Complicating things further, von Trier has framed *Antichrist* within his own emotional struggles with depression, and has said that he finds his women characters most compelling in their balance of fragility and strength, and most likely to find “emotional solutions.” He has even commented that he feels “female [himself], to some degree,” but, perhaps evasively, prefers not to think of his characters in terms of “male and female” (Smith 148-149). Furthermore, as a director whose work is associated with Brechtian techniques of alienation, von Trier provides his audiences with heightened representations and character archetypes that do not necessarily translate onto familiar emotional territories. By leveraging trauma as a subject and a form, we are repelled from pity or other potentially vapid sentimentalities because the spectators are *also focused on surviving the film*. This use of alienation and trauma-as-form beg questions: is *Antichrist* being self-reflexive in its representation of women as inherently evil? Does von Trier mean to push forward a long-held message that women are evil and their sexuality damaging, without question, or is the film a manifestation of a societal fever dream that constructs women as evil?

Perhaps an easy reading of this film is that it is anti-feminist: that it frames female sexuality as dangerous, a risk to all around it. But, if we are to take von Trier's claims seriously, that his Depression Trilogy is marked by his own layers of despair and that his likeness appears in the characters who are women, it might be possible to shift this view in the light of the film's form. Of the

two characters, this is Her story—He is evacuated, a mostly empty vessel to facilitate her unveiling. At the same time, von Trier is telling an old story: that Woman is undiscovered, mysterious, and violent; that her emotions are large and undefinable, though he attempts to subvert gender, to the extent that he is able, through certain formal underpinnings of the film. Spectators may need to watch this film alienated not only from the spectacle of grief on-screen, but also with a certain anticipatory distance from the characters themselves.

Admittedly, I have trouble with the arguments that gender is undermined in *Antichrist* through its traumatic form, when its structure still smacks of the nineteenth-century realistic stage, the psychodramas, the old story of the “Mad Woman in the Attic,” which, as in *Hereditary*, is the exact location where we land by the end of the film. Though its Brechtian form may attempt to direct spectators toward the external forces that have constructed an identity for women as Nature and therefore as Evil, its suffocating focus on the dynamics of the married couple cannot but uphold a commitment to a story that positions educated, sexual, overthinking mothers as dangerous. The representation of maternal sexuality as a force of destruction and “evil” remains a problematic point of fascination in the film. *Antichrist* attempts to be transgressive through its form—alienating, traumatic, corporeally hyperreal—but its subject, maternal sexuality as a result and cause of grief, undermines its radical and transgressive potential. Put frankly, cultural anxiety about feminine sexuality is already upheld in legal, cultural, and medical dialogues. It is not necessarily Her self-imposed clitoridectomy that is my point of contention, but rather the slow revelation of her sadism toward her child, leading up until the point when we learn that she watched him fall from the window, but did not interrupt her orgasm to stop him. It may not matter if von Trier is attempting to exploit form to convey trauma when the origin of trauma remains tied to a mother’s sexual desires.

What is more compelling is how *Antichrist* seems to represent certain anxieties about mothers as sexual beings—that an erotically charged mother, with her myriad of internal desires and anguish, is disturbing, dangerous, not only to her child *but to everyone*. It is the “Mad Woman in the Attic” story that we already know, amplified to show the suffocating details of sex and grief. However, *Antichrist* brings it into the realm of hyperrealistic alienation by showing the brutality of the surgical treatment for hysteria. Though it is an emotional disorder, hysteria or compulsive sexual behavior was, at times, treated surgically: sexual promiscuity and “compulsive masturbation” (or “onanism”) were treated with clitoridectomies, vaginal cauterizations, and, if a patient was considered particularly aggressive or untreatable, with hysterectomies (W. Morrison 534, Bell and Bazar 26, Wood 30, Zambaco 36). This is significant not only because it is representative of an important and horrible moment in the history of women’s health—that even in treatment for emotional wounds, bodies could be subject to surgical intervention—but because the undercurrent reiterates that the medical community needs to protect society, especially children, from erratic, untrustworthy mothers. The nineteenth-century “realistic” stage—Ibsen and his cohort—in some ways pre-imagines what we see now as a maternal horror story by highlighting the mother figure’s inaccessible past—inaccessible, in part, because she has hid it, because it is sordid in some way (Diamond 35-36). The fissure between the ideal mother—a projected image she worked hard to uphold—and the *person who she “really” could be* is situated on-stage as an ongoing source of conflict and anxiety. Its history is and continues to be a regularly-featured point of tension in representations of mothers—especially in the context of grief and horror.

The film’s story of grief is not about process or cure as much as it is about Her’s desire to *not be evil* and her failure to transcend her “nature.” The film’s treatment of gender adheres to a certain fetishistic brutality toward women, mental illness, and sexuality, in the name of conveying how humans, of all genders, try and fail to stand outside of Nature, “Satan’s Church,” by sheer force of will. Everyone

is prone to and subject to the Evil of Eden, not just Her, who in the Book of Genesis invited evil into the world. In von Trier's narrative, She is close to nature enough to be aware of her own evil, and to fear it.

It is not only She who is evil in the broad narrative of the film, but *all* women who are evil and therefore as inherently subject to punishment. "She" is so universal that she isn't even given a name. She could be anyone. While the word "blame" does not appear outright in *Antichrist* as it does in *Hereditary*, its subtle and somewhat idiosyncratic presence is there. If women are parallel to Nature, "Satan's Church," and thus prone demonic possession, what happens to the role of "fault"? Nature in *Antichrist* is an uncontrollable place full of violent and sadomasochistic urges that transcend Reason. Although the root cause of Her destructive and manipulative impulses before her son's death, and her hysterical guilt after, is Satan, the fact that she has been influenced by the brutality of Nature does not redeem Her. Like Annie in *Hereditary*, She may not be to blame, but she is blamed. She, like the women she studied in her thesis, will suffer her own gynocide after she suffers her own self-imposed torture. Before He kills Her, She tells her husband, "Someone must die." It is inevitable that it will be Her: the hysterical mother with a double life; the Madwoman in the Attic.

### *Fragmented Mothers*

Even within the unofficial canon of scary mother stories, *Hereditary* and *Antichrist* remain uniquely disturbing, for these films convey two polarizing tensions: the death of a child, and a mother's overwhelming and disorganized grief such that they are psycho-dramas that happen to be blended into ghost stories. The demons in their plotlines are secondary to the bleached emotional environment caused by the anguish of such an extreme loss—a child's death that may not have been overtly *caused* by the mother, and yet she has had something to do with it whether by accident or design. Annie's fear

of “blame” is warranted: she is not at fault insofar as she has done nothing explicit to facilitate the demise of her family, but because she also inherited her mother’s demons: her link to them put her children at risk. The mother in *Antichrist* is made of guilt, remorse, and an unnamable inherent evil that has caused her to neglect her child, and that agonizing tension between regret and desire become the bones of the entire film. Grief distorts these, and maybe all, mothers into uncanny versions of themselves, unable to withhold their pain, to grieve within neat and controlled confines. It is all-encompassing, wholly destructive, and in both films, part of a pathologizing gaze that engages spectators in a guessing game: is it easier to believe that the mother is crazy, or that she is being haunted by some other being?

If Lars von Trier and Ari Aster have done anything, they have been effective in showing how, through their mother characters, selfhood breaks down and dissolves in grief, and this leaves vulnerable openings to be filled by demons, metaphorical or not. These demons provide an uncanny twinning of predatory supernatural forces that masquerade as hysteria, and make mental illness and external spiritual presences look the same. The thing about this uncanniness is that it offers a window into broader anxieties about mothers and their pain. It is easier, and perhaps more palatable to viewers, to be able to split grief and its unpredictable emotional repercussions away from mothers so that their large and overwhelming mourning and subsequent instability is not *them*. It’s something separate—an external force. Trauma, the emotional catalyst for these films, is fragmenting, and, though it may be unnerving to acknowledge it, maternity is—or can be—equally fragmenting, insofar as it pushes the mother outside of the center of her own universe. Both signify major events at which selfhoods are split into the before and after of events; they signify when emotions are so big at the shattering of one



person's individual world that she is unrecognizable to herself.<sup>34</sup> Blame and grief are partnered in the films—grief is the growing pain of tragedies that can be linked back to a specific cause: a child's death by way of something the mothers did, or more accurately *didn't* do. Neglect, avoidance, and decisive passivity in which the mother chooses not to intervene against tragedy to save her children, are the root of the demonic forces, split off from the mother.

These stories of possessed mothers leave openings to certain anxieties that permeate the concept of motherhood, where it feels unbearable to think of our mothers in light of their pain, which may inform their flaws. It is, for example, easier for many people to feel frustrated at their mothers for what may read as poor listening skills or negligent behavior, rather than understanding those shortcomings as stemming from mothers' own anxieties or struggles. By partitioning maternal demons away from the mothers' own personhood such that they are separate supernatural forces, the thematic and aesthetic mechanisms of *Hereditary* and *Antichrist* bring to light the fragmentation Melanie Klein describes as the basis of the mother-early childhood relationship. She theorizes that the baby, unable to incorporate his or her mother as a whole and therefore as a flawed person, splits her into parts: a "good" breast that is the nourishing, loving mother and a "bad" breast that includes an encyclopedia of her failures. These two parts are not integrated into a whole person—they are not internalized as part of a range of characteristics that make up a mother (Klein 123-148). Eve Kosofsky Sedgwick writes that in the Kleinian mode of internal object relations, "human mental life becomes populated, not with ideas, representations, knowledges, urges, and repressions, but with *things*, things with physical properties, including people and hacked-off bits of people" (629).

34 I have written on this concept in a book chapter titled, "The Trauma of Second Birth: Double Consciousness, Rupture, and Toni Morrison's *Beloved*" for *Toni Morrison and Motherhood* from Demeter Press (2016), edited by Martha Satz and Lee Baxter.

Sedgwick’s comment about “hacked-off bits of people” may be a tongue-in-cheek response to Klein’s carefully-formulated theories of relational dynamics, but she is not wrong. Kleinian psychoanalysis posits that, in our fear and horror of our own desire, greed, and potential for omnipotence, we have already begun breaking our mothers into pieces since infancy. There is a sense of breaking down bodies as well as psyches to examine them piece by piece in order to eventually reconstitute a fuller picture—not unlike a certain sense of dissection that we may see via medical museums of bodies broken into parts (even good and bad parts, what with pathological specimens versus normal ones). It is only through imaginative efforts that those parts can be brought together to represent a whole.

This inability to integrate a mother as a whole, flawed person seems to linger and subsequently haunt our aesthetic objects. Representation of mothers in film and literature, in medical images and legal policies that facilitate a relationship of conflict between mother and child, frame maternal failures as unforgivable. “Hacked off bits of people” is the persistent commonality in all of these representations, the imagined realization of our distressed psychic lives that have trouble integrating the fullness of mothers who are mentally ill, who are sexual, who are angry, and who are responsible for our care. The imagined repercussions for mothers who embody “badness” through no fault of their own in *Hereditary* and in *Antichrist* are part of a lineage of imagined punishments that seem to often be surgical, another version of “hacked off bits of people”—something that has been a persistent theme from the anatomical images in which a mother’s abdomen is flayed open to reveal the enormous bulge of her uterus.

In her 2018 review of the film, Katharine Fusco notes the significance of the role of an artistic, thinking mother in regard to *Hereditary*<sup>35</sup>—which also applied to *Antichrist*—in that the film adds

35 Also see Dorothea Lasky’s commentary in her 2018 review in *The Paris Review*.

another dimension to the “Madwoman in the Attic” narrative that is arguably more horrifying. In both, the mothers’ intellectual work—which, with no sense of irony, take place in the attics of their homes, offer a narrative device in support of the overall films through her private life, separate from her family. The separation of the mother and her work into the uppermost part of the house supplements an overall sense of disembodiment. In other words, the mothers’ anguish manifest in their creations—Annie’s miniature representations of her life and family, and Her’s thesis on gynocide—which are adjacent to, but distinctly separate from, their domestic life.

The domain of the attic is the top of the house secluded from the rest of the family as a place where deviance from normal thought and routine take place. The attic, which is close to and partitioned away from the downstairs home and hearth, is where both mothers are able to indulge their private and horrific life—horrific, not because they are inherently horrifying as characters but because the attic is where they are able to artistically and intellectually toy with their environment. This is where they are able to disengage from the family into a number of cerebral experiments that indicate a darker private life, to which her family does not have access. Structurally, it represents the position of the house’s head, and in it a secluded and esoteric space that belongs to the mother. Like the intellectual mother’s thought process of associations and private life, the attic is known as the physical space that is distant, mysterious, and frightening all at once, a step beyond the safety of the household. It makes sense that these attic spaces would both be the domain of the artistic, “mad” mother, as well as the site of her decapitation.

I reference in my section on *Hereditary* the explicit representation of “decapitating the mother,” the conceptual cornerstone of Kristeva’s collection of essays, *The Severed Head*. There, she writes of decapitation as an *ur*-horror—a point of fascination and terror in how the removal of the head signifies the obliteration of identity. But her preoccupation with severed heads directly relates to maternity,

corporeal punishment, and religion. As one of Melanie Klein's late interlocutors, Kristeva follows the schizoid narrative of fragmentation wherein it is easy to break apart beloved people, especially mothers, into "good parts" and "bad parts." In fact, the collection famously, and as Pleshette DeArmitte says, bizarrely, begins with a meditation on Kristeva's own artistic mother and her illustration of a "thought" as a decapitated snowman. DeArmitt describes this image as the representation of "the invisible space of thought" (117), or that which separates what happens in the mind from the rest of the body—the unnerving place of private, inner, inaccessible life.

Although decapitation an important point of the visceral horror that takes place in *Hereditary*, it appears in *Antichrist* during Her's clitoridectomy. Kristeva connects decapitation and castration anxiety within the maternal figure (79-83). Though this anxiety over mothers, sexual pleasure, and the now-infamous term "penis envy" may be to contemporary readers a somewhat unproductive Freudian take on maternal sexuality, it is a useful analysis simply because it is taboo for mothers to be sexual beings.<sup>36</sup> *Antichrist* makes that relationship explicit by dually making a demon control Her's sexuality, and or pinning the blame on Her's child's death on her overwhelming sexual desires which we are meant to see as part of an embodiment of "nature." In the symbolic order of the film, maternal sexuality leads to castration, the removal of pleasure, as what we are meant to see as a necessary act of self-inflicted punishment.

36 Case in point: mom-vlogger Tasha Maile's video where she discusses breastfeeding her three-month-old baby, who woke up as she and her husband were having sex. Maile describes the challenges of maintaining her erotic life while also being a mother of three small children in an attempt to open conversation about the sometimes-absurd realities of parenthood while reducing stigma around what we can call multi-tasking. People on the internet were not amused. The video prompted an acidic debate about whether or not this should be considered weird or inappropriate, or child abuse, or whether she was successful in her desire to prompt real conversations about mothers and how they use their bodies.

These films may not stand as critiques of motherhood as much as they engage and amplify familiar tensions that separate mothers from their own personhood, their own desires or desperate emotional needs. An unstable mother is a frightening mother. To that end, here is another obvious statement to match the one I used to open this chapter: we do not, as a society, trust women, so much so that that small, simple statement that shouldn't need to be said—"trust women"—sits at the cornerstone of almost every abortion debate world-wide. Even the choice to not become a mother is suspect, and there is no shortage of graphic images of abortions to show the violent potential of the person who may need or want such a procedure.

This has all been said before, so many times over that the phrase "trust women" is almost feels vapid, meaningless. A hum in the background of injustices, where, at least in the US, the legality of abortion—the decision "if" to become a mother—becomes an insidious legal structure that facilitates a narrative of maternal-fetal conflict, wherein the state consistently raises a sovereign arm to privilege the life of the to-be child over its mother, without a long view of the inherent relational psychic dynamics that would be negatively impacted by this state-imposed hierarchy.<sup>37</sup> In contemporary obstetric care, the US (and other countries) is particularly backwards: we are in an era in which people who are suffering miscarriage and stillbirth may be arrested if there is any thought that the would-be mother did something either by accident or design to have caused it, where a court order to enforce cesarean births—in other words, a forced major surgery—can be obtained at the discretion of medical providers, hospital administrators, and/ or lawyers. These recent—or perhaps, recently loudly documented—egregious occurrences are given a legal foothold through the various rhetorical webbings

37 Ironically, this conflict between mother and baby manifests less in abortion law, where legal rhetoric ranges state by state between the neutral language of medical procedures and privacy, to criminal codes in a dense web of vague qualifiers, than it does when someone chooses to become a mother.

of *Roe vs. Wade*, a law meant to protect people who wished to seek abortion. Instead, it has been turned around to send clear legal messages, which translate into medical policies, that already frame mothers as dangerous, monstrous, and yet also, devoid of their own inner, psychic lives. A good mother is *capable* of dispelling all of her own pain, fears, and traumas in order to make room for her child.

All of these fundamentally mixed messages have embedded our cultural logic with a near-maddening discordance of identifying mothers as loving or more trustworthy because they have cared for a vulnerable baby, and yet at the same time, unhinged, hysterics, selfish, potentially capable of hurting or killing their own child for the sake of their own needs. Motherhood may mean that she is inherently vulnerable to blame. This discordance between such mixed messages—that women should become mothers, that women are always at the cusp of being bad mothers—gives rise to the purpose of this chapter—to view this logic as part of a legal, medical and *aesthetic* history that has for a long time situated maternal bodies as fragmented bodies—punishable bodies.

There are efforts made to relieve some of this pressure. Child psychologists have long been touting D.W. Winnicott’s concept of “the good enough mother:” she doesn’t need to be perfect *because it is impossible*, she can’t but disappoint her child. She should show herself mercy. With this pressure on a mother in mind, it makes sense that there would be a lot of silence regarding the emotional toll of having a shared identity with the child—in other words, the mother would not be a mother without him, and that child will be invariably shaped and marked by his parents in ways he will likely not be conscious of until much later in life. And that his mother had a whole world and a whole life that shifted to make room for his presence, and that, perhaps, she had needs and traumas that, in support of her child’s emotional well-being, needed to be tabled, put away, not looked at. The emotional balance of the mother-child dynamic is, at its core, fraught, if also often beautiful: at least when the child is

young, it is one of the most mutually vulnerable relationships possible, and these early years will play a major part in his identity formation, strangely haunting in and of itself.

“Good enough mother” almost seems like a mantra for self-soothing, for everyone—mothers, people who have mothers—to unhinge the demand for mothers to be perfect, to lessen the stakes of her missteps. But even “good enough mothering” has become incorporated into parenting support groups, and even if early childhood psychologists support his position in an effort to relieve pressures on mothers, it is unable to stand up to the biopolitical rhetorics of law and medicine that facilitate conflict between mothers and their children (whether born or unborn). In the clinical gaze, mothers are vulnerable to a hermeneutics of suspicion that breaks them into pieces, magnifying their flaws and shortcomings into pathologies and potential dangers that have not yet occur, but *may occur*. When our cultural logic, especially in the guiding structures of medicine and law, treats mothers with such suspicion, it is not actually good enough to be a “good enough mother,” because what she is lacking may be used against her. The “demonic mothers” canon constructs the mother as a signifier to represent this anxious power structure in which we feel permanently vulnerable to our own mothers. Because we fear the parts of her that we are unable to see in the aforementioned “invisible place of thought,” she has the potential to become terrifying.

Kristeva writes, “I can’t take my eyes off of that severed head.” The severed head is the apex act of destruction, the obliteration of all identity. And yet, the pathologizing gaze in the *Hereditary* and *Antichrist* offers a kaleidoscopic lens to that statement: the heads and their removal; the headless bodies left behind; the invisible and dangerous place of our mothers’ thoughts that we have never known and may never know.

## CHAPTER THREE

### EROTIC SURGERY: SUZAN-LORI PARKS' *VENUS*, J.G. BALLARD'S *CRASH*, AND OCTAVIA BUTLER'S "BLOODCHILD"



*Figure 11.* Image of an Anatomical Venus created at La Specola between 1784 and 1788. Photograph: Collections and History of Medicine, MedUni, Vienna. Re-printed in *The Guardian* in May 2016.

Although there are many strange scenes in eighteenth- and nineteenth-century European medical education, among the most bizarre are those which commonly took place around the study of female anatomy. Imagine, if you will, a room full of young men who surround a supine, nude wax model, made to represent a high standard of beauty and, above all things, sensuality. Her hair is long and loose, presumably as evidence for her loose morals. A long strand of pearls wraps around her neck and falls between her pert breasts, as one arm supports her head and one knee quietly bends: a position of lustful anticipation. Her legs are slightly apart, her mouth open. The students open her “cover,” the first layer of her skin, to expose the shiny-veined, waxen viscera underneath. As the model’s lifeless (usually) blue glass eyes stare half-open at the ceiling—a kind of “bedroom-eyed” look—the students perform a mock dissection as they sort through her organ systems, one layer at a time, until they reach



her uterus, complete with a small fetus, all while her body remains posed yearningly, as if she desires the multitude of hands to feel around inside of her.

These wax models, known as “Anatomical Venuses,” are part of a historical archive that places surgery in the confusing affective space of an erotic spectacle—a statement that may provoke a nightmarish discomfort in many readers. But the Venuses do not stand (or rather, recline) alone in presenting such an interarticulation between sex and surgery.

The concept of “erotic surgery” may seem horrifying. Yet sex and medicine share similar characteristics regarding who has access to what visual and tactile fields: the only people who may have access to the parts of your body that you, yourself, cannot easily see or feel are your doctors and your lovers. There is a strangeness in this idea that we live with our bodies, are aware of their parts and functions, and yet a select few other people may have visual and tactile access to us in a way that we, the inhabitants of our respective bodies, do not. The choreography of draping and exposing certain body parts, of employing a precise and strategic touch that are common to surgical procedures and preparation all work to confuse certain intimate boundaries that we are also conditioned to see in the bedroom. The surgeon represents someone who interacts with others when they are at their most vulnerable, who sees and *feels* the innermost, unreachable parts of other people’s bodies. The combination of vulnerability (of the patient), of examination and of deep excavation (as the surgeon looks at and touches the patient’s most delicate parts), and of the desire to watch an otherwise enclosed and taboo event (for the spectator) combine in a formation that parallels distinctly non-sexual medical encounters with the potential for fetishistic fantasy. The word “fantasy” here is key, since it is only in aesthetic representations that surgery may be considered as a form of horrifying, adrenaline-filled eroticism.

The Venuses are an early iteration of such a fantasy. They were created by and for medical providers who were determined to discover a perfect example of the human body. Additionally, they were built to support the identity creation of eighteenth- and nineteenth-century (male) physicians, while also maintaining physiognomic assertions of the perfect feminine form. Scholars such as Ludmilla Jordanova and Londa Schiebinger have commented extensively on the rhetorical persistence of “ideal bodies” and “discovery” shaped by the masculine gaze of early medicine and science. Schiebinger argues that the normalizing, masculine medical gaze framed the ideal female form aesthetically as well as physiognomically—evaluating specific breasts, skulls, and pelvises to hypothesize the ideal body of a “good, moral woman”—under the premise of scientific objectivity (Schiebinger 156-158). In their respective arguments, Jordanova and Schiebinger describe the male body as canonical—the standard, the beacon of intellect and reason, and, most important, the narrator of medicine and science (Schiebinger 157-170; Jordanova 19-42). The female body, on the other hand, was meant to represent nature—unwieldy, unpredictable nature, meant to be the object of discovery, meant to be tamed. Nature was meant to “unveil” or disrobe itself before scientific discovery. In *Sexual Visions*, Jordanova frames the act of dissecting women as part of this “unveiling,” wherein nature was made to undress for the eye of Science (represented by man). At the same time, the female body stood at an impasse between a demand for modesty and an assertion of its inherent potential for shame (97-98).

In addition to the Venuses, a number of eighteenth- and nineteenth-century anatomical images integrate the supine position of a cadaver into similar sensual, longing poses. Jordanova describes a German lithograph from the mid-nineteenth century in which anatomist Professor Lucae “who was interested in the basis of female beauty” dissects a cadaver with “long hair and well defined breasts,” her head tipped back, her skin held delicately “as if it were a fine article of clothing” (98-99).



*Figure 12.* J. H. Hasselhorst, “Lithograph of J. Ch. G. Lucae and his assistant dissecting a female cadaver,” 1864.

Bizarre artifacts such as the Venuses and eroticized lithographs were often integral to medical study, since artistic depictions were important representations of the body when cadavers—especially female cadavers—were rare. In many of them, there appears to be a persistent tendency to emphasize the sensuality of a woman’s body *as it is being dissected*. Another way of looking at this tendency is to observe that women’s bodies could be sexualized in death in a way that would be scandalous when they were alive. Voyeurism and repression gruesomely connect through such an impulse to “discover” the body, in all of its intimate, private crevices.

The Venuses were intricately made and phenomenally detailed (particularly the obstetric models<sup>38</sup>) so as to represent the social narratives of ideal womanhood (passive, fertile, well-proportioned, beautiful). Developed by Clemente Susini in Florence, and Giovanni Manzolini and Anna Morandi Manolini in Bologna, the models—which were usually, but not exclusively, female—provided a phenomenal supplement to the fraught acquisition of cadavers and wet specimens in jars. Whereas the organic, human tissue would decay and distort in little time, the wax models were visually much more detailed and elaborate (Düring et al 12-13). Strange as they are, the Venuses and their counterparts, which remain to this day in Florence’s Natural History Museum, La Specola, are stunning: ornate and visually textured, they were constructed so that it would be easier to see small physical structures and cell layers with greater clarity than in, say, an actual corpse. Wet specimens, already delicate, distort over time (Alberti 103-116). Even in contemporary cadaver labs, bodies change drastically after they are embalmed. It’s much more difficult to see structures—distorted, gray, very different from when there is blood flow. The wax models were and are a useful way to develop a sense of how organ structures are supposed to look when they are healthy.

Furthermore, according to Joanna Ebenstein, the Venus “was the perfect embodiment of the Enlightenment values of her time, in which human anatomy was understood as a reflection of the world and the pinnacle of divine knowledge, and in which to know the human body was to know the mind of God” (*The Anatomical Venus* 2016). Woman’s body evoked curiosity—the ability to give birth, to produce milk and blood and abject substances that were hidden. At the same time, the Venus’s sexual overtones that may be so clear to museum spectators now were not confronted at the time when they were used as medical tools, when shame and repression of sexuality were important social values, and

38 Although nearly all of the Venuses are pregnant, the Specola in Florence has a room filled with isolated models of reproductive organs and fetuses.

when it was not uncommon for women to die in childbirth. Rather, they were a part of a process of discovery and of conquest, of a distillation of ideal womanhood to the beauty of her body. And surely the students were meant to derive some comfort from the Venuses—something pleasant to look at during the emotionally fraught time of dissection (Ballestriero 223-224)

In order to make doctors more *comfortable* performing surgery, especially on women, it had to be placed in the context of desire. As Ebenstein writes, “For men to be instructed they must be seduced by aesthetics, but how can anyone render the image of death agreeable?” (*The Anatomical Venus* 145). This medical gaze, which can be considered as demanding on patients as is dissecting when it asks its subject to undress, continues to manifest in clinical practice, even though a significant number of women are practicing surgeons. The Venuses paradoxically both disturb and uphold expected power dynamics of the all-knowing/all-seeing doctor: their sensuality implicates a sense of insecurity surrounding dissections of women, who were necessarily nude during medical examination. Medicine, until recently, has had an ongoing visual library of images such as the one I described at the beginning of this chapter: the students surrounding their professor and the body he wishes them to study; a theater in which the patient, the subject of this performance, is granted no agency on her own terms, and is vulnerable to a patriarchal, objectifying gaze that will attempt to explain, no matter how incorrectly, the “mysteries” of womanhood.<sup>39</sup>

### *Vaulting Forward, Looking Back*

39 Elin Diamond describes the performances of mesmerist Jean-Martin Charcot (who found in Sigmund Freud a huge admirer) who would “induce” staged hysterical responses in female “patients” in front of large audiences by pointing a magnet at their breasts and reproductive organ. Freud was known to have a lithograph of Charcot during one of these performances hanging in his office (13-14).

To be clear, I am arguing not that the doctor/patient relationship is one that is fraught with pleasure, but rather that the history of spectatorship in medicine catalyzes certain fantasies of nude, splayed, vulnerable bodies, with legs spread wide open, that then get represented as artistic subjects. Medicine's history has had a role in setting up a bizarre fantasy where sex and surgery, a set of words that, by many accounts, should never go together, could possibly be linked. The Anatomical Venuses are evidence that go against the assumption of many readers who would imagine that "erotic surgery" would only take place in horror stories or nightmarish speculative universes; it is, in fact, part of the dual heritage of medical study and aesthetics. Perhaps this isn't all that surprising: according to historian Carolyn Day, nineteenth-century fashion, literature, and art favored the emaciated, pale body of the consumptive Victorian woman (2), who would frame a standard of beauty for European women.<sup>40</sup> It would only make sense that her death would be aestheticized as ethereal and poetic.

Aesthetic discourse is in the special position of being able to revise and challenge the power dynamics that frame the patient as "docile," even victimized, exemplified by early medical scenes in which dissected bodies, particularly of women, are under the scrutiny of large groups of men. Representations that confuse the border between medicine—especially surgery—and sex are playing on a desire to explore, to *see*, and then, from there, to *touch*. In this case, spectatorship is not limited by mediating factors that place the Anatomical Venus, now too fragile to be handled by throngs of people, in her glass display case, where, poetically enough, a spectator's view can be blurred by his or

40 Early twentieth-century physician Arthur C. Klebs and his colleagues also note in *Tuberculosis: A Treatise by American Authors on Its Etiology, Pathology, Frequency, Semiology, Diagnosis, Prognosis, Prevention and Treatment*, "A considerable number of patients have, and have had for years previous to their sickness, a delicate, transparent skin, as well as fine, silky hair." Journalist Emily Mullen comments further that, "Sparkling or dilated eyes, rosy cheeks and red lips were also common in tuberculosis patients—characteristics now known to be caused by frequent low-grade fever" (2016). Also see Mary Dery's essay, "Poe and the Pathological Sublime" about Poe's aestheticization of beautiful dead women in *Death: A Graveside Companion*.

her own reflection. But the limit of this pleasure is solely visual, not tactile, and becomes a surprising pornographic interjection into medical studies.

This chapter begins with the Venuses as an important part of a lineage in which surgery is linked to erotic spectacle, speaking to the multi-layered visual and tactile intimacies that happen during bodily examination. Vaulting forward, I next contrast Susan-Lori Parks's play *Venus*, a Brechtian work that re-imagines the later life of Saartjie Baartman, with Octavia Butler's short story "Bloodchild" and J.G. Ballard's novel *Crash*, two titles that are canonized in science fiction. Though they were all written in the latter half of the twentieth century, they trace a temporal trajectory from the past (*Venus*), to the present (*Crash*), and on to the future ("Bloodchild") in order to track and critique the way bodies and autonomies of desire play out in medical fields. These three works confront the intertwined relationship of eroticism and surgery through questions of consent and pleasure. Who gets to enjoy medically-charged kinky sex because they want to? Who gets to consent to accept or decline fetishizing demands on his or her body?

These texts lean into the desirous impulse to indulge curiosity about bodies of lovers such that amorous exploration turns into surgical excavation and, in doing so, turns toward performances of sexual dominance that are modeled on surgeon/patient relationships. However, although it may seem like we could isolate these performances to a few niche texts and films that exclusively appeal to a small subset of readers and viewers who find excitement in things that are shocking, sexual fantasies of "playing doctor" are not new; for that matter, neither are "Real Dolls," the life-sized, anatomically correct sex dolls that are made to order for anyone who wants to add some uncanniness to his or her sex life. For better or worse, there is and has long been a large and growing archive of medical fetish pornography that may be *implicitly* influenced by surgery's aesthetic history, where examination can be re-cast from fear into adrenaline-soaked vulnerability.

Of course, this is completely unlike actual medical practice, where doctors face redundancy in their work, even if their work is dismantling and digging into other human beings. Surgery is *not* inherently sexual, and medical providers do not facilitate this fantasy. In fact, the authors who appear in my chapter align their work with the subject positions of patients and spectators more often than they do doctors (though Ballard did attend medical school for a brief time). They write about fictionalized scenarios that foreground a shocking potential for there to be an erotic connection during surgery. I emphasize words like “fantasy” here to draw out the important tension between a representation of the operating room and its vulnerabilities that exists in aesthetic objects (even historical ones), but are unlikely to appear in actual physician behavior.

Parks, Ballard, and Butler, as well as other writers, close the gap between morbid curiosity and sexual fetishism, though, in mediating the performance of surgery through narrative, they make the OR into a metaphorical place where bodies are deconstructed. They radically confront old anxieties about surgery—the loss of control, the impending entrance and begrudging invitation into one’s body under the pretense of fixing or healing it—in ways that are equally powerful and disturbing. But these texts are not isolated incidents of perverted or otherwise sexually imaginative writing. In fact, a long list of texts, many of which appear in other parts of this dissertation, blend the act of medical examination with erotic fantasy. In novels as early as Ivan Turgenev’s 1861 *Fathers and Sons*, and as recent as Katherine Dunn’s *Geek Love*, as well as the contemporary films of David Cronenberg, operating room scenes are written in terms of heightened sexuality. The ways in which the erotic body and surgery combine in literature is usually horrifying—literally taken up by the “body horror” genre.

The forms of erotic desire reflected in these texts perversely tie lust to a heightened form of curiosity, such that the desire for the body of a sexual partner is also a desire to see, touch, consume all of it, broken into parts. One cannot help but ask (or at least, your author cannot help but ask), what



about this urge to discover a lover's body hints at the potential for bodily annihilation? George Bataille's analysis in *Eroticism*, which draws upon Freud's *Beyond the Pleasure Principle*, posits that sex and death are psychoanalytically and affectively linked, an idea furthered in *Tears of Eros*, where images of faces in orgasm ("le petit mort," or "the little death") are juxtaposed against those in death to become uncanny images of one another. The "excess" of non-procreative eroticism gives way to violence, sacrifice, and death (*Visions of Excess* 18). Along the way, the combined "animal side" of human nature and our attraction to the sacrificial components of religious iconography leads to a sense of taboo—perhaps the aforementioned medical fetish pornography, in addition to the three texts that appear in this chapter—which is another manifestation of an excess or plethora of erotic desire (*Visions of Excess* 42).

It is noteworthy, however, that on several occasions, Bataille goes out of his way to desexualize the nudity and vulnerability of surgical encounters, and uses them as counter-examples of what he would call taboo: "[T]he most intimate kind of nakedness is not obscene in a doctor's surgery" (*Eroticism* 216) and that "nakedness in a doctor's office has no exciting effects" (*Eroticism* 195). Curiously, the medical encounter remains the exception to the "taboo" according to Bataille, though Parks's, Ballard's, and Butler's works leave open questions about whether or not that is actually true. In their respective worlds, medicine's likeness to acts of sacrifice—perhaps itself an "excess" of caregiving potential that turns dark—is actually an intuitive stepping-stone between Eros (sex) and Thanatos (death).

In *Venus*, *Crash*, and "Bloodchild," desire stems from an excess of such a common erotic impulse: to explore the body of a lover and to be similarly explored. But what links them is the way in which exploration becomes an excavation—a digging deep into bodies that makes for the unlikeliest and disturbing turn-on.

## *Love and Dissection in Suzan-Lori Parks's Venus*

In a move that would make many critics raise an eyebrow, Suzan-Lori Parks labeled the second act of her OBIE-award winning play, *Venus*, “Scenes of Love.” *Venus* follows the tragic life and death of Saartjie Baartman, who became famous (or, perhaps, infamous) in early nineteenth century England as the “Hottentot Venus,” known simply as “The Venus” in the play. It is important to note here that, although the word “Hottentot” appears somewhat casually in *Venus* as well as in historical analyses of Baartman, it was and is a racial slur used by the Dutch to describe the Khoisan dialect. I have limited the extent that the word appears here to direct quotes from *Venus* and in other texts. I have, likewise, delineated the use of Saartjie Baartman’s name when describing her biography and the use of “The Venus” when describing the character Parks created. The play shifts between historical knowledge of Baartman and Brechtian fiction.

### List of Scenes

	Overture
Scene 31:	<i>May I Present to You “The African Dancing Princess”/She’d Make a Splendid Freak</i>
Scene 30:	<i>She Looks Like She’s Fresh Off the Boat</i>
Scene 29:	<i>“For the Love of the Venus.” Act I, Scene 3</i>
Scene 28:	Footnote #2
Scene 27:	<i>Presenting the Mother-Showman and Her Great Chain of Being</i>
Scene 26:	<i>“For the Love of the Venus.” Act II, Scene 9</i>
Scene 25:	<i>Counting Down/Counting the Take</i>
Scene 24:	<i>“But None of the Spectators Ever Noticed/Her Face Was Streamed with Tears”</i>
Scene 23:	<i>“For the Love of the Venus.” Act II, Scene 10</i>
Scene 22:	<i>Counting the Take/The Deal That Was</i>
Scene 21:	<i>The Whirlwind Tour</i>
Scene 20A–J:	<i>The Venus Hottentot Before the Law</i>
Scene 19:	<i>A Scene of Love (?)</i>
Scene 18:	<i>She Always Was My Favorite Child</i>
Scene 17:	<i>You Look Like You Need a Vacation</i>
Scene 16:	<i>Intermission</i>
Scene 15:	<i>Counting Down</i>
Scene 14:	<i>In the Orbital Path of the Baron Docteur</i>
Scene 13:	Footnote #7
Scene 12:	<i>Love Iduhnt What/She Used to Be</i>
Scene 11:	<i>“For the Love of the Venus.” Act II, Scene 12</i>
Scene 10:	Footnote #9
Scene 9:	<i>Her Charming Hands/An Anatomical Columbus</i>
Scene 8:	<i>“For the Love of the Venus.” Act III, Scene 9</i>
Scene 7:	<i>She’ll Make a Splendid Corpse</i>
Scene 6:	<i>Some Years Later in Tübingen (Reprise)</i>
Scene 5:	<i>Who Is She to Me?</i>
Scene 4:	<i>“For the Love of the Venus” (conclusion)</i>
Scene 3:	<i>A Brief History of Chocolate</i>
Scene 2:	<i>The Venus Hottentot Tells the Story of Her Life</i>
Scene 1:	<i>Final Chorus</i>

Figure 13: Image of the list of scenes from *Venus*

Split into two acts, comprised of 31 Scenes that count backward from the play's opening overture, the play begins at the point of The Venus's death, announced during the overture. The first act elaborates on the sparse information that historians have cobbled together about Baartman's life: that she elicited attention for her large backside; that she was taken to London, likely under misleading or otherwise non-consensual circumstances. The play follows her trip from the Cape of Good Hope in 1810 to the anthropological Shows of London. The second act, the so-called "love story," begins at the point of her move from London to Paris, where Baartman piqued the interest of Europe's leading doctor, naturalist, and museum collector, Georges Cuvier. After her death in 1815, Cuvier obtained and dissected her body. Her brain, anus, and genitals were placed in jars beside her skeleton and a life-sized cast of her body in Paris's Musée de l'Homme until 2002—after the play was written—when, after decades of international petition, her remains were finally sent back to South Africa to be buried. Cuvier's choices in developing the display of the "Hottentot Venus" are telling of a fetishistic fascination with Baartman's body, and it is from the question of why these choices were made that Parks developed her "love story." Although a significant portion of *Venus* hinges on historical documents (which various characters and narrators are to read out to the audience throughout the play), the second act is meant to expand upon several "scenes of love," all filled with big-eyed desire, all devoid of actual representation of emotional love.

The title of the second act, "Scenes of Love," has not been without some controversy. Ilaria Oddenino points out that, in response, a number of critics directed ire toward the play (131), for how could it be possible to take the tragic story of Saartjie Baartman's death—for it is her death that made

her famous, and little was known about her life until recently<sup>41</sup>—and reduce it to a *love story*? A fabricated love story, no less, with the man who would be responsible for her dissection and subsequently one of the most notorious ethical missteps in the history of anatomical science?

With the “love story,” there arises an antagonism between the play as a work of fiction and the calls from Baartman scholars who have attempted to restore memory and dignity to her “chimeric identity” (Henderson 949).<sup>42</sup> This tension between “The Venus,” a character in a fictional work, and Baartman, a person who lived and suffered, is shaped by how little we know about her life. Carol Henderson describes the “mythos” (949) attached to Baartman as holding a powerful cultural resonance, which is in equal parts paradoxical and horrific: on the one hand, her story is well-known, and the details of her body made very public, but on the other hand, there is little information about her that was written in her own voice.<sup>43</sup> The story of Baartman’s life and death is representative of an ongoing fetishistic gaze that lands on Black women’s bodies, casting them as objects for consumption. *Venus*, to that end, does not attempt to restore Baartman’s voice, nor her story, from any of its indignity. It may not be surprising that, with the love story in mind, *Venus* incited the wrath of critics

41 Several biographies have been published in the last five years that have provided a fuller picture of Baartman’s life. See Crais and Scully, and Holmes.

42 Since Sander Gilman's seminal article, “Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth Century Art, Medicine and Literature” in 1985, there has been an influx of scholarship on Saartjie Baartman as a figure, creating what Zine Magubane has called a “veritable theoretical industry” fraught with unquestioned adherence to Gilman's comments. I utilize Gilman’s and Schiebinger’s arguments about Baartman in this chapter with regard to their impact on studies in the history of medicine, and race, with much due respect to the scholars who continue to revise theoretical approaches to Baartman studies, especially as they pertain to her cultural impact.

43 Percival Kirby, and later Sander Gilman and Londa Schiebinger, comment that, although Britain’s anti-slavery activists demanded a trial to ensure her agency in her performance, she was never left without one of her “keepers,” who, for the purposes of the courts, produced what was likely a falsified contract for their own legal protection (170).

who pushed back against Parks's distinctly unsentimental and controversial portrayal of *The Venus*. Performance theorist Jean Young has argued emphatically that Parks has created a character of Baartman who is complicit in her own subjugation (699), framing *Venus* as a means for Baartman's further re-objectification and re-commodification.

But the play does not promise its audiences a biography, nor does it offer any assurance that Baartman's story will be rescued from the trauma it represents. *Venus* is an explicitly post-modern, Brechtian piece that, through the underpinnings of its form, directs audience awareness toward the political tragedy of her life, as well as the complicity of spectatorship in watching the performance. Without trying to color or soften the immorality of Cuvier's actions, which were supported by the French government by labeling Baartman's remains as their "property" until 2000, Parks does not lean on her own imagined assumptions about Baartman's voice. First and foremost, the play is about the spectacle that constituted Baartman's life, which recursively frames her as a performance artist in a theatre about the spectacle of Othered bodies. Contemporary performance artist Coco Fusco has explicitly linked Baartman to a heritage of unwitting performers who were made famous through the European gaze, most of whom lived and died with no known identity beyond their respective "Venus" titles to indicate that they were the "ideal" of their respective Black and Brown races (146).<sup>44</sup> With that tradition in mind, Parks uses such terms like "Hottentot" and "The Venus" with intention, so that audiences are meant to be alienated from any given character's biography. Her stage-name, "Venus," stems dually from the British preoccupation with Renaissance art and the medical interest that

44 Fusco and her collaborator Guillermo Gomez-Peña developed a performance titled, *Two Amerindians Visit the West*, where they pretended to be two members of a previously-unknown tribe in South America and went on display in a gilded cage in front of various European and American Natural History Museums. The artists had felt that the stunt was so obvious that it would be clear to spectators that it was fake. Little did they know that the performance would become famous because so many visitors assumed that they were part of a real exhibit.

permeated much of Europe to discover the “ideal” representatives of human forms. The name, therefore, emerges from a similarly objectifying gaze as the one that facilitated the creation of the Anatomical Venuses. Baartman was one of a number of “ethnic” Venuses who were sent to England in order to show the significance of British colonialism and white supremacy to the London city folks (Altick 268-288).<sup>45</sup>

Parks’s representation re-organizes the emotional status of Baartman’s story by limiting access to The Venus’s inner monologue about her feelings and, instead, shapes a story around the known events that led to her death. The play re-casts the sordid circumstances of her death in vaudeville tones, juxtaposing a sense of not-necessarily-funny dark comedy against the bleak outcome of her life—a statement that is not speculative, but historically corroborated. The play, which shifts between scenes with announcements of their titles and scene numbers, opens with a macabre declaration from the Negro Resurrectionist, the emcee who will guide the audience through the show: “I regret to inform you that thuh Venus Hottentot iz dead [...]/ There wont b inny show tonight” (3), to the disappointed shouts of frustrated spectators. The Negro Resurrectionist’s name is one of many puns that will litter the play. His character is one that is typically played by a Black actor, but also is a referent to the onslaught of grave-robbing (“resurrection”) in the nineteenth century that made studies of human anatomy possible. His presence as “narrator” already tells the audience of his purpose: “resurrecting” stories and bodies from the grave.<sup>46</sup> Parks often has her characters read from court and medical reports and articles, either incorporated into dialogue or as asides.

45 See Londa Schiebinger’s comments on Baartman and her analysis of Baartman’s role in *The Shows of London*.

46 See “A Complex Resurrection,” Karen Ruth Kornweibel.

The love story is initiated by a fictionalized invitation for The Venus to move from her status as freakshow celebrity to be The Baron Docteur's (Cuvier's analogue) research subject and concubine. The second act shifts back and forth in time between the "present," in which we count down to The Venus's death, and The Baron Docteur's future visions of medical celebrity after having performed her dissection, thus giving spectators a consistent, grim reminder of what is to come. My comments attempt to translate the play's layered conversations about time, memory, and body collection into thematic categories in order to make the impact of Parks's work legible to readers. I have also included an image of *Venus*'s scene list for anyone who wishes to compare my comments to time-shifting structure of the play.

The story of The Venus's and The Baron Docteur's relationship is juxtaposed against long-form monologues of Cuvier's anatomical reports, the original of which totaled sixteen pages, with nine dedicated exclusively to the discussion of Baartman's genitalia, breast, buttocks, and pelvis (Schiebinger 172). Read by The Baron Docteur and The Negro Resurrectionist, these passages are titled, "The Dis-re-memberment of The Venus," for there is so little known about her as a person, yet so much known about each and every organ in her body, the layer of fat between her muscle and her skin, the shape of her kidneys, the size of her pelvis and labia. The title puns at this duality: unremembered beyond the resulting dismemberment of her anatomical study.

The first time "The Dis-re-memberment" is performed is during a nominal intermission, before the "love story" of the second act begins, wherein audience members are interrupted from leaving. This intermission doubles as an overture for the latter half of the play, and ties together several of the overarching themes of love and desire that thread throughout the play. Parks reinforces a number of her important thematic elements into the Dis-re-memberment monologue. First, its strange placement during an "intermission" gives the suggestion that the cumbersome, exhaustively detailed medical

report is unnecessary—likely not something audiences will have actually wanted to read. And, at the same time, the report describes a certain horror—the act of dismantling the titular character onstage such that we are able to imaginatively envision her “large kidneys,” the details of her nipples and areolas. When read aloud, the anatomical report serves to support a sense of grotesque erotic performance wherein the audience sees a live representation of Baartman, sexually fetishized throughout her life and beyond, while listening to the overwhelming details about her inner body. We know so much about her body, even though she is ultimately voiceless.

Midway through this “intermission,” The Baron Docteur interrupts himself to say, “Please feel free to move about. I’ve got strong lungs if you need a break” (97). The Dis-re-memberment of The Venus will follow spectators everywhere—a pun that represents how, literally, Cuvier’s voice was always positioned to be literally and figuratively louder than Baartman’s. These monologues also speak to the paradox of her legacy: that the details of her body may be treated as a spectacle, whether through her display or through the textual body of the dissection reports, but that the details of what she was like as a person are unknown. The person who was Saartjie Baartman is remembered because she was displayed in life and dismembered in death, and she, like so many other people whose body parts found their way into museum display cases, was meant to be nameless.

As I discussed in Chapter 1, Samuel J.M.M. Alberti frames the museum collection as that which was meant to contribute to the biography of the anatomist (3), an issue that is reflected in the play as The Baron Docteur’s anxiety grows bigger and bigger when he hears that another anatomist “has a hottentot” Scene 7 (142). Baartman was not meant to retain her own identity; she was meant to be part of Cuvier’s collection. Reminding spectators of this hierarchy of identities, at the end of the monologue, The Baron Docteur cites other contemporary anatomists (“Dr. Wood and Dr. Huxley”) and lecture locations (“Hunterian lectures” delivered at the Royal College of Surgeons, who all researched



primates. By including these citational subjects in the Dis-re-memberment monologue, Parks conveys that these abuses were facilitated by fierce competition among European doctors to collect bodies in pursuit of anatomical discovery. This monologue is, in effect, a love letter to The Baron Docteur's competitors.

Parks strategically lingers on two comments from Cuvier's original report that stand out as strange: "Her shoulders and back had grace. Her charming hands. . ." (98) (Schiebinger 171, Gilman 293). Cuvier's original report focuses largely on how Baartman, as a prime example of all African women, was physiognomically inferior to European women, an argument deployed by belabored comparisons between her anatomy and that of animals (Schiebinger 171). Parks expands on the two lines that comment on her "grace" and "charm" so as to underscore a certain personal closeness and admiration, as well as a potential point of attraction in an otherwise scientific and self-aggrandizing document. She emphasizes the break in The Baron Docteur's train of thought with stage directions (of which there are *very* few) to stutter and pause before he moves onto a nauseating and notable element in Cuvier's report: that, despite her known intelligence, her graceful back and charming hands, the anatomist was hesitant to categorize Baartman—and all African people—as human. The monologue concludes, "We find that in no case does our subject pass over the boundary line" (99).

The anatomical report—which, again, first appears in the intermission—serves as a framing tool for the story of desire that is to uncurl in the play's second act. Scenes that repeat Cuvier's original anatomical report punctuate the play, and occur in direct correlation to what Parks labels "Scenes of Love," announced as such by The Negro Resurrectionist. When The Baron Docteur tells The Venus, "I love you, girl," The Negro Resurrectionist immediately enters the stage to read "Footnote #7: Historical Extract. Category: Medical" (scene 13) which contains "A Detailed Description of the So-Called Venus Hottentot" (109). The Dis-re-memberment scenes appear twice: first, during the nominal

intermission, and second, shortly before The Venus dies in a prison cell, which is coordinated in *Venus* by The Baron Docteur, who has her imprisoned for having “the clap” (though he admits he gave it to her).

Toward the latter half of the second act, in Scene 12, when The Venus is still healthy, The Baron Docteur leads a research team of medical students through the measurements of her body—limbs, her neck, the circumferences of her head, chest, waist—as they teach her the basics of French. As she stands fully clothed in front of the room of medical students, they ask the Doctor to confirm that the measurements will be more accurate after maceration” (120). “Maceration,” one of the grimmer aspects of anatomical preservation, is the process of boiling flesh off of bone in order to clearly study the skeletal system. The Negro Resurrectionist is called to the stage to read “Footnote #8,” a definition of maceration, for the audience: “A process performed on the subject after the subjects death. The subjects body parts are soaked in a chemical solution to separate the flesh from the bones so that the bones may be measured with greater accuracy [*sic*]” (120). Dissection is a means by which The Baron Docteur will colonize the body of his sexual partner after her death, but also nauseatingly *in anticipation of her death*, while she is still alive. Parks offers this multivalenced view of desire and dissection—or, in other words, desiring a certain body, and also desiring to dismantle it—in most of the scenes where The Venus and The Baron Docteur are together, but the audience of students signifies that such fetishism is not linked only to one character. The play frames a version of love that breaks it down—macerates it—into lust, curiosity, and consumption.

Stage directions indicate that the medical students are to masturbate as The Docteur turns away from them, pontificating during his anatomical lecture. Such a juxtaposition of staged actions press upon the medical establishment’s blurred desires to sexualize and to medically examine The Venus’s body. This particular detail, of The Venus having to tolerate a one-sided encounter in which

she is the object of unreciprocated sexual desire, echoes a point immediately after *The Venus* is bought by The Baron Docteur, toward the beginning of their sexual relationship (immediately after the “Dis-re-memberment” intermission). He turns from her and masturbates after she asks him to touch her. These two scenes that feature male masturbation show that The Baron Docteur’s lustful hope to dissect *The Venus* is not an isolated incident of one particular doctor’s perversion as much as it is a cultural problem. Furthermore, they are the only ones that forthrightly discuss sexual pleasure, which is seen only in terms of male masturbation, half-heartedly hidden from *The Venus*.

Curiously, punctuating the medical scenes is a short poem that repeats between several characters at different times during scenes of courtship: “My love for you is artificial/fabricated like this epistle” (97). A caricature of “love,” the verse maintains the auditory structure of a love poem, but is self-reflexively evacuated of sincere context. Knowing that *The Venus* has died at the opening of the play, the poem’s presence shifts the dissection report into a bizarre exchange wherein it becomes the grand gesture of written “poetry,” yet its purpose has everything to do with the author and nothing to do with her. This poem appears through the first act as a play within a play about a young couple. The young man “wants to love something wild” and, in an attempt to appease his distinctly not-wild betrothed, offers her a poem that *mimics* love in structure but not in its content. In both contexts—wanting to love something wild, as well as love being fabricated—love is established in these scenes as an empty word, a name for lust and sexual desire that because of cultural constraints and taboos, cannot be labeled as such. These scenes and the repetition of the “love” poem even at times as inappropriate as an anatomical reading eventually circulate to The Baron Docteur and *The Venus*, who, like the young wife, is enamored by performance of the poem, without paying much attention to its meaning.

“Love” in *Venus* is created through archetypal signifiers that carry meaning to a contemporary audience: poetry, candy, physical desire. Chocolate, along with the poetry, represents a transactional

aspect of romance. The Baron Docteur lures The Venus to Paris at the very end of Act I (186, scene 17) through promises of money and with an anachronistic red-heart box of chocolates. The red box is one of the extremely rare specific set and prop requests on-book in *Venus*. The box, like the poem, is a “fabricated epistle,” the chocolate a product derived from Europe’s colonization of African countries. The box, like the chocolate, comes to literally sugar-coat the tragedies toward the end The Venus’s life, as The Baron Docteur hands her the box immediately before moments of crisis: when he demands that she terminate two different pregnancies (Scene 9 and 7), and immediately before her death in prison. Like the chocolate, The Venus’s Black body is treated as a consumable object.

Prior to her death, The Negro Resurrectionist hands The Venus a chocolate box in prison; the stage direction dictates that she is “Not caged but chained like a dog in the yard” (146). Staged at the same time, The Baron Docteur performs a reprise of “The Dis-re-member-ment of The Venus.” The juxtaposition of these two scenes that are representations of two events separated by time and place—one as she is dying, and one immediately following her death—self-consciously blurs the boundary between fantasy and memory. The Baron Docteur’s anatomical monologue is interrupted by the exchanges between The Venus and The Negro Resurrectionist, such that he loses his train of thought during the presentation. The Venus asks the Negro Resurrectionist if he has ever loved or been loved, to which he replies, “No,” and hands her the red-heart box of chocolates. He says, “They’re from a man who sez he knew yew when. A doctor I think he sed. Maybe once when you were sick?” (148). Interrupted by this “memory” (possibly imagined, an impotent performance of guilt), The Baron Docteur says, “Oh god, my mind was wandering. Where was I?,” before continuing his report on The Venus’s reproductive organs—her “once or twice” impregnated uterus,” and the details of her labia and clitoris—which are all part of a public archive that includes the dissection report and the museum display of Baartman’s body. The Baron Docteur’s monologue concludes, “Again their difference was

so marked,/their formation so distinguished/that they formed the studies [sic] centerpiece./This author recommends further examination of said formation” (149).

Anatomy and chocolate—both part of a greater metaphor for deconstruction of The Venus’ body—work in tandem to underscore how desire, fascination, and consumption intertwine in *Venus*. Shortly before The Venus dies, she is featured in a monologue titled “Scene 3: A Brief History of Chocolate,” which is uncomfortably similar to The Baron Docteur’s anatomical lectures. This monologue frames the history of chocolate within European colonialism and places The Venus within a system of consumption. Chocolate, she describes, has gone from a “food of the gods” to a means by which people attempt to attain a sense of comfort during times of emotional turmoil. She ends by saying that chocolate is, “a great source of fat/and,/of course,/pleasure”—a metaphor for her role within Europe’s medical system. If it had not been clear earlier in the play, with that closing line, Parks reveals particularly nauseating aspect of the chocolate-courtship in *Venus*: that The Baron Docteur may have hoped to fatten her up so that the size of her behind would be even more exaggerated in his anatomical report. “A Brief History of Chocolate” offers a self-reflexive pathological history of colonialism as told by The Venus. An appendix for Parks’s play confirms the pathological gaze of these monologues with the inclusion of two glossaries: one for human anatomical terms, and the other, for different kinds of chocolate. Placing the glossaries in tandem strategically blurs the boundary between body and food, and shapes the context of the consuming gaze of lust. The Venus’ body becomes a fetish object, a collectible commodity, something delicious to be looked at and picked apart until she is gone.

Bearing all of this in mind, when Parks calls *Venus* a “love story,” and when she titles her scenes as “Scenes of Love,” she never said it was a *good* love story—in fact, the title says more about love than it does about Baartman. *Venus* triangulates desire through a toxic relationship of

consumption and fascination. The “love” story in *Venus* serves to underscore a heightened attention to the power imbalance inherent to The Venus’s (Baartman’s) relationship to The Baron Docteur (Cuvier), whose lustful gaze is tinged with his desire to feed her, consume her, dissect her. Love is skeptical, dangerous, something that can result in death, dismemberment, *disrememberment*, and public display of a body that was once breathing, loving, fleshly.

At the close of the play, The Venus makes a plea: “Love’s corpse hangs in a display. Please visit.” Tongue-in-cheek and tragic at once, there is no greater metaphor that could describe the love story that constitutes *Venus* than “Love’s corpse,” hanging for all to see.

### *The Queering Erotics of Speculative Worlds*

*Venus*’s chilling tale works within the parameters of realism to place erotic curiosity against a true and outrageous story from the archives of medicine’s history, and the juxtaposition of sex and surgery has the capacity to be amplified in the genre of science fiction. J.G. Ballard and Octavia Butler have taken the persistent curiosity toward medicalized bodies, especially women’s bodies, and pushed the boundaries of propriety even further. This contrast between science fiction and *Venus*’s Brechtian realism work side-by-side to track a provocative and disturbing lineage of texts and performances that align medical and sexual desire.

Ballard’s *Crash* and Butler’s “Bloodchild” handle the imaginary operating space through dystopic narratives in uniquely graphic terms, especially for science fiction. In the introduction of *Sex is Out of this World: Essays on the Carnal Side of Science Fiction*, Michael G. Cornelius comments that much of speculative fiction lives up to its title and, indeed, speculates, from a sterilized distance questions of sexuality. Though sex (or its unceremonious synonym, “mating”) are frequently referenced or otherwise *talked around* in science fiction, the genre as a whole tends to be tight-lipped,

and even as “prudish” as the cultures that produce it. Cornelius writes, “[sexual scenes] will not manifest publicly, because society conceives that such outward displays of sexuality should frighten, disgust, or shame us. [. . .]. Thus science fiction — though an integral component of speculative fiction — has demonstrated a certain (and well-documented) reluctance to truly hypothesize or reflect upon sexual physicality” (4-5).

Luckily for us, Butler and Ballard break that prudish mold and willingly guide readers into roles of spectatorship of surgery and its unsettling relationship to sexuality from the perspectives of alienating worldsapes. And yet, despite all speculative experimentation, “Bloodchild” and *Crash*, are working within a similarly historical paradigm of anatomical eroticism to *Venus*, even with respect to the contrast in their temporal landscapes. They maintain a focus on a recognizable fleshliness of erotic desire that likewise appears in *Venus*: a skin-to-skin contact that is taken uncomfortably far through the spectacle of surgical wounding and curiosity. In keeping with a temporal trajectory of past-to-future worlds, I begin this section with *Crash*, which is settled in a dystopic *present* before moving to “Bloodchild’s” unearthly planet.

*Crash* and “Bloodchild” reframe sexual acts and pleasures explicitly through the unnatural bodily openings that happen in surgery. Thematic elements of queerness, spectatorship, and bodily consumption echo through both of these texts as characters push the boundaries of acceptable sexualities. But it should not be lost on readers that both texts feature male narrators and bodies that cross the wires of surgical and erotic penetrations, and in the process, shift what has historically been a surgical fascination with the inner contours of women’s bodies toward the vulnerability of men’s bodies. Both texts reflect a bizarre, disturbing fantasy of new bodily pleasures that can only be accessed through surgical openings. Their new worlds explicitly draw together the penetrative similarities between the bedroom and the operating room.

The stark juxtaposition of the graphic surgical and erotic scenes underscores a dynamic in which receiving surgery can be seen as a gender equalizer: rather than relegating penetrative acts to the biological essentialism of being exclusively male, in surgery, everyone's body will be entered. While it certainly cannot be universally said that all works of body horror contain feminist messages, these two authors de-center a typically masculine gaze that determines the boundaries of normalcy and deviance by presenting the OR as a queering space wherein everyone gets penetrated. In these speculative fictions, the act of penetration and exploration, and the subsequent intimate knowledge it yields, transcend gender and sexual organs alike. Those who are typically the "penetrative partner" also have the experience of *inviting someone else into his or her body*.

Like other scholars before me, I would argue that women, whether by cultural design or by physicality, are forced to be more tolerant of medicalization,<sup>47</sup> though I want to be mindful of gender essentialist language: "woman" and "femininity" do not necessarily correspond to biological sex (though the bodies of intersex, transgender and gender non-conforming people have been the subject of overwhelming medical scrutiny). I call surgery a "queering space" because of its penetrative dynamics: an "active" penetrative partner (the doctor) and the "passive" patient who invites this partner into their body.

### *Crash and the Curious Eroticism of Wounds*

*Crash* articulates the erotics of wounds, scars, surgical sites, and distorted flesh, as well as an erotics of voyeurism. A surface reading of the novel tells us that it is primarily about a unique sexual

47 Emily Martin's groundbreaking study *The Woman in the Body* discusses the extent to which women, particularly pregnant women, are often subject of medical rhetoric that depicts their body as something that needs to be defined by and controlled by medicine in ways that male bodies are not.



fetish that happens in and around cars—especially after the titular crashes—through the emotionally hollowed narrative of advertising executive James Ballard (yes, the same name as the author)<sup>48</sup>. As James's open marriage with his wife, Catherine, and ancillary affairs with secretaries and prostitutes begin to grow monotonous, he gets into a car accident that violently kills a man. This puts James face to face, in a violent intimacy, with Helen Remington, the wife of the dead man, as they look at one another through shattered windows over the bloodied body of her husband on the hood of James's car. Later, he seeks her out, haunted by the mysterious sexual charge of this moment.

At the same time, as James attempts to make sense of this accident, he begins to be stalked by Vaughan, the "former TV-scientist, turned nightmare angel of the expressways" (84) who introduces him and others to the idea of a new kind of kink that arises from the disasters and wounds that follow car accidents. Vaughan, James, Catherine, and almost all other characters we meet are swept into Vaughan's sexual-technological experimentation of a car-human eroticism in order to push the boundaries of embodied pleasure, and they thrive under his influence. It may be worth mentioning here, for the sake of simplicity, that almost all characters that appear by name will have some kind of sexual relationship with any other character with whom they share a page by the close of *Crash*. Similarly to *Venus*, the novel begins and ends with a meditation on Vaughan's death in a car accident that was meant to put him in impact with Elizabeth Taylor at the moment of collision and subsequent impalement of car parts into their bodies (and for Vaughan, orgasm). The rest is told in the form of an erotic, yet sanitized, fever dream-reflection after James's recovery from both his accident, and this just-

48 Ballard's use of his own name for the narrator of *Crash* gives his fiction an autobiographical impression of his inner monologues and fetishes, though the author typically uses his own name in his work. Mark Dery describes this as a means of "de-centering selfhood" (2009), a post-modern gesture to blur boundaries of author and narrator. Similarly, Dery argues that this post-modernity is further reinforced in the relationship of bodies and machines in *Crash* (223-239).

hovering-over-death sexual fetish. When Vaughan dies, so, effectively, does James's will to indulge this strange desire.

Ballard referred to it as, "the first pornographic novel based on technology" (1), framing the novel as a warning about the bleak, affectless future that human dependence on technology holds. This has guided criticism about the novel to often prioritize themes of technology as a mediating agent for sex.<sup>49</sup> In fact, the novel and its author have been so influential that "Ballardian studies" is its own subgenre of criticism, including a number of anthologies about his influence on post-modern dystopia, his use of landscapes, eco-criticisms, and the psychoanalytic undertones of his narrators.<sup>50</sup> In particular, *Crash* has been the subject of a number of essays on science fiction and eroticism, particularly after its David Cronenberg film adaptation in 1996.<sup>51</sup> But although its critical impact has mostly been focused on the use of technology as a means to re-create an erotic body, the novel is centered on fleshly encounters. It dwells on the "obsessions with the mysterious eroticism of wounds" (Ballard 12) and the new orifices they create, while simultaneously closing the gap between

49 The scholars I cite in this chapter, including Mark Dery and Claire Parody, think through *Crash* almost exclusively as a novel about technology and its pornographic impacts. While there is no doubt that Ballard's introduction impacted criticism, Jean Baudrillard's essay on *Crash* in *Simulacra and Simulation* also amplified the novel's association with technology (and in the words of Vivian Sobchack, did so quite gleefully).

50 The list of critics who have commented on Ballard's work—especially *Crash*—is huge. In fact, his writing is so distinctive and his cult following so unique that his name has been made into an adjective. The Collins English Dictionary defines "Ballardian" as "resembling or suggestive of the conditions described in Ballard's novels & stories, esp. dystopian modernity, bleak man-made landscapes & the psychological effects of technological, social or environmental developments"(Ballardian: The World of J.G. Ballard).

51 The aesthetics of the novel and David "The Baron of Blood" Cronenberg's history of celebrating "new flesh" derived from the blend of human sexual drives and technology are an ideal match. Prior to *Crash*, Cronenberg directed a number of other films that deal with similar themes, but there is a particularly strong likeness between *Crash*, in both its film and novel forms, and Cronenberg's *Videodrome* (1982).

spectatorial curiosity and desire. Sexuality blossoms in the new scar paths, orifices, and bodily distortions of wounds, and through the adrenaline rush of car accidents—and even this is another form of bodily manipulation that happens through hormones. Scenes of carnage are paired with detailed sexual descriptions of bodies thrusting and inserting that, likewise, take place in cars, both intact and crashed. And yet, for critics, the human body is perhaps more mundane to think about than its potential to be a technological hybrid.

Technology's role in the novel is actually surprisingly subtle. Car wrecks are the catalyst for the bizarre sexual subculture that builds *Crash*, and yet Ballard still remains focused on flesh and its distortions,<sup>52</sup> which is perhaps what makes it unnerving: the dystopia he describes is not an out-of-touch imaginative future. It is attainable in the present and perverts the contemporary technology he describes at the time the novel was written in 1973. In fact, the novel's focus on the erotic interactions between re-configured bodies is more fleshly than the wax Anatomical Venuses. Ballard does not vault forward in his vision of future technology at all. The novel's erotics of spectatorship and anatomical fascination looks back into medical history as much as it does into the present. Ballard blurs the line between curiosity and sexual consumption through everyday interactions with car accidents and their wreckage—both in human bodies and in cars. *Crash* is not as much a horrifying pornography as it is an attempt to extend and subsequently confuse a line of voyeurism, beginning from a point of curiosity and bringing it to a place of sexual fetish. In other words, looking at deviant bodies in medical

52 Reflecting on her own experience with losing a limb, Vivian Sobchack comments that Baudrillard's essay on *Crash* is preoccupied with the violence inflicted on fleshly bodies by technology, rather than a "merging" of bodies and technology. She writes, "Baudrillard's body is always *thought* as an object and never *lived* as a subject," which is an important reading of his take on Ballard's novel as *distracted* and celebratory of by the possibility of a body that is devoid of "organs and organ pleasures—under a sign of sexuality that is without referentiality and without limits" (206).

museum cases is acceptable; desiring to seek out and masturbate to those bodies in the aftermath of car wrecks is not.<sup>53</sup>

To that end, the orgy of sex and violence in car accidents is met with a written affect that is distant, observational. Ballard once wrote that "novelists should be like scientists, dissecting the cadaver" (quoted in Smith 2014). Of the three texts I consider in this chapter, *Crash* is the most sexually explicit, insofar as Ballard describes the mechanics of intercourse. At the same time, his choice of language is clinical; one can even go so far as to say as banal and repetitive as surgery itself. This is perhaps unsurprising, given that Ballard himself studied medicine after serving in the British military and had intended to become a psychiatrist (Frick 1984). Mark Dery describes his prose: "Ballard's genius lies in his metaphoric use of scientific jargon and an antiseptic tone, somewhere between the dissecting table and the psychopathic ward to psychoanalyze postmodernity" (2009). Sexual scenes are deployed with a focus on textbook medical acts of glans becoming aroused, insertions of penises and fingers into vaginas and anuses without the erotic, vulgar parlance of pornography and, especially, not of romance. He is tacitly diagnostic in his writing, psychologically pathologizing the affectively blunted world around him. Ballard's clinical tendency aligns with this tendency to merge hyper-sexualized language with that of the anatomy textbook.

This antiseptic verbal "textbook aesthetic" that appears in *Crash* is another means by which the novel reconfigures historical undertones to depict the bleached, depersonalized environment of the 1970s and, likewise, manifests in a confused boundary of medicine and pornography. James describes Vaughan as he plans his (what will become a failed) union with Elizabeth Taylor as he methodically maps her body from magazine pictures alongside images from medical books. He narrates, "At his apartment I watched him matching the details of her body with the photographs of grotesque wounds in

53 Please note, dear reader, that I am not attempting to challenge this agreed-upon social standard.

a textbook of plastic surgery” (8). As a former student of medicine, Ballard was certainly aware of both the graphic depictions of wounds and the utility of such textbooks as components of medical education. Placing these image descriptions against the ones of magazine photographs of Elizabeth Taylor makes for a juxtaposition that is not unlike the Anatomical Venuses, as beautiful, dismembered women who remain the object of a fantasy. The print “technology” here is old—books and models, all meant to represent flesh and blood, rather than metal and chrome.

A similar temporal slippage occurs through old medical aesthetics when James and his wife attempt to find and claim his car in the parking lot where it was taken after the accident, along with all of the other cars that had been in accidents. Ballard refers to this as a “museum of wrecks,” where the “deformed bodies” of nearly unrecognizable cars are on display for those who pass through (67). The words “museum” and “deformed” repeat throughout the passage as James moves past this archival warehouse of destroyed vehicles. James comments, “For several minutes, I gazed at the wrecked car, assembling its identity” (67). Unable to be certain of the “identities” of these cars, he theorizes their accidents and destruction. His own car, with its crushed “bonnet and grille,” is “splattered with the black lacework of blood” of the man he killed. He is only able to determine which destroyed car is his through a certain pathology, where he cannot necessarily perceive the external damage to the vehicle, but remembers the bloody interaction that caused its death. This diagnostic gaze in a “museum of wrecks” aligns with the democratizing gestures of the medical museum, where the experienced sovereign gaze of the medical specialist is granted to a lay audience of spectators without the distraction of patient identities. James cannot determine the “specific identity” of the car-specimens in front of him; he can only determine, based on their wreckage, why they are there.

After sitting for a while in the car’s “deformed cabin,” there is a small museum of “excitement and possibility” (68), as he sees his mistress’s lipstick-covered cigarette butts, erotic Polaroids, and

other small artifacts from his pre-accident life. His and the other, barely-identifiable cars in the tow-lot become reliquaries of the lives kept and lost in the seats, which, we are meant to understand, includes these silent stories of affairs. The left-behind wreckage remains on display for those who can, and want to claim it. The word “museum” uncannily fits, and yet its presence in *Crash*, a text that is about sex and carnage, underscores a relationship between morbid and sexual curiosities. Like the museum, the car-park reveals the aftermath of a disaster—it indicates the violence of what has already happened; the absence of a clear narrative is filled with the story of a destruction. Blood-spattered windows indicate where people died, but, like the dividualizing process of the medical museum, there is no “who,” no specific person, that is featured in this tacit narrative of death and destruction. Instead, the car wrecks only tell “how” they (likely) died, from a standpoint far away from the actual impact—the story becomes retrospective.

James’s trip to the “museum of wrecks” hints at a means by which spectatorship becomes a kind of “macabre foreplay,” in the words of Zadie Smith, becoming more and more pressing and noticeable throughout the novel (2014). Spectators always appear in the corners of the accidents, looking in horror or judgment; they are as much a part of the scenes of wreckage as the people who are injured. James’s own private contemplation in his crushed car as he looks through this small collection of topless pictures of his secretary precipitates his affair with Helen Remington and, shortly thereafter, with Vaughan. However, Ballard extends this analysis of spectatorship and the way it privileges fetishism and gawking over tragedy, conveying that the “car crash fetish” is not unique to these characters but could apply to everyone to some degree. Ballard freezes one post-accident scene of destruction by remarking that as police have attempted to help a young woman “[her] skirt had ridden up around her waist, and her thighs lay apart as if she were deliberately exposing her pubis” (154). James and Vaughan find that they are surrounded by other people, mostly couples, who are also

emotionally and erotically invested in the scene of carnage. When the accident is cleaned up, they skulk off feeling each other's bodies through their clothes, marked by the "most vivid erotic fantasies" (156) as they left. James perceives, "This pervasive sexuality filled the air, as if we were members of a congregation leaving after a sermon urging us to celebrate our sexualities with friends and strangers" (157).

This scene links the common form of morbid curiosity—disaster fetishism—that makes people want to stare at car wrecks, gruesome deaths, and medical procedures, to the bizarre revision of sexuality and anatomical erotics in the novel. Taking seriously Ballard's assertion that "pornography is political" (1985: 1), Clare Parody remarks on the ever-present theme of spectatorship in the novel in terms of surveillance:

Ballard's characters illustrate how, in such a visual culture, the relationship between individuals and the world around them increasingly becomes conceptualized as that of the spectator to the spectacle, confusing the boundary between the private and the public, and reframing reality as performance, such that generations are conditioned into socially sanctioned voyeurism, and the acts of individuals are shaped by the assumption that someone, somewhere, is watching (204).

The horror of the car accident in which a man breaks both ankles and the aforementioned young woman must bear the indignity of being exposed to a hungry, curious crowd is neutered of its emotional impact and is instead replaced by the quiet, electric stirring of sexual desire. The voyeurism of the crowd is referenced not with regard for a caring impulse to determine whether these two individuals are hurt or in need of help, but rather through the guise of a grotesque performance for the crowd's benefit. The disaster is compounded by the young women's exposed groin, providing an

unstated and yet inherent aura of humiliation through this invasion of privacy. And yet the scene that Ballard describes is familiar: something bad happens, a crowd appears, sometimes wanting to help, but when they are unable to help, they just watch. Looking feels invasive; turning away feels heartless. In the end, the crowd stays and satisfies a sense of curiosity in lieu of doing anything more useful. Ballard pushes this recognizable scenario (known to anyone who has passed a car accident on a highway) into an uncomfortable realm by linking pleasure to the spectacle of accidents. He also openly avoids the ethical conundrums of “the gaze” during the accident, focusing instead of the feelings of pleasure that arise from the wreckage.

But most important—and the epitome of all of the wreckage and deformation in the novel—is the fundamental queerness that becomes a part of the sexual desires of James, Catherine, Vaughan, and the others in their band of newly-disabled car crash enthusiasts. In addition to the sexual tension between James and Vaughan, which extends through the length of the novel until their own erotic encounter shortly before Vaughan dies, this desire is realized through the physical experiences of exploring sex with new body parts and openings afforded by car accidents. It is a form of sex that, through surgical alteration, transcends genitals or anything that would be recognizably sensual to most readers. When James carries on an affair with Gabrielle, Vaughan’s colleague and partner-in-fetish, it is not through any kind of intuitive penetration, but rather through the *wounds* left on her body after her own car accident and the indentations left on her skin from the straps of her various braces. James regards these new valleys: his “first orgasm, within the deep wound of her thigh, jolted my semen along this channel, irrigating its corrugated ditch” (179). It is not until James has access to the bumps and ridges of her skin, the things that would mark where new orifices and openings existed and later healed and scarred close, that he is able to sustain an erection—and it should not be ignored that the word “irrigate” is often used as a surgical term that refers to cleaning wounds. Ballard’s persistent use



of “irrigation” to signify the liquid aftermath of orgasm is seeded<sup>54</sup> throughout the novel. He goes on, “For the first time I felt no trace of pity for this crippled woman, but celebrated with her the excitements of these abstract vents let into her body by sections of her own automobile. During the next few days my orgasms took place within the scars below her breast and within her left armpit, in the wounds on her neck and shoulder, in these sexual apertures formed by fragmenting windshield louvres and dashboard dials in high-speed impact” (179).

Engaging what Sobchack calls an “erotic technophilia,” Baudrillard writes that such sexual scenes in *Crash* are an “explosive vision of a body given over to ‘symbolic wounds,’ a body commixed with technology’s capacity for violation and violence and in the brutal surgery that it continually performs in creating incisions, excisions, scar tissue, gaping body holes” (313). Much of the criticism (with the notable exception of Sobchack) surrounding *Crash* follows Baudrillard’s lead with the fantasy of car technology *creating* these “sexual apertures,” rather than the development of sexual fantasy as a result of them. James is not orgasming because of the car or technology, but because of the revisions made to Gabrielle’s body. I hold the fetishization of wounds to be distinct from the fetishization of technology itself, for although technology—metal and chrome—may be the cause of wounds, the desire is for new forms of fleshly encounters that transcend traditional genital contact.

The novel closes when James consummates his affair with Vaughan, a desire that is wholly physical. Yet, *Crash*’s intuitive crescendo, and indeed its queerest point, is not their LSD-fueled homosexual encounter in the back of a car; it’s James’s discovery of a new set of fantasies about the possibilities of surgically altered embodiment. The car accidents are the cause of a new, queer flesh, but not the actual object of sexual fantasy in *Crash*.

54 Please enjoy and then forgive this pun.

*Monstrous Pregnancy in "Bloodchild"*

The queer eroticism that arises from new forms of embodiment in *Crash* is pushed yet further in "Bloodchild." Ballard's modern techno-landscape and materialism of the 1970s gives way to the alien world in "Bloodchild," where the knowledge of bodies, reproduction, and consent are re-organized outside of typical cis-gendered forms of sex and pregnancy. Butler's text is less pornographic, and yet more erotic—in many ways a love story that precipitates lust than what appears in the clinical, function-oriented language of *Crash*. However, the story likewise relies on explicit violence to provoke this emotionally-driven sensuality, culminating in a deeply erotic connection between the narrator and his surgeon. "Bloodchild" defamiliarizes the logics of erotics through a speculative universe in which humans, called "Terrans" in the story, are given the job of carrying the young of their "Tlic" alien hosts. Here, humans are tasked with "paying the rent" (Butler 31) on a planet that is not their own after Earth has become an untenable place to live. Euphemistically called "the joining of families," the trade-off for the Terrans' ability to live in a safe Preserve among the Tlic is that male children are meant to provide host bodies for the eggs, which will subsequently hatch into grubs. "Bloodchild," however, remains ostensibly a love story between our adolescent narrator, Gan, and T'Gatoi, the alien who has tasked him with carrying her babies.

It is as unflinchingly grotesque as it sounds. In her afterward to the story, Butler writes that she envisioned "Bloodchild" as her "pregnant man story" (30) after traveling to South America and learning about the "birth" process for the botfly—an insect that lays its eggs in its host, who will eventually see a small grub trying to break free from under his or her skin at some later point. Most people, including your author, would find this horrifying, as distant as possible from anything sexual, and certainly not "erotic." Like Parks, however, Butler appears to navigate the responses to her story with a certain amount of sarcasm or playfulness, for she has done the nearly-unimaginable: created a

story that manages to weave sensuality into a graphic story of an alien birth (figuratively and literally) that is drawn from a familiar (and nauseating) parasitic relationship between insect and human.

A strange and uncanny form of femininity comes through the character of T’Gatoi, a high-ranking politician, who is a fleshly, humanoid arthropod with an endoskeleton. Tinged with desire, Gan admires the soft flow of T’Gatoi’s long and graceful body, quietly seduced by her movements. But another, and more unnerving, instance of uncanniness, occurs through Gan’s fate to serve as the host body for T’Gatoi’s “young” after she inserts her eggs into his abdomen. As the story radically shifts the representation of pregnancy, it conveys that uncanniness is not limited only to female bodily *structures*, but also the display of female bodily *functions*. Butler slips between euphemism when it comes to T’Gatoi’s eggs: in her voice, they are her “family,” her “children,” and her “young.” Later, she and Gan slip between these soft euphemisms and “grub,” “worm,” and “larvae.” I tend to mimic the language of the story, leaving the somewhat romanticized language of T’Gatoi’s “young” intact. Butler’s careful use of language to describe the task T’Gatoi will ask of Gan—to bear her young in his body—attempts to obscure the brutal realities of the Tlic race’s habits of reproduction, and yet, at the same time, the horrific details slip through the inadequacy of such euphemistic language.

In a subtler way, the story is also about juxtapositions of poor timing, of seeing things that belong in an operating room and are not supposed to be accessible to the public. The story takes place on what we learn at the end will be the night of Gan’s own insemination. When we begin, Gan, who was chosen when he was a baby to bear T’Gatoi’s young, is blissfully high on fluids of a sterile egg. The exchange of bodily fluids, introduced in the beginning of “Bloodchild” through the asexual and counterintuitive source of a “sterile egg,” is one of the ways in which the bodies of the two species become bound to one another—the secretions from Tlic adults providing an opioid effect on humans, the secretions of their young, extreme pain. The family’s evening is abruptly ended when a man, Bram

Lomas, is rushed into the family's house in "N'Tlic—in labor, in immense pain, because the grubs from the egg sac inside of his body have begun to hatch, excreting a poison which signals that if they are not soon removed, they will begin to eat their way out.

Gan has the misfortune of witnessing what will be his fate in Butler's disturbing re-imagining of a cesarean birth. In order to save him and the young of his Tlic, T'Gatoi must perform an emergency makeshift operation on the living room floor of Gan's house with some, but not enough, anesthesia. This, T'Gatoi gives to Lomas through her "sting," a way of injecting her own anesthetizing bodily fluids into his system. Gan holds Lomas's hands—tied together with his pants—above his head so that T'Gatoi can do her job with a surgeon's skill. Gan is not only horrified by the graphic delivery of the babies when T'Gatoi pulls seven grubs out of the man's abdomen, but also by her calm affect, at best coolly sympathetic to Lomas's suffering and unwilling to anesthetize him more for fear that it will hurt the young. He survives.

Butler interjects a remarkable biological realism into this otherworldly scenario, where the reproductive capacities of pregnant men and botflies meet. Though a small detail, Butler's description of the elaborately interwoven blood vessels that attach the eggs to Lomas's abdominal organs is a version of the placenta, that, given the circumstances of the story, would seem to be physiologically plausible. Lomas's body is an uncanny home of a violent labor and subsequent birth, but, in addition to that, his surgery also sets up a familiar visual dynamic in obstetric spaces. The surgical scene that Butler sets up on Gan's living room floor, while violent, appears in other literature feature women suffering unanesthetized surgery, such as in Ernest Hemingway's *Nick Adams* stories.<sup>55</sup> Hospital settings blessedly offer epidural anesthesia for cesarean births, but it is still a surgery for which most

55 Nick has a "coming of age" moment over the body of an Indigenous woman who has to endure an emergency C-section in the middle of the woods, without anesthesia.

patients remain awake and can feel the pressure of medical hands manipulating their organs.

“Bloodchild’s” power comes in part in its familiarity, where there are a number of aspects to Lomas’s surgical birth are recognizably human, which does not take away from its horror. Butler shifts the classic embodiment of operating room roles around, such that the doctor is a female alien, the docile patient body is Lomas, and the setting is in what should be the safe space of home.

“Bloodchild’s” eroticism arises from the place of (alien-)doctor/patient vulnerability. Bram Lomas’s physical vulnerability to T’Gatoi catalyzes an open awareness of Gan’s emotional vulnerability, emphasized by Gan’s feelings of helplessness as a spectator to the surgery. It is notable that “Bloodchild” is not told from the perspective of the character performing the surgery, nor the recipient of surgery. By placing Gan on the narrative sidelines of surgery, in a liminal, yet ideal space, the gaze does not serve to objectify a patient’s body for a curious spectator. This spectatorship is anticipatory—a mirror into Gan’s miserable future. In narrating the performance of surgery, “Bloodchild” demands we take on Gan’s helpless gaze—unable to help with the operation itself, his role is to hold Lomas’s hands above his head as T’Gatoi takes out a long, sharp claw to cut. It is as if he is complicit in Lomas’s torture, helping T’Gatoi “consume him” (15). And at that same time, there is an eroticism even in the way Lomas’ body is manipulated: his belly exposed, his hands held above his head, T’Gatoi running her claw against his belly before she makes the cut. She licks the wounds of his open body to help his blood vessels contract. When Lomas goes unconscious she can joyfully deliver the grubs and comment excitedly on the successful birth over his supine body, belly open in a half-moon, looking perhaps not unlike the Anatomical Venuses.

Despite Gan’s trauma at his own participation in the birth, and the nauseating knowledge that this will be his own future, “Bloodchild” continues its shift into an erotic love story. T’Gatoi attempts to comfort Gan, apologizes that he had to see the birth, and comments that humans should not be

“allowed to see” (23)—a common theme in the history of obstetrics. In addition to appearing in a number of childbirth “education” videos produced by the American Medical Association in the 1950s, “women shouldn’t be allowed to see births” comes up frequently in fictional and medical literature alike.<sup>56</sup> In the aftermath of the surgical birth, and her apology, Gan considers killing her, then considers killing himself, before ultimately committing to a plan that had been in place from the time he was an infant. He attempts to switch places with his sister, who “has always expected to carry other lives inside of her” (26). But, when T’Gatoi turns away from him to go to his sister’s room, an unlikely emotion rises from Gan’s abject horror: jealousy.

Gan negotiates with T’Gatoi to allow his family to keep their gun, an illegal weapon in the Preserve. He asserts their mutually irreplaceable roles in each other’s lives: “There is risk, T’Gatoi, in dealing with a partner” (26). At the word “partner,” she capitulates, distressed, to Gan’s wishes, in exchange for the use of his body to implant her eggs, and leads him into his bedroom. He undresses and lays down before T’Gatoi, allows her to “sting” him with the narcotic from her body, and is therefore not distressed by “the blind probing of her ovipositor” (27). He holds a set of her limbs and she slowly thrusts and undulates against him. The scene ends as Gan tells T’Gatoi that he chose to go through with “it” because he wants to “keep [her] for himself” (28).

Gan understands, over the body of Bram Lomas, the truth behind the clean, sterilized textbook images and lessons he had been given by the Tlic before witnessing the bloody affair in person. At the same time, the story is shaped by Gan’s partnership with T’Gatoi, which had been established before he was born. This partnership, of course, yields uneven power and yet their attachment to and

<sup>56</sup> See *Labor and Childbirth* from 1950 (via the Prelinger Archive). Donald Caton’s *What a Blessing She Had Chloroform: The Medical and Social Response to the Pain of Childbirth 1800-Present* (1999) also addresses how medicine emphasized “twilight anesthesia” during birth so that patients would not be awake during their delivery.

understated, passion for one another softens the inherent mediating factor of the species-hierarchy of the Preserve. Speaking to these mediating factors—of the imaginary biology and cultural practices of alien species—Istvan Csicsery-Ronay, Jr., writes, “It is not rare for human and humanoid aliens to have sex and mate—and to feel the same anxieties about violence and self-loss in the other as in human sexual affairs.... The humanoid alien therefore projects a formidable and generally taboo biological difference on to a being whose difference is actually cultural — in other words, it seeks to establish a natural barrier where there is none” (16).

Although the Tlic treat the Terrans humanely (for lack of a better term), their vulnerability is multi-layered because of the planet’s systemic hierarchy, and yet it is in spite of this that their affair takes on a sensual tone. The “anxieties about violence and self-loss” are obvious in “Bloodchild,” though the diegetic backdrop of the story—the fact that it takes place in a “Preserve”—complicates Gan’s claim to selfhood, as it would any Terran. Terran lives are only as valuable and as necessary as the Tlic determine them to be. In exchange for protection and a “joining of families,” as opposed to an overt slave-society, Terrans tolerate a strict mandate on their individual agency. However, Butler pointedly comments, “It amazes me that some people have ‘Bloodchild’ as a story of slavery. It isn’t. It’s a lot of other things, though” (30). It is perhaps equally amazing that she *wouldn’t* have meant it that way. This comment in her afterward reads like Suzan-Lori Parks’s assertion that *Venus* is a love story: coy. While the primary priority of “Bloodchild” may not be about slavery, the hierarchy that determines how Terran bodies can be used by the Tlic casts doubt onto Gan’s relationship to T’Gatoi—is this story as sensual as it seems, or is it a teenage boy’s narrative of Stockholm syndrome? To what extent is it possible that this love story is mutual despite such a hierarchy?

Perhaps that is one of the more sublimely disturbing points of “Bloodchild’s” eroticism, as much or more than the inadvertent surgical “foreplay” that happens over Bram Lomas’s body: the

ambiguity of their mutual love, the trembling, tenuous hope that when T’Gatoi, still inside of Gan, promises, “I’ll take care of you” (29), she means it.

### *Dissecting Fantasies*

The speculative backdrop of *Crash* and “Bloodchild” ties together a queering fantasy of a world in which erotic sexuality flourishes, not through heteronormative sexual encounters, but through flesh that has been sculpted into something new. These bodies, which may be called “deviant,” connects an outdated pathological descriptor that signifies “abnormal” to a multifaceted, temporally slippery usage about erotic desire. The word had appeared in the context of the medical museum to describe a body whose physical structure is anomalous or, in the cruel tongue of freakshow culture, “monstrous.” But the contemporary use of the term “deviant,” as influenced by the theoretical monoliths of Foucault and Lacan, also has an undercurrent of sexuality—something taboo and lusty, desires that are atypical or perverse. “Deviance,” or taboo, has particularly currency in BDSM communities, where hierarchical sexual relationships are met with consent, even celebration, as part of an excess of erotic energy that is willing to go to darker or exploratory places.<sup>57</sup>

*Venus*, *Crash*, “Bloodchild,” and even the Anatomical Venuses and their associated lithographs speak to these fantasies of hierarchies, which look to intertwined scenarios of physical vulnerability that appear almost exclusively within the two settings of the bedroom and exam room. The difference is the emotional contexts and the anticipations. For the patient, however, the experience at the doctor’s

<sup>57</sup> This topic that has been addressed in psychoanalytic and theoretically-driven academic forums as well forums that celebrate “kinky” or, what one could also call, “adventurous” sexuality. Perhaps one of the most notable examples of a text that brackets both academic interpretations of sexuality as well as erotic explorations is the *Semiotext(e)* “Polysexuality” issue in 1982, which was a Lacanian-driven celebration of the most controversial sex acts, mostly between gay men. Short of featuring early versions of Pierre Klossowski’s *Roberte Ce Soir and the Revocation of the Edict of Nantes*, women were completely absent from this volume.



office is a unique, at best, annual experience that hedges on the possibility of disaster—“possibility,” because medical care is often sought in anticipation of potential outcomes that could signify, but are not yet, disaster. This anticipatory concern, hedging of danger and vulnerability, creates a dynamic that, without the redundancy of actually practicing medicine and the numbness to other peoples’ vulnerabilities that may come with it, may infuse a doctor’s visit with an erotic fantasy that tends to manifest in contemporary aesthetic scenery. In the bedroom, we anticipate pleasure; in the clinic office, we hope for the best, but fear disaster.

My reading, which emphasizes the fleshliness and fantasies of bodies in speculative fiction rather than the post-human disasters that forcibly engineers them into being, goes against the grain of a lot of critical emphasis on how these and other science fiction texts reinscribe heterosexual dynamics and otherwise shift away from bodies and onto objects—cars, images, and other forms of affectless technology. Sexuality, in these speculative worlds, may provide a number of interpretive vessels, but the titillation—the bodily pleasure—within *Crash* and “Bloodchild” happens alongside the pain and horror of surgical manipulation. “Bloodchild” emphasizes “surgical queerness” most explicitly, as a female alien penetrates her young, male human to lay her eggs, but it also appears explicitly in *Crash*, where wounds becomes eroticized through crashed cars. Surgery underscores an unnatural, human (or alien) -made, forced opening into another body, and seems an unlikely source of pleasure to the recipient of the surgery, and yet, in both texts, surgery precipitates a new, emboldened form of sexual experimentation and a peculiar, heightened form of intimacy. The two texts bracket two overarching categories of science fiction: aliens and technology, both of which offer an opening to look to new forms of embodiment (Cornelius 1-13, Ginn 241).

*Crash* and “Bloodchild” effectively narrate and reflect upon the end result of surgery—the bodily excavation detailing otherwise unknown details of organ structures and possible functions—but

the actual operating space remains hidden. The *avoidance* of the operating room in *Crash*, as well as in *Venus*, where the operating room only “appears” in the aftermath of a surgery by way of detailed anatomical reports of dissections and wounds, is a fascinating absence to read. This absence allows the reader (or spectator), to suspend a sense of disbelief about how gruesome surgery can be—and usually is. On the other hand, the unrelenting and uncanny descriptions of this violent birth in Butler’s “Bloodchild” does not offer any such imaginative relief.

Looking at the role of spectatorship and fantasy in these texts takes a slightly sideways view of the horrific theatre of carnage and bodies they represent. In their speculative worlds, Butler and Ballard leverage this confused boundary to make explicit an erotic relationship with bodily exploration such that new orifices can be made and used for pleasure, and such that the scene of surgery becomes integrated into foreplay. Readers may be more inclined to see this cringe-worthy combination of words, “sex and surgery,” as belonging to a horrific realm of dystopian universes, but medicine’s history complicates that assumption. *Venus* tackles the link between surgery, discovery, and fetish (both sexual fetishism and commodity fetishism). In the process, the play addresses the lines of abuse and fantasy that are crossed in The Baron Docteur’s pursuit of “discovery.” *Venus*, and the display and development of the Anatomical Venuses, contain many tacit narratives about sexual curiosity that were framed as educational facts,

In fact, perhaps the most intriguing aspect of the speculative landscapes in *Crash* and “Bloodchild” is that they make explicit a connection that is already obvious—that the study of bodies, and in particular the deviant, strange, or feminine bodies, has already been bound to a thinly-cloaked sexual desire that is constructed in professional terms as “breakthroughs.” Ultimately, though, the connection between erotic and surgical bodies that Ballard and Butler make in their fictions look back into history as much as they do forward into new universes. While *Venus* revises aspects of medical

history to amplify how sex has been a part of anatomical study, *Crash* and “Bloodchild” use speculative worlds to label and re-orient what has historically been a patriarchal, colonizing gaze that seeks to unveil the hidden secrets bodies through dissection. Framing surgical penetration as a source of pleasure (or otherwise pre-empting pleasure) indeed clarifies a form of fetishism and curiosity that is disturbing, but also reinscribes characters who are the “penetrated” into new autonomous roles. And, these roles are more uncomfortable for the *readers* than it is for the James and Gan, and the others who narrate them. These pleasure-seeking narratives are simultaneously nauseating, and also part of a system of erotic fulfillment in their diegetic worlds.

If the Anatomical Venuses point to the classic hierarchies of medicine, that the student is meant to look at and learn from the passive body of the patient (made docile because it is anesthetized or because it is dead), what makes the work of Parks, Ballard, and Butler powerful is that it takes the curious pleasure of looking at bodies and spits it back out at the spectator. These texts answer a historically patriarchal gaze with a vicious response. Their horror disrupts classical visual hierarchies and power relationships, for they strain the desire to look at carnage and to look away from it—a desire to look, but to not admit the desire to look, that frames this entire dissertation. Pleasure here is reconstructed through new bodily logics, facilitated through imaginative efforts, that ask we endure the brutality for the sake of a larger agenda, titillated, curious, and horrified.

## CHAPTER IV

### RADICAL SELF-EXAM: DAVID CRONENBERG'S *DEAD RINGERS*, ORLAN'S *CARNAL ART* AND TED CHIANG'S "EXHALATION"

#### *Who Sees Inner Beauty?*

In her critique of David Cronenberg's 1988 film *Dead Ringers*, Mary Russo addresses one of the early scenes (108-110). Renowned fertility specialist Dr. Elliot Mantle completes his gynecological exam of beautiful actress Claire Niveau. The shot looks familiar to anyone who has had such an exam: Claire stares blankly at an unmarked point on the ceiling, legs akimbo in the footrests, patiently waiting for the doctor to finish. But as Dr. Mantle reaches his fingers inside of her body, his face, turned slightly away from Claire, falls into concerned surprise. Underneath the actress's flawless exterior is what the film terms a "mutant" reproductive system: a trifurcated uterus, which means that she has three cervical openings and, ostensibly, three small uterine chambers, something that we cannot see but is narrated by the medical providers in the film. In a feeble attempt to explain his findings, Dr. Mantle quips to her confusion, "Surely you have heard of inner beauty?" as he pulls his hand away and removes his glove out of her gaze. He continues, "I've often thought that there should be beauty contests for the insides of bodies."

The phrase "inner beauty" (and its partner, "beauty is only skin deep") litters pop psychology articles, children's books, advertisements, and platitudes, usually as a means of emphasizing the non-physical attributes that may make someone affectively, if not outwardly, beautiful. Susan Sontag laments that this schism fragments women, in particular, into "persons split between 'inside' and 'outside'" (3). Elliot Mantle's statement, "Surely you have heard of inner beauty?" which should only be read with Jeremy Irons's pristine British accent and scathing sarcasm, routes the question of inner

beauty out of an affective realm and back into a physical critique. *Dead Ringers* embraces the repulsive idea that Claire, or anyone, could have distinctly un-beautiful insides, putting her and her infertile, mutant anatomy at odds with the beautiful (and always pregnant) Anatomical Venuses, as well as much of the physiognomic discourse regarding how physical features are telling of affective, moral values (Hilhorst 11).<sup>58</sup>

The film, which received critical acclaim for its elaborate cinematography and mimicry of Renaissance art, centers on the relationship between the twins, Beverly and Elliot Mantle (both played by Irons), and their relationship with Claire, who threatens to destroy their relationship when she chooses to be with only one of them. Shortly after this exam, Elliot leaves the room to switch places with his medical partner and identical twin brother, Beverly (unbeknownst to Claire) and discuss in hushed tones such rare uterine architecture. The strangeness of her body, as well as her status as a beautiful celebrity, piques their interests for different reasons: first, because such a uterine anomaly would ostensibly be a valuable, career-making medical problem to discover and treat, and, second, because the intimacy of examining Claire's genitals precipitates the twins' sexual interests in her. (Elliot's desire is defined by a sense of sexual machismo, whereas Beverly begins to fall in love with Claire.) These erotic relationships are derived from their medical beginnings after they see her bizarre uterine anomaly, which she did not know about until the twins point it out to her. *Dead Ringers* triangulates the twins' fraught relationship through the sexual/medical eroticism of Claire's body. She

58 Also see Schiebinger's commentary on idealized women's bodies and their perceived morality, which I discussed in the previous chapter. Additionally, Allan Sekula's "The Body and the Archive" for further discussion on perceived beauty, physiognomy, and criminalization in Victorian London. Finally, Susan Sontag offers a useful critique of how women's beauty

is the prism through which they must navigate their own complicated, psychically tangled relationship.<sup>59</sup>

Thanks to Russo's essay on the film and the feminist criticism that appeared in its wake, *Dead Ringers* has become canonical to those interested in medicine, art, and performance, gaining a significant cult following in these circles of scholars because of its head-on confrontation of gynecological issues and disorders. The film's long opening credits, which Cronenberg calls the "vestibule before the film" (Perkins 2016), confuse contemporary medical practice with Renaissance medical imagery. Names appear alongside recognizable pictures of dissected bodies and medical tools—what Russo calls "an alphabet of torture and medicine" in the lead-up to the film's opening shot of the actress in a familiar gynecological pose (111).

Furthermore, *Dead Ringers* is one of Cronenberg's most visually complex endeavors insofar as many shots were inspired by the clean details of Renaissance art. Getting these shots required so much attention to detail that he had to direct scenes from a separate room in order to ensure that he was getting the carefully curated poses and images he wanted, in addition to using a split screen technique for Jeremy Irons's twinned performance (Lee 1988). And yet, although Cronenberg's reputation is that of the "Baron of Blood," *Dead Ringers* echoes the beautified, bloodless textbook images that feature bodies *opening themselves* in a form of auto-dissection, making way for a grotesque aesthetic discourse that pre-imagines what horror could look like, without ever showing the audience. In that short, snappy comment about "inner beauty," Dr. Elliot Mantle draws attention to all of the things lurking *inside* of bodies, even as he denies any view of them.

<sup>59</sup>Nick Davis examines *Dead Ringers*' queer undertones in "'Beyond Gay': *Dead Ringers* and Queer Perceptions," a chapter in *The Desiring Image: Gilles Deleuze and Contemporary Queer Cinema*. See also Eve Kosofsky Sedgwick's essay, "Gender Asymmetry and Erotic Triangles" in *Between Men: English Literature and Homosocial Desire*, pg. 21-27.

Russo has pushed against the limitations of critical claims that theorize Claire in terms of her victimhood, as inherently vulnerable with her legs spread open in the gynecological chair, instead of looking toward how the film reorients gendered romantic relational dynamics through the discursive apparatus of gynecology (120).<sup>60</sup> And yet *Dead Ringers* begins with a falsified premise of the mysteries of the female body. The assumptions that the Mantle brothers would be the first ones to see Claire's unique cervix, that she wouldn't have known about it herself, and that it would have been such a shock to everyone shows a certain ignorance in the script of gynecological procedures and problems. Furthermore, such uterine anomalies are actually not all that uncommon, as is widely known in gynecological fields. Although I agree with Russo's argument that *Dead Ringers* works in a number of ways to challenge the visual parameters of medicine and gynecology, it is with the caveat that the premise of the film, whether by accident or by design, does indeed reinforce a well-hewn dynamic of "all knowing, all seeing doctor" and "patient who is ignorant about the inside of her own body." Furthermore, this aspect of the script is so steeped in its own ignorance that it takes for granted the fact that audience members would find the "discovery" of Claire's trifurcated uterus to be particularly mutant or particularly hard to see. Taken holistically, Russo's claims, as well as much of criticism that followed in the wake of the film, highlight the way in which spectators may revise notions of power and gender in medical contexts by retaining focus on the twin gynecologists— and yet Cronenberg may have inadvertently tipped his hand toward his own ignorance by amplifying the "shock" of Claire's anomalous uterus. As innovative as *Dead Ringers* may be, Claire is still portrayed as dependent upon the Mantle brothers to unlock the secrets of her own body.

60 See "The Joke's On Us" by Florence Jacobowitz and Richard Lippe, an incisive critique of what the authors perceive to be the misogyny of the film.

By posing the question, “Surely you have *heard* of inner beauty?” Cronenberg taps into something unnerving about bodies and visibility and who can see what. After all, Dr. Mantle says “heard of,” not “seen,” to further underscore the extent to which “inner” can only be discussed in the abstract because it is otherwise hidden from view. “Inner beauty” identifies a physician’s uniquely dissecting gaze—or at least what is *supposed* to be a physician’s professionally exclusive dissecting gaze. However, such a gaze could, and maybe even should, belong in equal measure to the patient, who almost always knows less about her own body than her doctor does.

The term “self-exam” has roots in gynecology as a praxis by which women were able to regain control over the visual paradigms by which medicine defined their bodies. It is often linked to feminisms extending from the 1960s until now that encourage(d) speculum self-exams in an attempt to empower people with cervixes in medical settings, while also speaking to an artistic practice of self-exploration. Visual and performance art often addresses desires to explore, change, manipulate, and re-imagine embodiment, often in ways that radically revise spectatorial expectations of who should have the knowledge of medical expertise, and in what venues. As such, self-exam is both part of a system that democratizes medical knowledge and, likewise, appears as part of a system of alienating performance art. It has been deployed as a useful strategy in the sciences and in performance art alike to satisfy curiosity and discovery. Medical self-exam is not necessarily inherently artistic, but acts of self-exam invert hierarchies so that the procedure—whatever it may be (gynecology or anything else)—takes on a signification beyond itself, such that the visual impact of the exam on the spectator is tied to ephemeral, affective registers.

Such performances, especially if done as public spectacles, represent heightened self-knowledge that is risky because it threatens destruction—one wrong slip of the hand and who knows what will happen? Self-examination is contingent on personal research, heightened self-awareness, and



a brazen willingness to put oneself in the way of potential physical harm. In these ways, performers of self-exams flip around the medical experience of docility such that it is not the patient, but the audience—the onlookers—who are made to be uncomfortable. By performing and documenting their own self-exams, they retain control over the surgical space and, therefore, the surgical audience. The reasons for the discomfort are multifaceted and nuanced, contingent upon the reactions of each audience member who will contribute to the collective, cringing, reactions of the whole group.

*Dead Ringers*, as a film with a cult following of film buffs and art critics alike, not only sits in an interesting place in the body horror canon (where blood and gore is withheld from the viewer in place of verbal medical description and drug-soaked paranoia about bodies), but also evokes one of the most important questions of this dissertation: what is inner beauty, and who has the power to see it and to show it? One of my goals has been to trace an aesthetic relationship between the medical objects of the past to their contemporary use; this chapter focuses on how self-examination, surgery, and performance fit in to a long archive of medical images that present bodies as active participants in their own dissections, something that medical history enthusiasts will note has been a persistent theme from Vesalius's first *De humani corporis fabrica* to more recent anatomical textbooks to Gunther von Hagens's *Bodies Exhibit*. Recognizable images include anthropomorphic skeletons standing with arms dramatically extended to points; horses, coyly smiling; bodies holding open their chests and stomachs to show you their organ structures; "flayed angels"; fetuses dancing "jigs"; and plasticized, skinless athletes, mid-pose. These anatomical images, while unique, share a specific commonality: the anatomist and the artist are meant to be absent, and the body is meant to be the center of attention. That means that the "bodies" in the pictures convey a certain amount of agency over their own dissection; they seem to declare, "Behold! I am here to show you what is inside of me, and I take pleasure in this exchange, of showing you my beautifully designed organs."

This particular theme of agential bodies engaging in the spectacle of their own dissection has been a part of anatomical study since the Renaissance, and it has reappeared in the performances of French body artist ORLAN (who asserts that her name should always be capitalized) and in science fiction author Ted Chiang’s short story “Exhalation.” Here I pair ORLAN’s nine surgery-performances, collectively called “Carnal Art,” in which she live-broadcasted a number of bizarre plastic surgeries to audiences around the world,” with “Exhalation,” wherein a nameless robotic Anatomist in a mechanized future performs an auto-dissection on his own brain in an attempt to unpack the relationship of brain function, memory, air, and a dying planet. Both bring to bear a sense of transcendental fascination and wonder to the enactment of a self-exam that results in a radically altered sense of embodiment. ORLAN, whose work has often landed in the same critical archive as *Dead Ringers*,<sup>61</sup> extends Cronenberg’s idea of “inner beauty” to its fullest potential in her “Manifesto for Carnal Art” (2003). She writes, “I can observe my own body cut open without suffering !. . . I can see myself all the way down to my viscera, a new stage of gaze. I can see to the heart of my lover and its splendid design has nothing to do with symbolics mannered usually drawn. Darling, I love your spleen, I love your liver, I adore your pancreas and the line of your femur excites me” (sic). Her sense of wonder toward dissected bodies in anatomy textbooks manifests in her contemporary works of performance. It is this wonder—this adoration of bodies and exploration that has contextualized her own work—that I lift as a guiding principle for this chapter.

61 Imogen Ashby, Mary Russo, Terry Kapsalis, and Kathy Davis all tend to theoretically align *Dead Ringers* and ORLAN’s performances in their work, even if indirectly through their choice of titles and subtitles, or otherwise in footnotes. Part of the reason for this may just be timing—ORLAN’s surgery-performances began in the early nineties, within several years of *Dead Ringers*’ premiere. At a time when critical focus became sharpened on concepts of postmodern bodies and body horror, they would have been an intuitive pairing, though, as I discuss in this chapter, ORLAN’s and Cronenberg’s respective investments in “inner beauty” manifest at opposite ends of the visual spectrum.

It is only fitting that this dissertation should culminate in what many may consider to be the apex of alienating art: the performance of a self-exam where the patient is also the doctor, taking medical tools into her own hands, ignoring her own senses of pain and fear, and searching inside of her own body. The idea of performing a medical self-exam is already off-putting to many people, as is surgery. To many of us, it seems unimaginable to *want* to seek surgery, not for health or beauty, but because of a desire to self-explore. Performances of radical self-exam are alienating because of their unyielding, detailed attention to the surgical manipulation of a body, which paradoxically ties into a refusal to acknowledge physical pain during what should be very physically painful acts, as well as the performer's cavalier refusal to acknowledge the danger of what they are doing. In many ways, this chapter is the most important to this work as a whole—the one that gets to the heart of what and how alienation comes to be a useful emotional provocation. What could be *more* alienating to a viewer than the performance of someone using medical tools to open her own body proudly to the world for public consumption?

My consideration of the self-exam emphasizes how medical hierarchies can be rearranged in operating room spaces—spaces that are thought to be, with a near-sacredness, the exclusive domain of medical and scientific specialists; spaces that may include a patient's own body, from which they are alienated once she receives anesthesia. Self-exam, in my analysis, is routed through a patient's active participation rather than her anesthetized or otherwise passive experience, whether she performs her self-exam with her own hands or by choreographing her own surgery that is then executed to her liking by a surgeon. When a patient takes her medical care into her hands—literally, by performing her own exam and therefore radically shifting her ability to view her own body—there are multiple, clearly defined, societally structured lines that blur. These lines often have to do with power and hierarchy; put more plainly, it feels inappropriate that a patient should want to pull, open, and explore her body by

herself, the way a doctor might. There is a certain strangeness, at least to me, that, for most people, the knowledge of our own bodies is almost entirely reliant on another person's ability to visualize it. Kapsalis writes, "visibility is mastery. . . Making spectacles is about power, about who has the power to render visible and who has the power to look. Visibility can be oppression or liberation or both or neither" (7-8). Her definition of how visibility relates to power may seem broad—oppression or liberation or both or neither—but such a slippery relational dynamic that, at times, seems contradictory, is actually very useful to think through how a performance of a self-exam reorients so many of the hierarchies I've discussed throughout this dissertation.

Visibility is often linked to power—or at least that's what we usually think of when we hear the phrase "the gaze"—but these performances trouble the dynamic of the "all-powerful onlooker" and the docile patient who receives the gaze. Radical self-exam is a subset of body art that sabotages a spectator's uncritical pleasure in looking. In other words, it rearranges expectations of consent processes such that the person at the center of the gaze, as well as at the center of a potentially violent performance, *wants* to be there, will still be there even if we close our eyes. Spectatorly expectations undergo a shift insofar as we imagine that a person should not be able to access her own body the way a doctor can. If an artist can make public the privacy of her own inner body, then it lays the groundwork for a kind of collective vulnerability where we see a template we do not want for how anyone can access his or her own trembling interior, too.<sup>62</sup>

62 I can't help but think here of a scene in Charlie Kaufman's *Synechdoche, New York* in which, after our protagonist, Caden, gets stitches, his young daughter, Olive, throws a tantrum, and cries, "I don't want blood, I don't want blood!" as her father assures her that everyone has blood, that everyone needs blood. Olive's distressed affective position over the thought of having blood is what, it seems, comes to the surface for many of us when we are confronted with the fragility of the human body, such that it may be hurt and taken apart so easily, and also its terrible resilience, that it could potentially survive anyway.

Put plainly, radical self-exams shift the labor of discomfort between the performers and the audiences by violating social codes of who gets access to what knowledge. Surgery breaches what Julia Kristeva references in *Powers of Horror* as “the precious boundary of skin” (53-54). She defines the abject as that which comes from us and expands outwards-- vomit, blood, and a list of other liquidy substances. But what happens when the boundary is crossed so that the outside comes in? It signifies the loss of a protective barrier, the thing that separates us from the rest of the world. Seeing another person’s vulnerable body reminds us of our own—of our pain and fear and trauma—whether or not the performer approaches their procedure from a perspective of empowerment or fearlessness. In artistic self-exams, such vulnerability is used as an explosive force. The medical operating spaces are no longer clean, sterile, and— for whatever reason in every medicine-related television show or film— almost always the color blue. They present medical arenas as dark vaudeville comedies with clown costumes, an office full of elaborate mirrors, a long stare into the shallow, damp cavern of their own bodies, which they will gleefully share with audiences.

At this same time that the self-exam unsettles many spectators, we are in the era of reality show television. The general ease with which many of us can access videos that deal with everything from medical questions and answers to other morbid, strange, information that is often frowned upon, insofar as many people tend to focus their lives as much on what the internet has to say as they do on their physical bodies. I mention this not to stake a claim as to whether or not this is good, as much as I do to say that medical information, and its ugly twin, misinformation, is extremely accessible. Media has made the implicit sovereign power of medicine much more public than ever before—something that may be heard in the lamentations of medical providers whose patients spoke to “Doctor Google” before coming into the office. The patients who appear in medical videos, documentaries, or TV shows are often out of the frame, except for the specific body parts that are being examined or operated upon.

These videos are palatable somehow, enough that their viewership is large, and yet, at that same time, body art that includes medical participation remains taboo.

I find this curiosity about other anonymous people's medical procedures perplexing. It seems unimaginable that someone could risk his or her bodily integrity for the sake of exploration; we are used to the idea of granting consent to a professional to manipulate and examine our bodies, so the idea of a layperson performing or orchestrating a medical procedure seems horrifying. Kapsalis points out that "[e]very time a [medical] exam occurs, be it in a clinic, teaching hospital, small theater, or on a *cinematic screen or textbook page*, the potential exists to remake the exam performance [. . .] Therefore not only physicians but also performance artists, film directors, health activists, midwives, nurse practitioners, patients, textbook editors, and pornographers are cultural producers [of medicine]" (9, emphasis mine). In other words, the way bodies are represented by, and therefore examined by, medicine is already socially constructed. The question we might ask instead is why *shouldn't* self-exams be a part of that representation?

But maybe self-exams unveil something else that is less obviously unnerving. Beyond the surface-level reasons that radical self-exam provokes a profound discomfort and overall sense of alienation in the spectator by summoning the possibility of pain, of destruction, of *a process we do not want to identify with*, by shifting medical hierarchies, it makes explicit the extent to which surgery is indeed an art, rather than the objectively-defined, carefully directed practice most patients would like to imagine it to be. I have written about this topic at length elsewhere: although most surgeons work toward an "algorithm"--a specific set of tasks that list professional-defined standards and best practices—each surgery reflects a doctor's subjectivity and "style."<sup>63</sup> While there may be professional

63 I last wrote about this in my Master's thesis at Vanderbilt, "Surgery, Sculpture, and *Déformation Professionnelle*: A Surgeon's Encounter with Trauma in Richard Selzer's Two Koreas" (2015).

guidelines for training providers to do surgery, ultimately what a doctor will choose to do, especially in times of crisis, will relate to his or her own skills and preferences, and furthermore, will reflect her “handiwork,” which, from a patient perspective, is probably one of the most unnerving aspects of a surgery: not only are you vulnerable, but you will also permanently bear the mark of someone else’s hands. Your flesh becomes their sculptural medium.

*This Will Hurt You More Than It Will Hurt Me: ORLAN’s Surgical Performances*

The opening shots of Stephen Oriarch’s documentary ORLAN titled *ORLAN: Carnal Art*, about ORLAN, about the artist’s *Omnipresence* project, the final in her series of nine surgery-performances, immediately makes clear why her work has been theoretically associated with “theatre of cruelty” in the traditional Artaudian sense. ORLAN sits at an operating table in a fluffy dress, covered in the makeup of a gothic marionette doll, her hair parted down the middle with her recognizable split of black on one side, stark white on the other. She reads a book about the theory of death and sex to her audience—whom she cannot see—in French. In the pauses between her sentences, Oriarch intersperses clips of ORLAN’s earlier performances, some where she is dressed like the Virgin Mary save for one exposed nipple and others where she lasciviously crawls along gallery floors, as well as clips of her other surgical procedures. When the anesthesiologist and her plastic surgeons come into the room, she kisses them each passionately on the mouth. The nurses are dressed like GoGo dancers, though they stand at attention, ready to get ORLAN prepared for the surgery, their body language indicating correct professional behavior even if the way they are costumed is inappropriate. The background music is a discordant and near-screaming string quartet, giving the opening sequence the feeling of an anxious horror movie.

Oriarch's documentary follows the artist during her performance series "The Reincarnation of Saint ORLAN," during which she documented her nine plastic surgeries, meant to give her features to make a parody of beauty, rather than to reach an idealized standard of beauty as one might expect from plastic surgery. Kathy Davis describes how ORLAN has chosen recognizable signifiers for beauty from art history:

[T]he forehead of Da Vinci's *Mona Lisa*, the chin of Botticelli's *Venus*, the nose of Fontainebleau's *Diana*, the eyes of Gerard's *Psyche* and the mouth of Boucher's *Europa*. She did not choose her models for their beauty, but rather for the stories which are associated with them. *Mona Lisa* represents transsexuality for beneath the woman is—we now know-- the hidden self portrait of the artist Leonardo Da Vinci; *Diana* is the aggressive adventuress; *Europa* gazes with anticipation at an uncertain future on another continent; *Psyche* incorporates love and spiritual hunger; and *Venus* represents fertility and creativity (457).

She has moved toward the freakish as opposed to the beautiful-- for example, by inserting the largest breast implants possible for her frame; getting liposuction around her waist, legs and neck; and for a stronger *Mona Lisa*-type brow, implanting horn-like structures to emphasize a strong bone structure. She has actively avoided doctors whom she felt in her pursuit were trying to "keep her cute" (Faber 91).

Though her surgery-performances can be read as the "crowning jewel" of a long and iconoclastic artistic career, she has long worked to reframe societal standards that enforce gender roles, as well as appropriate forms of public behavior and "looking." Iconoclastic from the beginning, her earlier works have included hanging her semen- (rather than blood-) stained sheets of her bridal trousseau in an art gallery; "Accidental Striptease," in which she had dressed up as the Virgin Mary



with one breast subtly exposed; and, after holding her magnified vagina open with pincers as she was menstruating, recording the faces of her audience as they were given Freud's castration theory to read (Davis 456-457). The inspiration for the surgery-performance project came from ORLAN's first surgery, which was due to a ruptured ectopic pregnancy. At this point, she had already begun her initial foray into the Paris art scene and labeled herself as "Saint" ORLAN, but was, just the same, beginning to spark controversy with each installation. This surgery, however, was a pivotal point in ORLAN's career. She had requested that for her surgery she should be allowed to stay awake and watch with a video camera. Her doctors obliged (Hirschorn 116). Such access to her own body might have been a once-in-a-lifetime experience were it not for the provocation of her surgery-performances.

Her surgery-performances have been critiqued as radically violent, counter-productive, narcissistic, and an overuse of medical resources.<sup>64</sup> Julie Clarke comments that the surgery performances are perceived as "deliberate bodily mutilation" rather than "cosmetic surgery," and this is "what incites negative criticism" (199). The pretense for ORLAN's surgery-performances is to show the grotesque underbelly of the patriarchal gaze that constructs beauty and its impossible standards, from art history to pop culture, "in a climate of near hysteria about the current status of the body in society" (Ashby 39). They have been the subject of acute criticism from those in pop culture, arts criticism, and medicine, not to mention anthropology, feminist theory, religion, among many others. However, ORLAN's work contains a subversive message that should not be limited to the claim that it "critiques the patriarchy," nor a single-handed endorsement of postmodernism, an argument that seems counter-intuitive given the amount of ego involved in ORLAN's work; both are points which have

64 See in particular: Roberta Smith's scathing 1993 New York Times Review, "Surgery/Sculpture: The Body as Costume," as well as Barbara Rose's article, "Is it Art? ORLAN and the Transgressive Act" (Rose ultimately concludes that yes, it is art, but it is an important critical statement to even question whether or not ORLAN's work is art). Stephanie Tessin also notes that a 1991 French psychology quarterly "devoted an entire issue to questioning her sanity" (2).

been made countless times by far less radical artists and writers before her. Her greatest act is in the creation of a body which actively causes violence to the viewer and thus challenges the medical model as we have all come to know it. More than a postmodern body, ORLAN constructs a surgical theater that reorients control, hierarchy, bodily knowledge, and what is or is not appropriate to “show” publicly.

She documents these surgeries by photo and video, and sells body tissue as “relics.” ORLAN, herself, is awake for every tug, pull, cut, and shove of the surgery. She has insisted that all of her surgeries be only under local or epidural anesthesia to “[produce] the image of a cadaver under autopsy which just keeps speaking” (Davis 457). This is one of the most unnerving details of her work: her dedication to *being awake and present* during her procedures. During the worldwide broadcast of *Omnipresence*, audience members were allowed to ask her questions as she was on the table. Not surprisingly, “Are you in pain?” was a popular one. ORLAN, irritated by such a banal question, insisted that the most painful part was having to sit on the operating table for six hours without moving (Davis 454).

The risk of pain may be one of the most defining aspects of body art and its criticism. Artists such as Marina Abramovic and Stelarc have openly incorporated acts of mutilation—by their own hands or those of others—into their performances. ORLAN’s stance on pain, however, is different from many other performance artists, insofar as she seeks to represent herself as completely free of pain and, in fact, determines pain as the distinction between “Body Art” and “Carnal Art”: “Contrary to Body Art, which is a different matter altogether, Carnal Art does not long for pain, does not seek pain as a source of purification, does not conceive it as a redemption. Carnal Art takes no interest in the result of plastic surgery, but in the process of the

surgical-operation-performance and the modified body having become the subject of public debate” (Accessed 2019).

Her mood during her surgeries is playful. She monologues for as long as possible, stopping only when her doctor must perform a part of the surgery that requires stillness. Her surgery-performances fall under the category of radical self-exam by way of ORLAN’s engagement with her surgeries, the knowledge of her own inner body that invariably results from them, and her determination to revise the role of the “patient” to be the choreographer of her surgery rather than the sleeping, docile body that we expect. It is her wakefulness that rearranges medical hierarchies so that she can become the epitome of the empowered patient by making the surgery *hers*, rather than “about her.” More than an attempt to unveil patriarchy, her performance work blows open the socially understood parameters of what is or is not appropriate to see in medicine.

She had intended her future surgeries to emphasize the “freakish” and make her appear even more radical: one meant to make her appear like a Mayan mask, with a nose that would begin in the middle of her forehead. But the impact of her oft-cited motive—of calling out patriarchy— is much larger than the somewhat hackneyed critical claim that ORLAN is attempting to answer a toxic beauty industry that capitalizes on insecurity with its own major weapon, cosmetic surgery. C. Jill O’Bryan discusses how ORLAN’s performances confront arts culture and criticism, especially with regard to how male Renaissance artists have determined what female beauty should be—standards that have remained in place for centuries. In this aim, ORLAN has been thought to form a template a “postmodern body” that defies all possibility of categorization. In fact, postmodernism is the go-to interpretation endorsed by ORLAN, whose Manifesto of Carnal Art express her aims to be without gender, pain, suffering,

or singular distinct identity. It is, as described by C. Jill O’Bryan, the creation of a such a body that incorporates a number of artistic identities into one flesh (xvi).

As described by Gladys Fabre in *Carnal Art*, ORLAN's work engages with “theatre of cruelty” as an all-encompassing, visually repressive and yet unavoidable presentation of the medical narrative, which, instead of sterile, becomes something in between Baroque and vaudeville, a dark parody of a medical space that many of us imagine should be met with a gravitas, a strong sense of respect. Despite its name, Theatre of Cruelty does not necessarily set out to torture its audiences (although Artaud’s rationale is certainly *open* to the possibility), but rather to pull spectators into a psychoanalytic awareness of unconscious desires, whether or not they are kicking and screaming as it happens. ORLAN’s work embodies this rationale perfectly: even though *she* is the one who is to tolerate a surgery, she’s fine—or, at least, she goes to great lengths to project that she is fine (though anyone who has experienced surgery or been a caregiver for someone who has would be quick to question how “fine” she actually is). The audience, on the other hand, is likely to be thrown head-first into a series of disquieting images, events, and symbols.

Part revising beauty standards, part mocking the medical field, she creates a sense of discomfort for spectators by making a spectacle out of herself, a prime example of the “uniquely feminine danger” of spectacle that Mary Russo describes. She smiles gleefully into the camera as her doctor shoves a liposuction tube into her thighs, her body shaking with the forceful, rhythmic movement. It looks painful, but she reads as unflappable. We, her audience, have been conditioned to feel that medical procedures should be shrouded in secrecy, should be performed over sleeping, anesthetized bodies who will never remember a thing that happened. ORLAN opens her videos by apologizing for causing her

audiences pain, already about to change the way spectators are to manage their expectations: *ORLAN* will not be in pain during her surgeries. *We* will.

Corroborating ORLAN's success in keeping this promise, critic Alyda Faber describes the intensity of the audience reactions to the images in a *Carnal Art* screening:

At the Festival International du Film Sur l'Art held in Montreal from 13 to 17 of March 2001, I attended a premiere screening of Stephen Oriach's documentary *ORLAN: Carnal Art* (2000) billed as 'surgical performances... *pour estomacs solides*. Without the breaks provided by commentary on her work by art critics, *I was certain I could not have sustained the intense pressure I felt in my gut as I looked at the images of her surgery*. People in the audience around me were gasping, closing their eyes, recoiling at images of her punctured and opened body: a surgeon inserts an epidural needle into her spine, saws the skin on her leg following the lines he has drawn on her flesh, empties the contents of a needle into her cheek, slices into her lips, probes a tube into a fleshy hole under her chin, moves an oblong implement around under her cheeks, cuts the skin around her cheek and moves the skin around like a flap (92, italics added).

Faber's detailed description of the audience's visceral reactions (including her own) during the film is as important as ORLAN's actual work. In fact, by labeling the screening as "for solid stomachs," ORLAN has guided her audience toward their horrified embodied response. The chorus that Faber describes of people gasping, closing their eyes, and recoiling is not separate from the performance. Instead, these physical responses inscribe the audience in the theatrical process of the surgery, where they too must endure their own bodily conversations that happen in tandem with the performance. Faber's anxiety that she "could not have sustained the pressure in her gut" mirrors the events on stage,

where she internalizes the pressure of suction tubes and doctors' hands, even though she is only watching the surgery from a distance.

ORLAN's discursive ties to Renaissance art history are twofold: not only are the "beauty" standards that she disrupts based on artists from this period, but her enactment of the "talking cadaver" also visually connects to Renaissance anatomical textbooks (O'Bryan 39). Additionally, her inclusion of her audience (whether or not they want to be a part of the performance) and subsequent tacit demands for active spectatorship calls to mind the "staging" of the Renaissance anatomy theatre, where students walked into the narrow pews that would surround the cadaver on a marble slab, the room shaped like a small proscenium stage. There, the students would be met with an orchestra playing music in hopes of relaxing the audience, but certain realities of heat, gore, and the smell of decay, would be unavoidable. Because of this, the pews were narrow enough for the students to be packed in so that, if someone were to pass out, he would be caught by his colleagues. Now imagine that the body "won't stop talking" throughout its dissection, and the disturbing impact of ORLAN's project becomes clear. She introduces an aestheticized operating theater in the clean and glamorous art gallery spaces where she, as the body on the table, manages to be the affectively disengaged, passive spectator, who at times has been known to get annoyed at audiences who cannot bear to watch her surgeries. Her "carnal" art makes it so that the physical labor of the performance is shared between the performer and the spectators.

Recently, her work has pivoted away from continued major surgeries, in part because she was unable to receive the same funding as she had in the past, and also because, predictably, she has reached a point in her life where her ability to heal and recover from these procedures has slowed down (Davis 458). However, she still remains committed to the conceptual apparatus of the body that can transcend pain, beauty, gender, and identity. In her continued dogged pursuit of postmodernism,

ORLAN has turned from her Carnal Art to her fascination with HeLa cells, the cells derived from the cervical cancer tumors of patient Henrietta Lacks (whose story was made famous by Rebecca Skloot's book, *The Immortal Life of Henrietta Lacks*). In 2007, ORLAN worked with SymbioticA, an Australian art and science lab to develop her project, *Harlequin Coat*. The project, the crowning jewel of a series titled "Self-Hybridizations" that largely used digitally altered images of her face, "presents the realization of a composite, organic coat, made from an assemblage of pieces of skin of different colours, ages and origins" (Still, Living 2010-2011). Her partnership with SymbioticA is both powerful and intuitive; ORLAN has made a career from interjecting herself—and thus her art—into scientific spaces, and SymbioticA is the only lab of its kind to explicitly create a scientific laboratory setting for artists to freely use. Though far more subtle than most of her other surgical performances, *Harlequin's Coat* uses surgical and biological technology to blur the disciplinary boundary between science and art.

*Harlequin Coat* is a twofold presentation: the multi-colored coat appeared in the Still, Living gallery, curated by Jens Hauser, as well as in a video presentation of ORLAN, wrapped in the coat, which reads more as a colorful, cocoon-like blanket that covers her from her neck to her feet, with the exception of one of her arms. In her hand is Michael Serres' *Laïcité* ("harlequin" in English), a text that addresses slippages in identity and the multivariiegated forms in which selfhood make take shape. *Laïcité* has long been important to ORLAN's work; she has read various sections of the text to frame her surgical performances, and it was the primary source of inspiration for *Harlequin Coat*. As she reads, she also undergoes a biopsy for no known medical reason; the procedure only serves her larger aesthetic project.

*Harlequin Coat* is the closest she has come to her intended final surgical-performance, an ethereal sounding project wherein her body would be opened and closed as ORLAN observes "with

serenity and dispassion” (458), much akin to a living Renaissance anatomical study that has historically emphasized self-dissection. This surgery would seem to be the logical extension of her first ectopic pregnancy procedure: an opening and closing of her own body, performed as gentle and poetically as the textbook anatomists would. But whereas the anatomical atlases remain sterile, clean, and bloodless composite images of specimens, this undone project would be unable to shield viewers from the bloody intensity of such a dissection. It would, however, be one of the most intimate performances ORLAN could do, to show all of the intimate crevices of her body to the world—perhaps even along the lines of the Anatomical Venuses discussed in chapter two.

It would be an intuitive final project in her history of controversial work. Her greatest success is in making a private, intimate act such as surgery--and in particular, cosmetic surgery—a public spectacle, removing all possibility for sugarcoating, and expanding the gaze of the medical practitioner, whether audiences like it or not. Her social critique is at its most biting when it is considered in light of how she, a patient, is undermining medical hierarchies for herself and anyone who attends her performances—that she opens up the act of surgery to the public, thus at the very least re-casting the privileged eyes who see surgery. Her role as a “talking cadaver” appears to be a statement about the re-orientation of the role of the patient. Plastic surgery is a unique field insofar as the wide majority of the procedures are entirely elective—already the patients are “calling the shots,” so to speak. The doctors are more directly providing a “service,” rather than a necessity-turned-service (and even the commonly-used, generalized term “medical provider” indicates the dimension of care that is subordinate to the needs of a patient). Her work speaks volumes to the industry of re-formation in the name of removing all feminine imperfection, but her approach in publicly opening up her body as she smiles at the camera and kisses her doctors on the mouth is far more societally subversive. She shows



us her intimate self, and she stares back at us, watches us as we look. Her goals seek to surpass what it means to own a body as we know it.

Davis writes, “ORLAN's project takes the postmodern deconstruction of the material body a step further. In her view, modern technologies have made any notion of a natural body obsolete” (458). ORLAN’s project may work in the service of post-modernism, but despite its reputation of being symbolic, esoteric, or inscrutable, her version of “post-modernism” is actually surprisingly straightforward. It is less about anything new and groundbreaking than it is about literally taking the familiar actions of medicine and *rearranging* them to be explicitly artistic or theatrical. By violating the social contract that agrees that medicine and science are “special” and partitioned away from a lay audience, her work presents as very radical. That might be why it is so satisfying to behold. Her body (which doubles as her canvas) deploys medicine’s privatized knowledge to a robust audience. Her innovation is actually the clarity with which she opens surgical theaters to the outside world. ORLAN’s project rejects notions of privacy and propriety, and re-frames approaches to bioethics. Her art is so “shocking” less because of her actions (getting plastic surgery; refusing general anesthesia) and more because she retains control over medical and scientific ethics by folding them into artistic ones, by centering her subjectivity in their implementation. She calls her body *her* art, making no demands that anyone else should do the same.

C. Jill O’Bryan writes that ORLAN “substitutes her body for language” so as to elude the possibility of a “fixed identity” (xiii). O’Bryan’s description of ORLAN’s flesh as a kind of narrative that transcends language speaks to the broad implications of art in general: that it theorizes itself in visual terms. Using her own subjectivity, she translates her body into a symbolic order and because of the nature of her project and its scope—the blasting open of medical walls and medicalized bodies for public views—language becomes embodied. Her work is compelling, fascinating, and upsetting for

many reasons, but, through it all, something resembling an autobiography emerges. It is true that she re-organizes the anatomical theater, discloses publicly what is internal, and affords us the pain of looking as opposed to the pain of being looked at, and yet, there she is: the shining focus of our attention, telling her audience a disturbing, visual story.

### *Ted Chiang's "Exhalation" and DIY Neuroscience*

It may seem intuitive to audiences that ORLAN's exploration of her body would develop a narrative formed from visual terms, but it may be more surprising to think about the interpretative relationship of medical images to notions of story. Neuroscience, in particular, is a field that has sought to translate brain images into words. Ted Chiang's "Exhalation" (2014)<sup>65</sup> frames the potential for a narrative to arise through the seemingly inscrutable language of bodily systems. Written from the perspective of an Anatomist in a mechanized future, the story re-casts bodies as an "extraordinary machine," where air, flesh, and blood is replaced by argon, metal, and gold. "Exhalation" defamiliarizes a human landscape, and, in that way, offers a kind of futuristic allegory of the near inevitable death of a society, in which "death is uncommon," when its vital resources run out—an allegory that may be particularly chilling as we linger in the era of the anthropocene and reflects anxieties about the death of the human race.

The tone of "Exhalation" maintains the objectivity of a lab report tinged with melancholy, half a letter to unknown future generations and half a documentation of our narrator's experimental auto-

65 "Exhalation" was published in an online version of *Lightspeed Magazine* in 2014. I do not reference page number with my quotations from the novel. I have chosen not to repeat the year after every quote for fear that it would be distracting to my readers. The story's print version will appear in a book of Ted Chiang's short stories, titled *Exhalation: Short Stories*, has become available to readers as of May 7, 2019. As of the writing of this chapter, I refer to the *Lightspeed* online version, the link for which appears my works cited.

dissection to further discover the relationship of brain function and air, as this fictional society begins to run out of argon. In “Exhalation,” mourning for the future and the desire to understand past memory are interlinked through the study of brain anatomy. As it is ostensibly the documentation of an experiment, “Exhalation” plays off of current debates in neuroscience and inquiry about the brain. Anatomical science in the story re-casts bodies as machines made of rods, pistons, and titanium, mysterious because of their durability; the only version of a “cadaver” these beings would be able to acquire would have died due to a horrific, brain-obliterating accident.

The story reaches a crescendo when the Anatomist performs an auto-dissection, or a dissection of his own brain in hopes of discovering something about the mechanism of memory. Instead, he learns that the resource that makes the brain run is air—argon—and that it is a limited resource. The experimental quality of “Exhalation” begins after this society finds that, somehow, time is getting slower. The widespread confusion and anxiety over perceived slowing of time inspires the anatomist to “proceed with his experiment,” which we learn will be his auto-dissection. The story is an uncanny re-framing of contemporary neuroscientific and medical practice, which remains fraught with desires to find specific answers to our questions about the human mind and how it works—questions that are often met with more questions than answers. Neuroscientist E. Kale Edminston comments that part of this challenge is that “[w]e create these concepts, and then try to find pre-existing biological structures to fit them. It’s tautological.” We expect that neurobiological systems will yield to the way that we have narrated them. “Exhalation” is a story in which these mysteries are uncovered through a “dig deep” self-exam.<sup>66</sup>

66 In a brief conversation with me, Ted Chiang confirmed that he drew “Exhalation” from the Philip K. Dick story, “The Electric Ant,” wherein a character realizes he is an android and finds the place in his body where his memories are recorded.

At the same time, “Exhalation” reflects through a fictional back-door the bizarre practice of “trepanation,” or the creation of a small hole in the skull, a surgical practice with a long and robust history which was often performed by a loosely defined “specialist” who may or may not have been a doctor. For better or worse, trepanation gained some popularity, sometimes as a “holistic practice,” sometimes as a means of getting high, up until the 1990s, often done by harrowing DIY methods. At around the same time that ORLAN’s performance art was taking off in the 1970s, two other artists, Amanda Feilding and Joe Mellen, were also engaging in trepanation as a radical form of self-exploration under the guidance of Bart Hughes, an experimental doctor (of sorts; he was asked to leave his medical school) and enthusiast of LSD use.

Mellen’s memoir *Bore Hole* details his fascination with and subsequent experience with trepanation. Feilding would later go on to found the Beckley Foundation to research means of achieving “high consciousness,” and she would also run as a political candidate in England with a pro-trepanation platform. Feilding and Mellen—who were partners for a time, and show evidence of their co-constructed experience with trepanation—describe their methods similarly, with results that they characterized as a profound feeling of metaphysical calm and an ability to tap into this “high consciousness” without the aid of a psychedelic like LSD. In fact, Feilding documented her self-trepanation in a video—which is not for the faint of heart—called *Heartbeat in the Brain*. In her short film (which has been folded into a longer documentary titled, *A Hole in the Head*), Feilding insists that trepanation would ideally be done under the supervision of a doctor, yet emphasizes its importance in changing her worldview to the extent that the risks of making her own incisions and pressing a dental drill down against her own skull was worth it. She describes trepanation as a relatively low-risk procedure: after drilling the hole, she stitched the wound, placed a bandage around her forehead, ate a steak to increase her iron levels after so much lost blood, and went to a party.

Like the audience who watched *ORLAN: Carnal Art*, reviewers of *Heartbeat in the Brain* in 1978 at the Suydam Gallery in New York had strong visceral responses. Christopher Turner reports that, “at the climax of the operation several members of the audience fainted, ‘dropping off their seats one by one like ripe plums’” (2007). No amount of assurance from Feilding was able to offset this reaction—neither the visual assurance conveyed in the film as Feilding, dressed in an elegant Moroccan headscarf immediately post-trepanation, heads out to her party, nor the verbal assurances, by way of her support of trepanation, her political platform, and her dedication to trepanation research, could shift viewer perspectives from horror to acceptance, or, at least, openness. In an interview, Feilding underscores the extent to which she is “open to doubt.” She says, “If it is a placebo effect, I’d love to know. [. . .] Then one can just draw a line under that subject and see it as a kind of cultural artwork. I still have a burning ambition to discover what the truth is. But from my own experience I think there is a change, otherwise I wouldn’t be bothering about it forty years later” (Turner 2007).

Feilding shares a desire for objective explanations via the subjective experience of self-exploration, though she and Joe Mellen describe a state of spiritual ecstasy that resulted from trepanation. Although viewers of “Heartbeat in the Brain” may be distracted by the risk she incurred by engaging such a radical practice, Feilding is indeed methodical, and strategic in the language she uses to describe trepanation as a legitimate medical practice. The film cloaks a medical practice in an artistic, creative medium and remains a testament to her self-actualization as a part of the process. Similarly, by lifting its dialect from a case report, “Exhalation” is already a creative revision of scientific practice into one that is intrinsically personal by way of our narrator, who reports discoveries but is already in mourning over a world that is destined to fail and, despite this, a world that he is fascinated by and hopeful for.

Chiang shifts anatomy from fleshly goriness, blood, and pain toward the mechanical aspects of the body. The Anatomist describes how the “question of memory” is troubled in this diegetic world due to the “extreme delicacy” of its physiological structure. He writes, “While we knew a little about the structure of the brain, its physiology is notoriously hard to study because of the brain's extreme delicacy. It is typically the case in fatal accidents that, when the skull is breached, the brain erupts in a cloud of gold, leaving little besides shredded filament and leaves from which nothing useful can be discerned: This small detail is one of the more important likenesses between these uncanny metallic beings and our own recognizable human biology. His representation of brain anatomy is emblematic of the challenges of studying the living tissue. In humans, the material brain is particularly vulnerable to physiological processes of death compared to other organs because of its high water content. This process is called “lysis” and further complicates any easy ability to study the brain post-mortem; part of the reason why it is so complicated to understand the relationship of brain structures to brain functions is that the organ is so fragile. In this waterless world, where air current replaces liquid blood, “eruption into a cloud of gold” becomes a poetic version of lysis. This inability to study the bodies of others is what catalyzes the anatomist’s decision to experiment on himself.

The world of “Exhalation” therefore comes upon the same major roadblock to the anatomical study of the brain that (human) neuroscientists also face: the brain cannot be studied while someone is alive without destroying it. As a result, the story’s theoretical paradigms of memory reflect ongoing debates in neuroscience, and in medicine more generally, result from a question of “structure versus function,” or, in other words, how an organ *looks* versus how it *acts*. Many branches of medicine, from radiology to orthopedics to obstetrics and gynecology, have made imaging technology like ultrasound, MRI, and CAT scans core parts of their practices for an understandable reason: it can be a remarkable

way to have access to the inside of a patient’s body without having to surgically open it. But that qualifier, “can be,” is where there are debates, particularly with regard to brain imaging.

Emily Martin, Nikolas Rose, and Joelle Abi-Rached have used the term “neuro-dependency” to describe the overwhelming and nearly-teleological belief that imaging technology that determines the size and shape of brain structures, like the MRI, offers flawlessly objective answers about function.<sup>67</sup> In contrast, Rose and Abi-Rached emphasize the interpretive work of diagnosis when looking at these images. Neuro-dependency indicates a school of thought that brain structures fundamentally influence brain functions. Rose, Abi-Rached, and others points out that the reductionist tendencies of neuro-dependency may have detrimental impacts. One common example is that lots of public interest, and even funding efforts, have been geared toward a physiological understanding of “the minds of criminals,” or other sociobehavioral factors, through MRI imaging technology instead of say, a psychological evaluation. Nineteenth-century scholars and enthusiasts might immediately recognize what that sounds like: a highly technologized version of craniometry or phrenology.<sup>68</sup>

“Exhalation” confronts the structure versus function debate by way of the two theoretical paradigms that divide anatomists (*no pun intended*) regarding thought and memory. The prevailing belief is in the “inscription hypothesis,” where “all of a person’s experiences were engraved on sheets of gold foil[. . .] Anatomists would collect the bits of gold leaf—so thin that light passes greenly through them—and spend years trying to reconstruct the original sheets, with the hope of eventually

67 Also see Russ Poldrack’s work, referenced later in this chapter.

68 The likeness between approaches to neuroimaging research and phrenology has been addressed by a wide range of scholars, from historians to neuroscientists to psychologists to pop-science journalists. See in particular: Nikolas Rose, *The Politics of Life Itself and Neuro*; Nemeroff et al, “Functional Brain Imaging: Twenty-First Century Phrenology or Psychobiological Advance for the Millennium?” (1999); Stacey Tovino, “Imaging Body Structure and Mapping Brain Function: A Historical Approach” (2007); and *After Phrenology: Neural Reuse and the Interactive Brain* by Michael Anderson (2014)

deciphering the symbols in which the deceased's recent experiences were inscribed." The other is simply what he calls "the competing school of thought, which held that our memories were stored in some medium in which the process of erasure was no more difficult than recording.... This theory implied that everything we had forgotten was indeed lost, and our brains contained no histories older than those found in our libraries."

The narrator questions the inscription hypothesis, "for the simple reason that if all our experiences are in fact recorded, why is it that our memories are incomplete?" and begins his plan for his auto-dissection with a sense of urgency when the clocks seem to become slower. He begins with his methods (not unlike the "methods" section of a lab report): a number of actuating rods to supplement his limited reach, a bracketed face plate so that he would be steady, a series of prisms that would offer a mirror view of the back of his head (this is our first hint at what he plans to do), which he calls a "solipsistic periscope." The word "solipsistic" reinforces the role of the self in this experiment, as all of his elaborate visual mechanisms serve the pursuit of knowledge about his body's functions that he is aware of but has not had access to see. "Solipsistic" is also one of a small handful of self-referential terms during this auto-dissection—often, the Anatomist speaks objectively of "the bodily structures," or "the manipulators that enabled their operator to accomplish any task he might perform with his own hands." Use of the pronouns "their" and "his" underscores a third-person, hypothetical narrative that would indicate the reproducibility of the experiment, making an act that is very personal to our narrator an accessible option to anyone who heeds his instructions.

Taking a sharp turn, after discussing his methods at length, he writes: "I would then be able to dissect my own brain." In "Exhalation," the abject horror of such a radical and potentially destructive practice of "auto-dissection" is offset by an almost-unrecognizable body that is written in robotic terms, and yet maintains an affect of wonder at his "inner beauty." He writes, "I could tell it was the most



beautifully complex engine I had ever beheld so far beyond any device man had constructed that it was incontrovertibly of divine origin.” Ultimately, the Anatomist is able to separate the layers of his brain in order to see the fine details, which he calls “a microcosm of auric machinery, a landscape of tiny spinning motors and miniature reciprocating cylinders.” Neuroscience has yet to be able to grasp such a view of the living human brain, and yet many scientists and theorists, in addition to laypeople, would support this reading, that the brain is a “beautifully complex engine.” It is, in fact, so complex that brain science is constantly evolving, trying to reach toward a better version of accuracy such that it is difficult to keep up with any one particular understanding.

Additionally, Chiang’s choice of that particular word, “divine,” interjects the sublime into the scientific voice of “Exhalation.” It marks a shift in the text from objective science to something more sacred, more self-loving, more awe-focused. Such a narrative of the divine connection with the universe reverberates through Feilding’s reflection of her trepanation: “To my subjective experience I thought at the time that it was rather like the tide coming in [ . . . ] I felt a certain peace, it felt like a return, like I was rising in myself to a more natural level” (Turner 2007). Similarly, Mellen describes in *Bore Hole* that after three unsuccessful and harrowing attempts at trepanation—where he had solicited Feilding’s help—he finally achieved the higher consciousness he had been seeking. He writes, “Steadily, almost imperceptibly, over the next four hours I felt myself get higher and higher. I got higher than I had thought possible. I felt so light and free. It is very hard to put in words the feeling of change, but I felt very relaxed, as if everything would fall into place now” (Turner 2007).

A close proximity to physical destruction leads to an emotional purge and a psychedelic oneness with the universe that Fielding and Mellen describe in their trepanation reflections. It is a sense of pride in the Anatomist’s own body that he shares with an invisible audience, an offering of intimate exchange, even though this auto-dissection has been a fraught and private event. “Exhalation”

does not say whether or not other scientists follow the example of the Anatomist, and, in many ways, it is of little consequence, except for the fact that the reader is meant to understand that his self-experimentation caused a sea-change in understanding of the relationship between brain-patterning and air in the story. Above all though, it indicates that the experience of self-examination is transcendent: what started out as a scientific experiment has turned into something that is paradoxically more introspective, as well as more universally inspiring. In other words, it is “divine.”

He continues, “As I contemplated this vista, I wondered, where was my body?... I was an everted person, with my tiny, fragmented body situated at the center of my own distended brain.” This eversion marks the Anatomist’s general alienation from the body that constituted the parameters of his selfhood. In this small phrase, we stumble upon this idea that the Anatomist’s auto-dissection offers him heightened self-awareness in thought and in body, and, although he is more aware of his body than ever before, he shifts his perception such that he is disembodied, harder to recognize. The inside of him is now, in what can be likened to a slow and controlled explosion, quietly pieced together as an ongoing extension of his external self, so much that the self-exam has taken a further metaphysical turn such that he experiences himself in third-person, spread around the room, not unlike what Feilding describes in *Heartbeat in the Brain*. The process of filming her own trepanation served as a “mental anesthetic” (her words); making the film was an important way in which she was able to become “everted.” She describes, “[I]t felt like I was separating myself from the situation and taking a step away [...]. Above all, I prepared myself psychologically. It is the last thing you want to do” (Cox 2013). “Everted” not only relates to the Anatomist’s physical body, but is also reflective of how documenting such a self-exam, whether visually or textually, inspires a separation between the actions of the body and the curiosity of the mind.

The narrator, delving into the subassemblies of his brain, realizes that it is air that directs the flow of memories, that the brain,

was an engine undergoing continuous transformation, indeed modifying itself as part of its operation... My consciousness could be said to be encoded in the position of these tiny leaves, but it would be more accurate to say that it was encoded in the ever-shifting pattern of air driving these leaves.... Air is in fact the very medium of our thoughts.

Instead of taking a story about brain pathways forged from neurons, “Exhalation” begins from the point of “air” as a social endeavor, where people fill up metal lungs at communal stations. Air controls speech and thought, or, perhaps more succinctly, controls *language*. Lacanian psychoanalysis posits that “the unconscious is mapped like language,” such that the mechanism of “inscription,” or the literal transcribing of thought into gold-plated memory, comes convincingly through in Chiang’s fiction. Air finds itself having a similar likeness to language, in that both are invisible and ephemeral, and yet makes permanent marks on our consciousness: these invisible things create subjectivities. Narratives, in turn, assist in the formation of these air currents and mark the brain. Neuroscientists likewise understand this to be true in our non-mechanized, human brains: a new series of imaging studies show how subjects’ memories may affect their brain function.<sup>69</sup>

The ever-shifting patterns of air currents is representative of what we know about brain plasticity—in other words, that the brain is adaptable to change. The pervading myth has been that brains were plastic until the roughly age of 18, though scientists have known for a while that brain

69 Neuroscientists have been using imaging technology to do real-time feedback studies, wherein research subjects are asked to complete a task using nothing but their thinking skills while in fMRI machines. In a study by Young, et al, titled “Real-Time fMRI Amygdala Neurofeedback Changes Positive Information Processing in Major Depressive Disorder,” subjects looked at their own brain scans as they were happening, and were then instructed to make certain parts of their brains “light up.” Though no one could pinpoint exactly what they were thinking in order to follow the researchers’ instructions, the subjects reported some relief in their depression following the study.

plasticity is life-long. The thought has been, until very recently, that it just slowed down considerably with age. In fact, it wasn't until Austin-based neuroscientist Russ Poldrack jumped in his MRI every week for over a year in 2013 as part of his MyConnectome study, that there was solid evidence to provide that neuropathways are more malleable than we had ever realized. Poldrack's findings through his self-exam indicate that brain plasticity has the potential to change radically from week to week, a fact that could have powerful implications for the way we think about thinking. Furthermore, his descriptions of his research methods are uncannily similar those of "Exhalation's" narrator. In his recent memoir *The New Mind Readers*, Poldrack describes his rationale and thought process for jumping in his own MRI, what he had in the years leading up to the experiment described as "that crazy study [he was] think about" (89). Poldrack himself describes his decision to use himself as a subject as largely logistical; Internal Review Boards and medical ethics committees might take issue in approving such an in-depth, long-term study, and furthermore, patient compliance would likely to prove to be a challenge (88).<sup>70</sup> But he was also influenced by his artist colleague Laurie Frick, who is involved with a project called Quantified Self, where people record as much data about their day-to-day lives as possible, which gets modeled into art based on their patterns (89).

Poldrack's research produced innovative findings, but like the Anatomist, he was able to confidently determine his revision to the going theories of brain plasticity by using himself as both a research subject and a researcher, introducing a potential fascinating shift in scientific ethics. At the

<sup>70</sup> The study would require close attention to any given volunteer, with a large enough time commitment to interfere with any one person's life so they could return to the lab a minimum of once per week for detailed imaging studies, interviews, blood draws, and paperwork. Poldrack writes, "In the end, it took about 18 months to collect 48 samples of blood (that's about a quart of blood in total) and 104 MRI scanning sessions," such that it would have been difficult to ask people to step into such an in-depth study without concerns that they would either have to leave the study before it was finished, or that they might become dependent on any payment given to them for being a research participant, thereby creating ethical issues (92).

same time, by studying himself, Poldrack was able to deploy significant information to others. His work echoes the provocations that appear in “Exhalation,” where the Anatomist ignores the standard rules of objectivity, less out of a desire for self-discovery, but because a sense of urgency prompted a risky method to find a solution to a problem. Poldrack’s example is less extreme—he did not dissect his own brain—and yet he too positioned himself as the experimental subject, and used his own body as a conceptual tool.

Interestingly, both the fictional Anatomist of the story and Russ Poldrack, the human scientist, seem to borrow an urge toward self-exploration (and a willingness to side-step scientific research standards) that is embodied by artistic communities. It may seem more intuitive that artists may step into the realm of science to push the limits of innovation. Certainly, a distinct part of ORLAN's, Feilding's, and Mellen’s projects is to frame scientific practices as aesthetic ones. It is less common, or at least less commonly talked about, that scientists are openly swayed by the influence of artists. And yet, when developing his project, Poldrack solicited the help of Laurie Frick, who later became the lab’s artist-in-residence and whose ideas mark his work. In all of these examples, Do-It-Yourself neuroscience, most amplified by Chiang’s fiction but already introduced by performance artists and neuroscientists, is connected to the act of seeing into one’s own mind. This “sight” both transcends language and reifies its limits, perhaps its insufficiency to reflect the intricate nuances of brain pattern, of thought.

### *Mad Scientists, Mad Artists*

When Russ Poldrack writes about his decision to be both scientist and subject, he refers to the history of other scientists who have done the same (87-89). Self-exam signals a disciplinary move, whether by accident or by design, from medical exploration to performance art, where scientists and

artist share a sense of exploratory creativity, and a mutual adaptation of affect. The concept of “the scientist experimenting on himself” is not new—it has a long literary as well as scientific history. The works of E.T.A. Hoffman, Mary Shelley, H.G. Wells, and Robert Louis Stevenson, just to name a few, have canonized archetypal scientific figures who have taken experiments too far, who have overstepped a boundary into a self-destructive and irreversible procedure. Self-experimentation runs parallel to the provocative challenges of physical limitations that are taken up by performance artists on a regular basis. These challenges in turn beget an unnerving bioethical shift from medicine to art where procedures and bodily manipulations are performed that run the gamut from “unnecessary” to “potentially harmful.” From an artistic standpoint, such physical risks and excesses (Russo 10) are important provocations; in medicine, they are reckless. The Self-exam, however, also pulls a subjective narrative out of a scientific, methodical process and an affect of excitement where, in theory, there should be none.

The values of science and art triangulate through the performance of self-exams—particularly in light of the two operative terms, “performance” and “exam.” Artists and their reputations are similarly at the whim of biographers, funders, and fans. Self-exams open the borders of privacy and renders one physically and affectively vulnerable. It therefore openly troubles scientific objectivity through the malleability of what constitutes a “performance.” Like the Anatomist who narrates “Exhalation,” ORLAN’s project is one of a lineage of other works that merge surgical practice, self-exam, and the powerful and alienating messages of performance art. A number of other artists have used similar techniques in accordance with their own desires for provocation, all methodically planned and performed. These performances link publicly disclosed intimate knowledge of one’s own body to potential acts of self-harm. ORLAN’s surgery-performances and Chiang’s “Exhalation” rest at a unique intersection within a claim that radical self-exam and surgical practice share a fundamentally

artistic root (which is formally reaffirmed in “Exhalation” as a work of speculative fiction). The respective formats of ORLAN’s art project and Chiang’s short story are uniquely complementary: ORLAN visually documents her actual, live surgeries that falsify the operating space by making it a theatrical event; Chiang represents a realistic (though not real) scientific discourse through a fictional landscape. “Exhalation” and *Carnal Art* open this question of “style” as part of their guiding principles by taking control out of an expected medical dynamic and placing it into the hands of the body to be operated upon. The narrative voices of Chiang’s *Anatomist* and ORLAN, curator and executor of her own performances, obfuscate the regimented clarity of surgical practice by placing it into the disciplinary realm of art. ORLAN’s work does this most explicitly, though through its very structure as a fictional short story, “Exhalation” ventriloquizes a narrative affect of scientific professionalism.

The impetus for self-experimentation is embodied similarly by artists as by scientists. At the same time, self-exams are translated through the “story” of discovery, except that instead of discovering an object, they are discovering a form of subjectivity. Such radical self-exams catalyze narratives that are vulnerable and harrowing, somehow making the scientist, fictional or not, more believable, more human, though these narratives appear more implicitly. For example, Rose and Abi-Rached comment that because neuroscience is still a fairly new field, individual scientists maintain celebrity status, which influences the field. And, they point out, as a new and interdisciplinary field, it is highly concerned with the autobiographical elements and rationales of its key the scientists—there is a cult of personality that rubs off on biographers and historians, universities, funders, and, because of all of this, the science itself. Self-examination and self-experimentation take away the comfort, what we could even call the pretense, of objectivity.

It becomes easier, and perhaps more uncomfortable, to see how ORLAN, Chiang, Feilding, and Mellen may theorize surgical practice as a form of sculpture, a concept that resonates far more with

surgeons than it does with a lay-public who wants to believe that medicine is a consistent science. As Kapsalis writes, “the term ‘performance’ highlights the idea that [surgical] practice is constructed and open to multiple readings and interpretations” (4). Medical performance art, the category from which “radical self-exam” arises, holds performance’s multivalenced tensions: it signifies something that is ephemeral, perhaps made permanent only through the ritual of its repetition, as well as something that is “fake”—practiced, scheduled, curated (Taylor, *Performance*, 19). Performance art that incorporates surgery serves a dual function by tapping into performance’s temporal binaries: it is both a repeated ritual and also very ephemeral. Politically, it is also utilized as a disruptive strategy that fundamentally violates the social practice of privacy in the medical context, which is amplified in the spectacle of the radical self-exam—a spectacle which exists outside of the walls of medicine and, therefore, holds many layers of what is typically considered inappropriate, even violating social behaviors.

As a ritual, surgery engages a unique kind of “lights, camera, action,” and a number of other sub-rituals. The patient is placed on the operating table and given anesthesia. The surgeons’ assistants rearrange the operating table as they need to for their surgery; they wrap the surgical lights in sterile plastic and move them exactly where they need to be. The surgeons wash their hands in sterile soap up to their elbows, and enter the operating room by opening the handle-less doors with their backs, holding their hands up in front of them above their waist, careful not to touch anything. They are dressed by nurses in sterile surgical gowns. Although no one surgery is like another, because no one body is like another, most follow this ritual, which is perhaps one of the last vestiges of routine before a provider willfully invites the potential chaos of surgery.

In pressing upon the question of why such performances of self-examination are categorically alienating, if also often fascinating at the same time, I find myself circling around the word “vulnerability,” the same place where I end my first chapter. Whereas in Chapter One I refer to



medical museums as spaces with the potential to call attention to the vulnerability of subjugated, pathologized bodies that appear on its shelves and in its drawers as a democratizing gesture to help the general laypublic learn about medicine, I now end on the alienation that arises when we call attention to the vulnerability of *our own bodies*, even if the result is to, say, call attention to our own “inner beauty.” What may begin as alienation or affective discomfort in the face of self-exam quietly sublimates into awe. In her study of the Anatomical Venus, Joanna Ebenstein draws attention to which these models were made at a time in which God and the divine were important to how people also understood individual identity, and how the human was made in God’s image (*The Anatomical Venus* 66-118). Even the supernatural forces that possess the mothers of Chapter Two refract human embodiment through uncanny spiritual prisms. Something about encountering bodily depths directs us to envision forces beyond our fragile bodies.

In many ways, I draw conclusions from where I began: a point of vulnerability, but this time, vulnerability as a site of power and of generative provocation, one that transfers from performers to spectators as they stand in the face of such physical opening. It is difficult to imagine a time when one may be more vulnerable than when his or her body is being forcibly opened, the inside exposed to the world, even when “the world” is in the private confines of an operating space. For a patient to actively (and stoically) participate in and meticulously document her own invasive medical event invites the possibility for a lot of self-harm—in other words, a lot of risk. Her body is a public, vulnerable spectacle, and that is unnerving to watch.

“Inner beauty” began in this chapter as a pun underscoring the extent to which, for many of us, the insides-of-bodies are foreign territory. ORLAN’s and Chiang’s artistic interpretations of self-exam offer new, radical forms of visibility and access while, at the same time reimagining consent, spectatorship, and ownership of knowledge, all through the vulnerability of exposing and opening a

body to the world. “Vulnerability” is an important guiding term in this chapter, perhaps because it is the logical crescendo for this entire project, which has attempted to unpack a relationship of medicalized bodies to the conditions in which their pathologies are historically and temporally located, and how certain art answers the boundaries of medicine, normalcy, and appropriate forms of visual conduct and socially accepted “gazes” with work that is transgressive, confrontational, power-shifting.

Vulnerability is that which seeps through the cracks of comfort—of, for lack of a better term, “okay-ness.” Vulnerability may be a fundamental subject position or else it can be an emotional, affective status. But, in the scheme of this chapter, an open show of vulnerability is what gives the public performance of self-exam, and thus self-exploration, its power. In this case, I view vulnerability as interrelated to the quivering, wounded openness of a surgically-altered physical body, as well as to the subsequent emotional reactions that come rushing to the surface of affective awareness as a result of bearing witness to these self-exams. It is through these performances that there is potential for a collective vulnerability, mirrored by the audience back to the performers. The critical responses to ORLAN’s and Feilding’s films—of feeling ill, of dropping off of seats “like ripe plums”—may be read as perhaps understandable audience squeamishness as a result of watching a shocking performance. However, the strange affective proportions of the intensity of the audience’s embodied reactions (as they sit at a distance, in the comfort of their seats) to the calmness of the performers (who take surgery into their own hands) signify a transference of vulnerability, where the importance of their agency and consent in the process of their medical care is diminished by what could be read as the provocation of shock value in their projects.

Radical self-exams form artistic theorizations of vulnerability. Art, and particularly performance art, is fascinating to study because of this inherently theoretical practice. It is already steeped in a narrative, philosophical framework that sends its message through images, whether static

or performative. Thoughts, feelings, and emotions are messaged to audiences in a language of symbols that are not necessarily universal as much as they are important to that particular artist. It is an exploratory process for both the artist and the spectator, a mutual, esoteric form of understanding and becoming. It therefore makes sense that the “self-exam,” as suggested by analogous terms such as “self-reflexive” or “confessional artwork,” has a particular notion of autotheory built into it. Radical self-exam takes a turn so that it is not only about the physical exam, but also about an affective, emotional excavation. In this way, self-exam, surgery, and art already contain autotheoretical gestures through a form of an embodied and symbolic narrative, particularly in the ways they necessarily reflect on a process of very intense self-discovery. It would seem that, in the physical process of opening up the body, ORLAN, Chiang, and even Poldrack open toward multiple affective, emotional, and physical vulnerabilities. The premise of the self-exam is to make visible and “master” one’s own physical interiority—in the case of the Anatomist and ORLAN, with the aid of surgical intervention. In turn, both of these voices indicate a metaphysical awe toward what they see and how they come to see themselves.

If we take seriously the Lacanian claim that consciousness is mapped like language, and if we also think through artistic practice as fundamentally autotheoretical, there is a capacity to see in these forms of radical self-experimentation a fascinating symbolic order that, in its way, replaces the signifiers of words. Art represents autotheoretical practices of the artists—a series of personal systems and signifiers that somehow cohere into a narrative. And it is the narrative that is the “sense-making” aspect of this work, the analysis that makes it translatable, less tautological. It links the physical vulnerability of the self-exam to the vulnerability of being publicly, emotionally laid bare, of making sense of an embodied experience. Language becomes an embodied, performative practice.

There is a theme that should not be lost on readers: that, in the examples of ORLAN, Chiang, Fielding, and even Russ Poldrack, there comes a sense of reverence for oneself, for bodies and the ways they function, that is summoned through the self-exam, something that extends across the bioethical paradigms of artistic and scientific practice. I land here because it is where “estrangement,” which I have largely theorized through discomfort, comes full circle, where ORLAN and Chiang become, in their own way, satisfying through their art. Despite Brecht’s distaste for “catharsis” in its falsified, overly-sentimental form, it seems that both works culminate in a form of “epiphany” that results in the reflexivity of self-exploration, but disturbs those who bear witness to it. But epiphany in this case comes from the rupture point caused by alienation—it is a kind of alienation from the self, of admiring a body while also feeling outside of it. Like the people who pursue self-trepanation, the Anatomist of “Exhalation” ends carefully balanced between the empiricism of scientific study, and a nearly-metaphysical awe of consciousness: “The universe began as an enormous breath being held... And until this great exhalation is finished, my thoughts live on.”

## EPILOGUE:

### THE FORMATION OF THE BRECHTIAN SPECTATOR

*Sometimes the gentlest patient  
in the Emergency Room  
is from the city prison.  
This one too—soft-voiced,  
lifting his large dark eyes.  
He whispers "yes, ma'am,"  
shy as a deer,  
young and brown-skinned  
with loosely muscled limbs  
gangling off the bed.  
His clean, uncoiled anatomy  
is almost embarrassing against  
pus & pannus, abscess & scarred vein—  
everyone bearing his body  
like some separate, stricken animal,  
its disappointments inevitable.  
It seems impolite for us to notice  
the fact we are the same age,  
his silver handcuffs, track marks,  
the inefficiency of my exam,  
a rising smell of hot dung  
from the old lady in the next bed.  
Once, when realms were not distinct—  
celestial and earthly—  
angels visited, god-wed  
women ministered, bathed the feet of sinners,  
doe muzzled the saints' hands,  
and this would be the moment  
of cloud-break revelation.  
There are no figs or honey here,  
just betadine and isopropyl pads.*

*-Joanna Pearson, "Ministrations" <sup>71</sup>*

The last nine lines of Joanna Pearson's "Ministrations," one of her many poems that reflect upon her time in medical school, traces a rise and fall of hopefulness in medical care. The poem begins

<sup>71</sup> Re-printed with permission from the author. Originally published in *Oldest Mortal Myth*.

from a point of tangible realism wherein she meets a young man from the city jail in the emergency room who is her own age. Already there is a paradoxical sense of uncanniness and alienation: they are peers, looking at one another in the same enclosed medical space, and mirror a doe-like inchoate shyness to one another. Each similarly awkward, or to use Pearson's word, "inadequate," they are placed in juxtaposition, highlighting a false hierarchy that is brought forth more from privilege (white medical student and poet and black incarcerated substance user from an inner city) than of skill. When the poem shifts from the chaos of the emergency room to turn to the mythic evocation of indistinct celestial and earthly realms, it underscores a care relationship that, when it is at its best, has roots in a spiritual calling. The caregiver bathes the feet of sinners, places herself in subordination to the person to whom she offers herself. Such a perspective is a revision of how we think of the medical hierarchy, wherein the care provider physically and emotionally places herself underneath and in support of the care recipient. But Pearson is right that there is no cloud-breaking gravitas in response to such epiphanies; only the unglamorous and unprivate emergency room, the smells, the trauma, the isopropyl pads, the affective space of alienation where the careprovider dwells.

It is my hope that by this point in my dissertation it would be clear why I might say that caregiving occurs in the space of alienation rather than identification. If "Ministrations" were an imaginative meditation on what Pearson thinks her patient is feeling or thinking, it would be an experiment in narcissism, for how could she possibly accurately assume the perspective of someone who has lived a life so different from her own? Instead, she locates her care in their imbalance, her inability to speak for any emotions but her own in that moment, which deflates the grandiose fantasy of "doing God's work." Medical caregiving might well facilitate a spiritual opening (or, at least, that was my experience of it), but such a calling leads exactly to the point of cleaning abscesses, gripping hands, walking home damp with the sweat and tears and who knows what else (I shudder to think of it) of

other people. “Ministrations” lands on the point that, despite a revelation that is far less grandiose than a cloud-break, her care, no matter how awkward, remains the most important thing she can offer to her patient in this moment. Empathy arises in this *distance* between Pearson and her patient, her humility toward that distance, and the tacit command that she subordinate her anxiety to the needs of her patient; not in her imaginative projection of herself onto him.

I began this project by asking what would constitute a Brechtian spectator. The idea of a Brechtian spectator has been referenced by performance scholars, but because spectatorship identifies a personal interpretation in a communal event, “Brechtian spectatorship” takes on a liquid definition to fill a number of theoretical vessels, often in analyses of performers. Taking to task the act of spectatorship in “The Emancipated Spectator,” Jacques Ranciere writes that, “a concept of theater has been associated with the living community. Theater appeared as a form of aesthetic constitution—meaning the sensory constitution—of the community” (274). Performance, then, become an event that creates community around the events on stage. Though Ranciere (and Brecht and Artaud) think of think of theatre in terms of political aesthetics, extending this concept of performance to include operating theatres, museums, and other medical spaces which are considered private, grotesque, or unnerving, amplifies the possibility of a radically vulnerable community made from uncomfortable sensory experiences.

Ranciere continues, “Theater is a self-suppressing mediation,” and that non-mimetic forms of theatrical representation (embodied by Brechtian and Artaudian theatrical styles, as well as performance art) “present to the collective audience performances intended to teach the spectators how they can stop being spectators and become performers of a collective activity” (274). The emancipated spectator is one who resists the passivity of spectatorship—its self-suppression—and takes on the burden of the performance in their own seats in a communal effort. Building on Ranciere’s argument,

Diana Taylor writes that, “Performance can call spectators to action, but it sometimes puts them in very confusing, powerful, disempowering, or uncomfortable situations” (*Performance* 82). Taylor’s list of unpleasant affective adjectives that audiences may experience begs the question, why do it? Why tolerate discomfort?

To that I answer: because the alienation that arises out of discomfort pulls the spectator out of herself such that her own needs are secondary to that of the performance, unless she chooses to leave. And while it may be counter-intuitive, this practice of holding oneself in abeyance in order to follow through a performance that splits the labor between performer and spectator, is in fact an important ethical model for caregiving, particularly in the medical field. This is, of course, pushed further in consideration of the medical aesthetics that appear in the objects I choose to study. Self-suppression is, actually, an important gift to offer those who receive our care.

The emancipated, Brechtian spectator is bound in community to the performance, the performers, and the other spectators, and is open to theatrical experiences that are not for the purposes of pleasure or identification. Further, such a spectatorship speaks to an ethic of disidentification while maintaining the importance of the spectator’s presence, without which the performance would not exist. The spectator’s privilege and obligation is to be attentive to the performance. The term “bearing witness” may be overused or overly emotional for a dissertation on Brechtian alienation, but it does speak to the importance of attentive, unyielding presence in response to a confrontation performance, whether that happens in poetics, visual art, film, performance and operating theaters. It is leaving oneself open to the potentially painful, or otherwise candid, experience of another in exchange for comfort. This dissertation has cited a number of examples in which the physical and emotional labor of the performance becomes shared by the audience and the performer alike, and in this way, there develops a co-constructed radical vulnerability, in which the artist is able to seize the power from the



gaze. Brechtian spectatorship is one in which the power differential between subject and onlooker becomes neutered.

Brecht's aversions to audiences' feelings as provoked by theatre are that they essentially exist to make the spectator feel moved in a particular emotional way, but not in a political or logistical way. Put bluntly: there isn't anything socially just about any one person's feeling if they don't push toward anything larger once they leave the performance. The Brechtian spectator watches performances in terms of their "gaps"--a word I use now to think of the triangulated distance between the portrayed, staged character (and the center of attention), and performer and spectator (who would ideally acknowledge the theatrical experience as one best approached with self-reflexivity of one's own subject position in the performance).

I want to end by framing this affective sense of alienation and self-reflexivity in terms of its caregiving potential. And although many writers (incorrectly) assume that because Brecht does not care for sentimentality, that he is anti-emotion, this project has explored the importance of a vulnerability made through discomfort. That was not intentional. Nor did I intend for this to become the gender studies project that it is. Given the ways in which performance art is often perceived as a means of taking back control over how one's body, it may not be a surprise that this is where I have landed. Between the fact that women's bodies have historically been and continue to be especially medicalized, and also because I worked in gynecology for so long, it is fitting. It seems that performance art and performance scholarship tends to be spearheaded by artists who are women often seeking to disrupt established paths of aesthetic expression; to turn notions of whose body is an object of "fascination," and why, on their heads. In these performances, vulnerability repeatedly becomes a site of power, even if it is the power to extend an uncomfortable sense of melancholy to the spectators. In other words, these performances don't let anyone off the hook: your spectatorship must be active,

with no clear emotional path to succumb to, no easy answers to “fix” bad situations, nothing specific to cry about but a list of things to potentially mourn.

In addition to unpacking the question of Brechtian alienation, I also began with the question of the “objects” we imprint upon—the songs, literature, poems, art that we like and associate with ourselves and our interests. I believe that whether we like it or not, when we critically engage with these objects, we leave small pieces of autobiographical information like breadcrumbs behind us.

In the spirit of vulnerability, I offer this: working on this project, and therefore living with an archive of disturbing images in my head for the past several years, took its toll. I did not notice it until I spent time in Philadelphia, Edinburgh and London pacing through medical museum after medical museum, where the spaces, both in their circular form and in the general atmosphere of gore, uncannily reminded me of my time working in the dark corridors of operating rooms. This feeling, which was not exceptionally unpleasant, but was very nagging, grew. Like the time I spent in the operating room, I got used to it, but by that I mean I became used to the feeling of being unsettled, threaded outside of myself. Mostly, I tried to discern the pedagogical narrative of the pathological specimens, all somewhat chaotically ordered. Many of them were split into educational exhibits that attempted to translate medical history into terms laypeople would understand, and “pathological museums.” The pathological museums were, for my purposes, the most telling; many of them haven’t changed much since their nineteenth-century origins. There they were, as promised by Samuel Alberti, Tony Bennett, and others, the shelves of jars filled with “dividualized” people, collected at various points over the last two hundred or so years.

The most striking of these exhibits is hidden: the Gordon Museum of Pathology in London (opened in 1905), home to one of the largest collections of pathology, anatomical waxes, and original medical artwork in Europe, where any hopeful researcher/spectator must make an appeal to the

discerning curator to even go in the building. Once given the go-ahead to appear in person (and once you have gotten sufficiently lost trying to find the museum on the King's College campus), you must then promise that you will not take pictures, and that will you not go on social media—in fact, don't even *think* about social media—while in the space. If you must, you *can* take the jars off of the shelves to look at them as long as you put them back (as if they were library books). He will raise an eyebrow at your strange-sounding project that is not technically in a medical discipline, but he will sigh and open the door.

The collection, which on paper is only three floors, is unsuspectingly labyrinthine, and what I would call “functionally archaic.” Room after room is filled with jars of various normal and pathological specimens, each tagged with a number. On counters next to the jars are large binders, where any curious spectator or medical student can look up the number and learn the organ's case history—an attempt at a pathological biography, perhaps. The specimen date range was wide; some were collected as late as the 1980s, while a great many were from the nineteenth and early twentieth century. And, like many Victorian medical museums, the pathological museum was connected to a Natural History Museum, filled with taxidermied animal specimens (of note, Dublin locals call their version “the dead zoo”).

In her memoir of her first year gross anatomy class in medical school titled *Body of Work*, Christine Montross comments that cadaver labs will often cover the faces, feet, and hands of the bodies so that they are dehumanized for the students. In other words, so that the students will learn the inhumane-feeling acts that constitute surgery without having to bear the emotional weight of knowing that they are dismantling a human body. It might make sense that faces are, indeed, very humanizing; perhaps less so hands and feet. But, as Montross points out, when students learn to dissect the musculature of the human arm, they are put in the position to have to hold their cadaver's hand as they

do it, much like what Caitlin Doughty describes as she washes a body for a funeral viewing in *Smoke Gets in Your Eyes*. I mention this because the slow-burning discomfort of being exposed to the museum specimens, and trying to be attentive to the circumstances that made these bodies collectible, manifested in an affective crescendo when I found myself in close quarters with hands, feet, and the occasional face. The Gordon Museum was not the first place where this happened; in fact, it was the last. But it was here that I found a certain weariness. After theorizing the medical museum as a kind of cemetery, where memories of a given person were replaced by pathological reports, I couldn't *not* see the space as tinged with a certain level of grief. Breaks among the taxidermied animals became longer, more frequent, more important. I found myself in an affective co-construction with the Gordon Museum's archive as I emotionally imprinted upon the specimens through my own discomfort.

In Pearson's *Ministrations*, there is no garden of earthly delights in exchange for a care ethic, only a heightened awareness of what brought a young doctor to the place of being the one to hold the betadine and isopropyl pads, and not to be the person (her own age) in handcuffs. Her poem tells of an anticlimax in caregiving which is partially brought forth by her interaction with her patient. She is not telling a story of empathy as we are used to hearing about it here; she is not giving her reader a cathartic satisfaction by imagining the life of the young man in front of her. The poem is about the experience of being alienated from him, her surroundings; of feeling the vast difference between them, alienated from both him and the surroundings of the Emergency Room, while at the same time remaining responsive to the ethical commands of her work.

When coming upon a room with disembodied hands, I was taken aback by the intimacy of looking at them. With nothing to identify who they belonged to save for some bland case reports in a binder, there was no way to imagine the story behind how they came into the museum. I am not sure I would *want* to imagine it. Gently placing my hands on either side of a jar to look a little more closely, I

held my breath, though I did not mean to, and allowed myself to be held in confused mourning; to be struck silent.



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