University of Alberta

Imag(in)ing the cancerous body: representations of cancer in medical discourse and contemporary visual art

by

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A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Master of Arts

in

History of Art, Design and Visual Culture

Department of Art and Design

Fall 2010
Edmonton, Alberta

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For Lila, who taught me how to live with cancer, even as she was dying.

ABSTRACT

This thesis examines representations of cancer in contemporary art, with a particular focus on unruly, un-idealized bodies at risk. In bringing together the discourses of art history and medicine, its aim is to engage conventions of visualizing cancer, and more importantly, to highlight the ways in which contemporary artists challenge dominant representations, re-imagining the cancerous body from an embodied perspective. Chapter One provides a context for images of cancer by examining an artistic account of how medicine constructs the body against an artist's representation of her own cancerous body. Theorizing cancer as an abject condition, Chapter Two examines representational strategies for visualizing cancer that trouble distinctions between inside/outside, self/other, subject/object, healthy/diseased. Building on themes of gender, health, and identity, Chapter Three considers representations of chemotherapy-induced hair loss and baldness as the most visible signs of cancer, but highly unstable and performative ones that call the representational status of the disease into question.

ACKNOWLEDGEMENTS

My thanks go to the faculty, staff, and graduate students in the Department of Art and Design at the University of Alberta. First and foremost, I owe my deepest gratitude to my supervisor, Lianne McTavish, whose intellectual rigour, generosity, support, and feedback have been invaluable contributions to my life and work as a graduate student. Her limitless energy and intense commitment to both her scholarship and students are without comparison and have made this project a joy to undertake. Thank you also to my second reader and committee member, Amanda Boetzkes, as well as to Anne Whitelaw, for their inspirational scholarship and encouragement. Finally, special thanks to my colleagues and friends Kimberly, Megan, and Samantha for their laughter, support, and enlivening conversations throughout the past two years.

I am indebted to the generous funding provided by the Social Sciences and Humanities Research Council of Canada, the University of Alberta, the Department of Art and Design, and the Government of Alberta, without which I could not have undertaken this research. I am exceedingly grateful for their support.

I am deeply grateful to my family for their enduring support, confidence, and trust in me every step of the way. To my father, Carl, whose stubbornness, perfectionism, and astuteness I have inherited as the driving force behind my approach to my studies—thank you for setting an example of hard work and determination and for supporting me in countless ways, always without hesitation. Thank you to my mother, Pauline, who has never ceased to give unconditionally and has always been there when I needed her. Her guidance, long-distance therapy sessions, wake-up calls, and insight have been an invaluable source of motivation. I also want to thank my sister, Erin, for her optimism, light-heartedness, and unrivalled belief in me.

I offer a warm recognition to Hunter, whose gentle companionship and unconditional presence at my side eased my stress and took the loneliness out of writing. Finally, I give my deepest and most heartfelt thanks to my partner and best friend, Andrew, whose unwavering tenderness, patience, humour, and encouragement provided deep sources of intellectual and emotional renewal when I needed them most. I cannot thank you enough and I am honoured to have you by my side. Thank you for sharing this experience with me, cooking me scrumptious meals, and reminding me that there is so much more to life than work.

I also want to grant a special acknowledgement to Lila, whose strength, courage, and life philosophy in the face of the horrible realities of cancer have inspired me since we first met. Although our encounter was brief and did not take place under the best of circumstances, I cannot express the impact she has had on my life and my approach to both living with and studying cancer. I dedicate this thesis to her memory.

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INTRODUCTION

Characterizing cancer as "a disease of the body," in 1978 cultural critic Susan Sontag wrote that "far from revealing anything spiritual, it reveals that the body is, all too woefully, just the body."[1] But what kind of body—material, social, and cultural—does cancer reveal? How is it represented, experienced, and viewed? At the beginning of the twenty-first century, cancer has achieved wide visibility, most notably in fundraising campaigns and popular imagery such as the ubiquitous pink breast cancer ribbon, producing what Barbara Ehrenreich has playfully termed "the cult of pink kitsch."[2] These symbolic artifacts act as visual referents for the disease without actually imaging it, displacing its unsettling images and material realities. As Martha Stoddard Holmes argues, while they provide comfortable ways for the public to visualize cancer and show support for cancer patients and research, these visual artifiacts "[transform] the spoiled, abject parts that are the unspoken imaginary of cancer into strenuously upbeat pastel trinkets," providing the public with "a way to actively *not-think* cancer."[3] So while cancer may be more visible now than ever, its visibility is embedded in medical, popular, and cultural discourses and for many individuals who live with the disease, it remains highly contested and unresolved. Beneath the dominant representations of cancer and the almost excessive public images that celebrate survivorship, efforts to critically examine the disease and produce unconventional, un-idealized images of the cancerous body still struggle to attain public visibility.

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[1] Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors* (New York: Farrar, Straus and Giroux, 1990), 18.

[2] Barbara Ehrenreich, "Welcome to Cancerland: A mammogram leads to a cult of pink kitsch," *Harper's Magazine* (November 2001): 43-53.

[3] Martha Stoddard Holmes, "Pink Ribbons and Public Private Parts: On Not Imagining Ovarian Cancer," *Literature and Medicine* 25, no.2 (Fall 2006): 478.

Although they are not without historical precedent, in the 1980s and 90s artists began to actively and visually represent their own diseased bodies and cancer experiences to counteract dominant historical, medical, and media representations. This practice continues to increase as a growing number of individuals face the searing reality of the disease and the medicalization of their bodies. As media headlines and representations, diagnostic technologies, and cancer literature have proliferated in the last thirty years or so, so too have works of art by artists living with or dying from cancer, although they remain largely unseen and thus unexamined. The goal of this thesis is to bring these diverse artistic representations of cancer into focus, offering a critical analysis of contemporary art practices of visualizing cancer that challenge dominant representations, attend to the materiality of the cancerous body, and attempt to make visible embodied experiences of the disease.

This thesis examines representations of cancer and the cancerous body in contemporary art by selected artists since 1980, with a particular focus on unruly bodies at risk, in a state of *dis*-ease. In bringing together the discourses of art history and medicine, my aim is to identify and engage conventions of visualizing cancer in medical and popular discourse, and more importantly, to highlight the ways in which contemporary artists challenge dominant representations, re-imagining the cancerous body from an embodied perspective. While medical discourse and practice attempt to render the unruly conditions of cancer knowable by way of looking, visualizing, identifying and categorizing, these standardized modes of knowing are often incomplete and reflect cultural norms more than the subject/object under scrutiny. I argue that both medical and popular representations of cancer and constructivist theories are often unable to account for experiences in a sick body, and thus explore the potential for artists to articulate a subjective experience of cancer around its material realities.

I explore the conceptual themes and representational strategies for visualizing cancer in selected works by five artists and two artist collaborations from Canada, the United States, and Britain: Jennifer Willet, Jo Spence, Alistair Skinner and Katharine Meynell, Angela Ellsworth and Tina Takemoto, Hannah Wilke, Catherine Lord, and Chantal duPont. While their respective practices and experiences remain individualized and embodied, together they raise questions of bodily representation and the pathologizing of cancerous bodies. Taken as a whole, their body of work critically constructs a visual discourse of cancer, expanding insights into the disease and its representation. By visualizing and re-presenting the cancerous body, these artists not only negotiate their own disease experiences, but interrupt established procedures of looking to repudiate the pathologized, objectified body of medical science and the techniques of representation that often disempower the patient. In doing so, they also overturn normative expectations of appropriate bodily display, forging a critical space for un-idealized cancerous bodies in the public imaginary.

This project began with a series of questions that address issues of representation, disease experience, embodiment, intercorporeality, and intersubjectivity. How is cancer conventionally represented in medical discourse and by contemporary imaging technologies, and what do these representations mean? How does medicine construct knowledge about the cancerous body? What distinguishes the cancerous body from a normative “healthy” body? How do contemporary artists intervene in and appropriate conventions of medical representation and what are the effects of such interventions? How is cancer represented in popular images and how do these representations reflect (or shape and even repress) our cultural understanding of the disease? How might representations of the cancerous body both incorporate and influence a phenomenological experience of the body? What is the viewer's relationship to images of the cancerous body? How can artists contribute to and enhance our cultural understanding of cancer? Guided by these questions, this project involves three primary tasks: interrogating how cancer is constructed and visualized in medical discourse and popular representations; examining exemplary artistic practices as sites that both reveal and challenge how cancer is conventionally constructed; and theorizing the viewer's embodied relationship to images of the cancerous body as a way to open up (and out) our cultural understandings of the disease and its impact on our own bodies.

Why Cancer?

I have chosen to focus my study on images of cancer and the cancerous body to provide a narrow frame for scrutiny, to examine historically specific, concrete experiences of individual embodiment among often abstract and disembodied concepts of "the body."[4] More specifically, focusing on the cancerous body provides an opportunity to theorize cancer and contribute to our cultural understanding of the disease. Despite advances in medical research, diagnosis, and treatment, cancer continues to elude medical scientists and physicians and haunt the public consciousness. In contemporary Western society, cancer is the most prevalent and rapidly progressing

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[4] A number of feminist and cultural theorists similarly attend to the over-abstraction of the body, arguing that while the body is not solely a matter of materiality, it also cannot be reduced to a matter of discourse. See Kathy Davis, ed. *Embodied Practices: Feminist Perspectives on the Body* (London: Sage, 1997); Anne Marie Balsamo, *Technologies of the Gendered Body: Reading Cyborg Women* (Durham: Duke University Press, 1996); and Katherine Hayles, *How We Became Posthuman: Virtual Bodies in Cybernetics, Literature and Informatics* (Chicago: University of Chicago Press, 1999).

disease, and yet we understand relatively little about it. Embedded in the scientific notion of "progress," we assume that we know more about the disease now than we did four hundred years ago, or even forty years ago, but despite modern medicine's ability to prolong the life of cancer patients, there is still no such thing as a "cure" for cancer. General cancer statistics for 2009 in Canada state that an average of 40% of women and 45% of men will develop cancer during their lifetimes, with an estimated 1 out of every 4 Canadians expected to die from cancer.[5] With this kind of prevalence in the Western world, looking at cancer provides a unique opportunity to connect with readers and help construct a viewership; indeed, almost everyone has intimately known someone diagnosed with cancer and witnessed the degeneration of a body afflicted with cancer in varying degrees and levels of intimacy, whether their own body or that of a partner, friend, or relative. My own investment in the subject comes from my personal and embodied experience of living with cancer as a young adult—of surgery, diagnosis, treatment, and recovery—which undoubtedly shapes my articulation of the concerns I address, my insistence on the materiality of the cancerous body, my interpretations of the artworks I examine, and my effort to make cancer more visible.

The two artistic collaborations that I examine as part of this thesis, one between Alistair Skinner and Katharine Meynell and the other between Angela Ellsworth and Tina Takemoto—in both partnerships, one artist is afflicted with the cancer, while the other is "healthy"—document the experience of illness within the dynamic of a personal and artistic relationship and attest to the impact of cancer on bodies and selves, and thus to its intersubjective implications. There is no denying the fact that cancer physically and

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[5] "General cancer statistics for 2009," Canadian Cancer Society, http://www.cancer.ca/canada-wide/about%20cancer/ cancer%20statistics/stats%20at%20a%20glance/general%20cancer%20 stats.aspx?sc_lang=en.

emotionally affects lives, in often evasive and destabilizing ways. Because it affects so much more than the biological body, which is the traditional object of medicine, medical practitioners and researchers should not be alone in trying to understand and conceptualize the disease. Artists who have themselves been diagnosed with cancer, or have some other interest in the subject, have started to construct a critical visual discourse of the disease, asking what it means to identify and perform across bodies marked by cancer, but cultural theorists and historians need to follow, attending to the specificity of "cancer" rather than disease in general.

Despite its widespread rate of occurrence and pervasiveness, surprisingly few distinctly cultural studies have been devoted to cancer. Amidst a growing number of studies addressing cancer in the social world, there is very little sustained attention to the embodiment of cancer and how it constitutes meaning, and even less to its visual representation. Motivated by her own experience as a cancer patient, Susan Sontag offers a persuasive critique of metaphors of cancer in *Metaphors of Illness* (1978), emphasizing the constructedness of contemporary ideas and cultural anxieties about the disease. But for Sontag, medical science, with increasingly more effective forms of treatment, has the power to dispel the myths and metaphors of disease and rescue cancer patients from their stigmatization. Her faith in biomedicine, however, seems to be misplaced. Her call for cancer patients to be informed and active, to seek "the truth," assumes that they are empowered to do so within the medical arena, privileging the "truth value" of science over other discourses. Artists like Jo Spence, however, demonstrate precisely that cancer patients are disempowered within the medical arena, making visible alternative approaches to cancer outside those prescribed by orthodox medicine and examining the possibility for patients to regain control of their bodies.

In her article, “Community and the Public Body in Breast Cancer Media Activism,” Lisa Cartwright examines the role of alternative visual media in the politics of breast cancer, focussing on issues of identity and community within health culture and addressing the formation of distinct public cultures around the disease. Cartwright’s primary concern is with the class and cultural specificity of different women’s experience of breast cancer, demonstrating that even alternative or activist visual media depicting breast cancer are not universal signifiers of the disease, but play particular roles for particular sets of viewers and often exclude older women and women of racial difference. While I agree with Cartwright that there is no unitary concept or universal discourse of cancer, I am less concerned with the cultural difference among individuals, women or otherwise, impacted by the disease. My own interest in cancerous bodies lies at the intersection between art and medicine, between discursive constructs and embodiment, and looks at a wider body of artistic representations.

The most complete and inclusive cultural study of cancer, and one that I take as a departure point for my own study, is offered by Jackie Stacey. Her *Teratologies: A Cultural Study of Cancer* (1997) critically evaluates cancer as a cultural phenomenon and actively investigates how the disease is perceived, experienced, and theorized in contemporary society. A multilayered and illuminating text that weaves autobiographic narratives with contemporary theoretical debates, Stacey’s project is a landmark in the cultural study of cancer. When I first discovered the book in 2007, it redirected my research interests to “cancer” as a topic of visual cultural study and gave me the impetus I needed to cross boundaries between the personal and the academic. The parallels between Stacey’s cancer and my own—we shared the same rare form of cancer, its invasive treatment protocol, and notably severe side effects—offered me a unique opportunity to re-live my experience of cancer and re-think it in a critically constructive way. I continually return to *Teratologies* for inspiration and insight, using it both for its personal narratives and as an invaluable critical resource on the cultural construction of cancer. Given this combination, Stacey has greatly impacted how I think about cancer as a cultural phenomenon and the way I visualize health and illness in contemporary culture, an influence that I think is apparent throughout this thesis. Despite this influential literature, however, no visual study has focused specifically on the cancerous body. My goal, then, is to make visible a critical discourse that is largely lost to cultural view.

Looking at Cancer: Medical Imaging Technologies and Popular Conventions of Representation

In both medical and popular culture, cancer is represented and displayed in specific ways and has certain codes of representation. In the medical arena, medical imaging technologies—X-ray, CT and CAT scans, PET scan, ultrasound, and MRI—are used to produce images of the body's interior and aid in diagnostics, resulting in a highly technologized body and disembodied vision, in which the material body (virtually) disappears. In the clinical encounter, the reliance on medical imaging technologies to gain visual access into the patient's body and correctly diagnose its condition shifts the medical gaze that Foucault describes in *The Birth of the Clinic: An Archaeology of Medical Perception* (1973) from the physical body of the patient to technological representations of that body. Medical images of cancer in patient records, medical publications, and the media are typically de-individualized, with faces blacked out and heads cropped off to maintain anonymity, or body parts and cells microscopically enhanced to visualize normally unseen bodily interiors and processes. While these conventions are often intended to respect patients' identities and confirm medical knowledge, they also decontextualize and disembody the disease. They detach body parts or even whole bodies from their embodied subjects and make them the object of scrutiny. They also produce images of the body that make sense only in highly specialized terms and are legible primarily to trained professionals who can read their visual codes, resulting in what amounts to a standardized interpretation and translation of the body's condition, one that does not leave room for the patient's subjective account and excludes the patient from specialized systems of knowledge. In her examination of technologies of bodily display in medical culture, Cartwright contests that "medical-visual knowledge is off-limits to patients and lay viewers—that is, to those of us whose bodies and health are at stake in imaging practices; and it encourages the idea that the patient or lay person should surrender agency and control over the body to those specialists trained to 'read' the complex body images provided by new technologies."[6] While medicine's modes of vision and conventions used to represent the body are crucial for diagnosing disease and aiding in treatment, they are not unmediated or value-free. Artistic appropriation of these conventions at once helps to frame and make them visible and also disrupts them, re-imagining the body to deconstruct established procedures of looking and productions of knowledge.

In popular culture and imagery, a specific kind of image of cancer has developed, particularly of breast cancer. Conventional public media images erase all signs of cancer and its treatments, displaying clothed or cosmetically-concealed bodies to mask the material realities of the disease, or distinctly medicalized bodies that

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[6] Lisa Cartwright, "Gender Artifacts: Technologies of Bodily Display in Medical Culture," in *Visual Display: Cultural Beyond Appearances*, ed. Lynne Cooke and Peter Wollen (Seattle: Bay Press, 1995), 221.

operate within the medical arena, such as those portrayed in self-examination diagrams and posters that promote screening methods and early detection. Alternative images that have entered the public sphere, providing non-normative ways of constructing the post-operative cancerous body, fall short of critical display or discourse. While they render public an image previously familiar only to medical practitioners and cancer patients, their caregivers, and families, they nevertheless construct a stereotypical and incomplete image. Even when they reveal scars, hair loss, and other obvious signs of medical intervention for cancer, the images are almost always of “survivors,” of triumphant bodies that have “defeated” cancer, won their “battle” and reclaimed their health, ultimately reinforcing popular metaphors of cancer as a battleground.

Although it is a now widely popular breast cancer image, when the model-turned-artist Matuschka’s self-portrait photograph, *Beauty out of Damage* (1993) (fig. 1), first appeared on the cover of *New York Times Magazine* in August, 1993, it provoked considerable controversy. The photograph depicts the artist in a tailored high-fashion white dress, cut on a diagonal at her right shoulder and torso to reveal her mastectomy scar. Her head is wrapped in a white headscarf resembling those worn by women to conceal hair loss caused by chemotherapy, though with an excessive amount of fabric that references the fashion industry and mainstream beauty culture. She appears stylishly thin, her dress hugging her body to reveal its shape; her body artfully lit and framed. She seems to occupy an uneasy space between the disclosure of a body marked by illness and a highly constructed photographic image, or as Cartwright observes, “a stark environment suggesting both clinic and urban art studio—sites where bodies and body images are technologically transformed.” The photograph appears to be the result of a professional fashion photography shoot rather than an artist’s carefully articulated political statement, unless that statement is meant to say that "far from destroying beauty, mastectomy can be appropriated for a politicized display of high-tech beauty."[7]

While the controversial photograph undoubtedly succeeded in bringing the cancerous body into public consciousness and foregrounded the mastectomy scar as an object of aesthetic and political significance, it fails to address many of the critical issues surrounding cancer and its representation. Although scarred, Matuschka's post-operative body is ultimately triumphant. She may represent a subjective experience of cancer, but one that excludes the often destabilizing experience of diagnosis, treatment, and recovery. Rather than engage these issues, she presents herself as already recovered, her subjectivity still intact. The model-artist looks away from the camera with an almost severe expression, while her body is openly displayed to the gaze of the viewer, the pose and dress carefully contrived so as not to interfere with our visual access. Everything else in the photograph is concealed—through both clothing and lighting—to starkly reveal her missing breast, which becomes the sole subject of the photograph. Even in its absence, the breast is framed and objectified, reinforcing the normative cultural construction of breasts as the ultimate visual mark of femininity and women as desirable objects. Her portrait draws our attention to this cultural construction without actually contesting it. She still participates in the mainstream culture of beauty, embedding herself as a cancer survivor (and as a visual representative for others) within available discourses of cultural legitimacy rather than effectively challenging them.

So while images like Matuschka's make the post-operative cancerous body visible, they have nevertheless been absorbed into mainstream representations of

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[7] Lisa Cartwright, "Community and the Public Body in Breast Cancer Media Culture," *Cultural Studies* 12, no.2 (April 1998): 127.

cancer and fail to disrupt dominant discourses or forge new images. Such images of triumphantly recovered bodies reinforce cancer metaphors, conventions of beauty, and messages of “hope,” denying the sick, unruly, dying body afflicted with cancer, which contemporary artists Jo Spence and Hannah Wilke, among others, crucially portray in their performative photographs. The projects and representations of cancer I examine as a part of this thesis engage in a practice of re-imaging and imagining the body that empowers them as embodied subjects, at the same time that they question conventional representations, challenge the available discourses of cultural legitimacy, and negotiate our reception of the cancerous body and meanings of illness. Photographing or otherwise representing themselves both in and outside of the medical arena, they figure their cancer indirectly through marks of medical intervention, gesturing to the cancerous body as a body in crisis: bleeding, leaking, vomiting, developing sores, suffering wounds, and losing hair as a result of invasive treatment. Rather than conceal these effects, or suggest that they have somehow recovered, they contest conventional representations of cancer and expose its materiality, however discomforting or unsettling it may be.

As these artists effectively demonstrate, the cancerous body is highly medicalized; that is, it is difficult to recognize or “see” outside of its medical inscription. A common struggle shared by contemporary cancer patients is the visualization of their disease, which itself rarely produces any visual signs, but is visible only through its effects and indices: mastectomy or surgical scars, hair loss due to chemotherapy, and other visual marks of medical intervention and treatment. Stacey speaks to the difficulty of rendering cancer visible, to the invisible and often unknowable nature of the disease, in her narrative account of two personal photographs, a set of “before-and-after” images. In the first image, she appears healthy but has cancer, while in the second image, she looks ill as a result of treatment, but no longer has cancer. Of the first photograph, Stacey expresses an endless sense of disbelief with not being able to locate any visible signs of the cancer in her body, emphasizing the trick played by the body on the viewer and the discrepancy between surface appearance and deeper bodily knowledge. When the second photograph was taken she had already finished chemotherapy and was on her path to recovery, but in the image she appears as a "cancer patient." She still looks ill and has no hair from chemotherapy treatment. She reflects: "The scarred and bloated body attracted sympathetic (and fearful, or just plain curious) gazes and yet it no longer housed a cancerous tumour. The convalescent look here suggests the presence of a disease that had in fact been banished."[8] Against this indeterminacy, medical discourse and practice attempt to render the unruly conditions of cancer knowable by way of looking, visualizing, identifying and categorizing. Embedded in popular discourses of disease, even patients want to equate seeing with knowing, seeking the promise of certainty in visual evidence. Stacey herself admits that she is "seduced by the promise of visual truth despite [her] apparent critical distance."[9] But the crisis of representation for the cancer patient is precisely this indeterminacy, or in artist Alistair Skinner's words, "making visual what you know you can't see."[10] Neither photograph shows Stacey what she wants and desperately looks for: the visible signs of cancer. Faced with this struggle, artists appropriate and re-present the marks left on their bodies by medical intervention, effectively using them to imag(in)e the disease.

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[8] Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (London: Routledge, 1997), 139.
[9] Stacey, *Teratologies*, 139-40.
[10] Katharine Meynell and Alistair Skinner, *It's Inside: The story of a cancer* (London and New York: Marion Boyars Publishers, 2005), 33.

Envisioning Cancer: Towards an Embodied Understanding

Attending to both the cultural constructions and excessive materiality of the disease, I theorize cancer as an abject condition that lacks differentiation between inside and outside, self and other, subject and object, normal and abnormal. I insist that bodies are messy rather than theoretically neat, examining how the diseased body is not a fixed, stable entity or knowable truth, but a constant transgression of categories and boundaries that calls the status of "the body" into question. Working from the premise that the cancerous body is a body in crisis, both materially and discursively, I draw on a wide range of methodological sources to theorize cancer, uncover its multiple constructions, and examine both medical and artistic representations of the cancerous body. These include Foucauldian perspectives on the medical gaze and construction of knowledge; constructivist and feminist theories of the body; contemporary phenomenological readings of the lived body influenced by Merleau-Ponty; cultural studies of medicine and cancer; medical sociology; and art historical approaches to medical images, practices of looking, performance, the body, embodiment, and viewership.

Like many of the authors I look to, I rely on the work of Michel Foucault to consider how bodies are discursively constructed and constituted by the medical gaze, and to foreground the body as the locus of knowledge production. In *Birth of a Clinic* (1973), Foucault argues that disease is socially constructed through the medical gaze, exploring the ways in which an historically constituted medical discourse constructs bodies as pathological or normal. In the transition from classificatory medicine to a new medical model based on *seeing* at the turn of the nineteenth century, making visible and knowable the invisible presence of disease in the body, he argues that "the sovereignty of the gaze gradually establishes itself—the eye that knows and decides, the eye that governs."[11] In the clinical encounter, the medical gaze must factor out the human subject whose body bears the mark of illness in order to render disease visible, transforming embodied subjects into objectified bodies. With this shift, disease becomes classified not in terms of homologous symptoms, but according to its visible signs, which designate the "truth" or pathological fact of the disease. Foucault's notion of the gaze thus refers not so much to vision or perception, but to the way in which illness is revealed, as a "way of seeing" or particular mode of perception that constructs knowledge about its subjects. This "gaze," however, does not operate in the absence of the perceiving, embodied subject and the diseased body is never simply passive. Sociologist Jackie Orr offers a critique of Foucauldian theory's tendency to identify disease entirely as a biomedical social construction without simultaneously acknowledging other ways that it may be constructed. "While disease may be constituted through the discourse of medicine," she contends, "it is almost always some 'thing' outside its citing by a clinical gaze.[12]

While his approach is limited and has been both critiqued and extended by a number of historians and feminist scholars, Foucault is useful for thinking about the body as discursively produced and about medicine as a discursive force that shapes and produces bodies as healthy and diseased, establishing a set of norms that are held in place by both medical professionals and their clients—those of us whose bodies come under the disciplinary "gaze." Disciplinary power, however, is not enacted through

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[11] Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, trans. Alan Sheridan (New York: Vintage, 1973), 89.

[12] Jackie Orr, "Panic Diaries: (Re)Constructing a Partial Politics and Poetics of Disease," in *Reconsidering Social Constructionism: Debates in Social Problems Theory*, ed. James A. Holstein and Gale Miller (New York: Aldine DeGruyter, 1993), 452.

coercion or located only in discursive institutions such as hospitals, but also operates through self-surveillance and self-correction to norms in the daily activities and behaviour of individuals. Foucault writes: “There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorising to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself.”[13] As a “disease of the self,” for cancer this means constant self-monitoring and self-management both in terms of prevention as well as through diagnosis and orthodox treatment, during which “the immune system struggles to maintain strength in the face of attack by anti-cancer treatments.”[14] While cancer patients adopt a regime of self-surveillance as part of the medical treatment of their bodies, monitoring bodily changes and “freely” offering themselves up to scrutiny, they also do so in relation to norms of appropriate bodily display, concealing chemotherapy-induced hair loss beneath wigs and headdresses, or hiding post-operative scars and other marks of medical intervention from view. At the same time that these practices of regulation are internalized to produce the bodies they govern, however, they also ground possibilities for resistance. Because power in Foucault’s terms is “always local and unstable,” forms of resistance “must engage power at the points of its application and operation; that is, within the particular domains of knowledge and the particular institutions through which it is operative.”[15] Resistance to the medical gaze and construction of diseased bodies must thus occur at the sites of their power and with the techniques by which they operate, which include camera and

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[13] Michel Foucault, “The Eye of Power,” in *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, ed. and trans. Colin Gordon (New York: Pantheon, 1980), 155.

[14] Stacey, *Teratologies*, 164.

[15] David Green, “On Foucault: Disciplinary Power and Photography,” in *The Camerawork Essays: Context and Meaning in Photography*, ed. Jessica Evans (London: Rivers Oram Press, 1997), 129.

imaging technologies as techniques of surveillance. The resistance that contemporary artists re-presenting their own diseased bodies seek to enact against discursive constructs and medical representations, however, is not one of total liberation, but of a kind that seeks to uncover and make visible the mechanisms of truth and knowledge that operate within medical discourse. By demonstrating how medical discourse constructs the "truth" of the body, it becomes possible to challenge dominant constructions and theorize new constructions of embodiment. Rather than a pre-discursive or fixed reality, Foucault demonstrates, the body is "the inscribed surface of events," an unstable and contested site of meaning whose boundaries are never secure.[16] This conception of the body opens up the possibility—or more accurately, possibilities—of inscribing, writing, or representing it differently.

Because Foucault's discussion of the gaze focuses primarily on the relationship between doctor and patient, failing to account for alternative ways of seeing both within and outside of the medical arena, I engage other ways of visually apprehending the cancerous body. Building upon Foucauldian, Lacanian, and feminist theories, cultural theorist Laura Tanner reconsiders the dynamics of the "gaze" in the relationship between the viewer and the subject/object on view in the context of illness and death. In *Lost Bodies* (2006), she identifies the gaze of a healthy subject upon the body of a person with terminal illness such as cancer, "a gaze that responds not to the lingering appeal of the seductive fetish but to a series of unsettling encounters with bodies marked by illness or death."[17] Here, she takes up a relationship to Laura Mulvey's

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[16] Michel Foucault, "Nietzsche, Genealogy, History," in *Language, Counter-Memory, Practice; Selected Essays and Interviews*, eds. Donald F. Bouchard and Sherry Simon (Ithaca: Cornell University Press, 1977), 148.

[17] Laura E. Tanner, *Lost Bodies: Inhabiting the Borders of Life and Death* (Ithaca: Cornell University Press, 2006), 11.

discussion of the function of the "gaze" in her 1975 essay, "Visual Pleasure and Narrative Cinema." In this influential though much refuted essay, Mulvey employs psychoanalytic theory as the basis for a discussion of cinema and sexual difference. Drawing on Freud and Lacan, she borrows the term *scopophilia*—the desire to look—to explain a pleasure with looking in the cinema, a voyeuristic dynamic in which, as Tanner summarizes, "the viewer derives pleasure from objectifying the screen persona and subjecting that persona to the power of the controlling gaze."[18] More specifically, she identifies women as the object or image at which men typically look: "In a world ordered by sexual imbalance, pleasure in looking has been split between active/male and passive/female. The determining male gaze projects its phantasy on to the female form which is styled accordingly."[19] While Tanner acknowledges the success of film criticism in denaturalizing the act of looking and exposing the ways in which the viewer's gaze is constructed, she proposes a vital need to examine how the gaze has been constructed and constitutes power dynamics in forums other than sexual difference, such as in discourses of health and illness. She argues that

> in relying heavily upon psychoanalytic models that stress viewing as a form of visual pleasure, however, film theorists and adaptive critics following in their wake… have paid little attention to the consequences of the gaze that is painful or uncomfortable, a gaze that moves away from the lingering focus on the seductive fetish to a flitting confrontation with death and disease.[20]

Tanner asserts that a shift of the object of the gaze from an attractive female form, for example, to the wasting body of a terminally ill patient necessitates a restructuring of looking away from a focus on visual pleasure and objectification. Looking at bodies

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[18] Tanner, *Lost Bodies*, 19.
[19] Laura Mulvey, "Visual Pleasure and Narrative Cinema," *Media and Cultural Studies: Keyworks*, ed. Meenakshi Gigi Durham and Douglas M. Kellner (Malden: Blackwell, 2006), 346.
[20] Tanner, *Lost Bodies*, 19.

marked by illness in close proximity is unsettling, uncomfortable, and often horrifying—and even perversely pleasurable—but it also disrupts the distinction between subject and object, allowing for the possibility of a gaze that dissolves the distance between the two rather than asserting difference.[21] Through its visual apprehension of a diseased body, the same gaze that perpetuates the dynamics of objectification might also forge a connection between a healthy subject and a person with terminal illness.

So while I use Foucault to consider looking as a means of regulating the body, to interrogate the gaze as deployed by the institutions of science and medicine, and to unravel the productive power of visual representations to construct bodies, I also follow a critical shift from Foucauldian political readings to more recent understandings of embodiment and the embodied subject. My primary emphasis is on the fleshy, experiencing, lived body, best theorized by Maurice Merleau-Ponty. In *Phenomenology of Perception* (1945) and *The Visible and the Invisible* (1959), Merleau-Ponty argues that the body, instead of being a mere object in the world, is the very medium of our having a world. Rather than privileging the first-person perspective, however, he emphasizes the importance of subject-object relations to lived embodiment, of the reversibility of perception. He writes: “My body as a visible thing is contained within the full spectacle. But my seeing body subtends this visible body, and all the visibles with it. There is reciprocal insertion and intertwining of one in the other.” [22] For Merleau-Ponty, the visual field is simultaneously a corporeal field in which there is no clear division between the seeing subject and that which it sees; the body-subject is already and simultaneously both subject and object, both seer and seen. This intertwining of self and other, subject

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[21] Tanner, *Lost Bodies*, 20.

[22] Maurice Merleau-Ponty, *The Visible and the Invisible*, trans. Alphonso Lingis (Evanston: Northwestern University Press, 1968), 138.

and object will form an ongoing theme throughout my thesis and influences the way that I think about the relationships between subjects and diseased bodies. By combining these two theoretical viewpoints—socio-political and phenomenological—I hope to address the various ways in which the body is constructed and understood in contemporary culture, pointing to the limitations of conceiving the body solely as a surface whose diverse meanings are inscribed by powerful social, cultural, and political discursive practices. I employ phenomenological understandings of the body to account for its materiality and to legitimate embodied perspectives of cancer as alternative forms of knowledge construction.

Expanding on Merleau-Ponty's notion of the body, which he suggests is never complete, "never fully fleshed out with bones and guts," Drew Leder argues that while the body is the most abiding and inescapable presence in our lives, it is often experienced as "absent"; that is, we are not consciously aware of our bodies other than in certain bodily states such as hunger, fatigue, pain, and disease. From a phenomenological perspective, illness thus entails a sudden focus on embodiment. In Leder's account, the diseased body emerges from disappearance to become a thematic object, but in a *dys* state; that is, the body *dys*-appears because we become aware of it only when it is *dys*-functional.[23] He argues that pain, for example, effects a sensory intensification, overwhelming other perceptible regions of the body and placing upon the sufferer an "affective call." He identifies pain not simply as a set of immediate sensory qualities, but as a manner of being-in the world. For the sufferer, pain and disease are aversive states that bring corporeality to explicit awareness and force a

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[23] Drew Leder, *The Absent Body* (Chicago and London: The University of Chicago Press, 1990), 84.

reorganization or reconsideration of lived experience.[24] As medical anthropologist Byron Good argues in his examination of illness experience, disease is experienced as present in the body, whereby the diseased body is both a physical object and agent of experience.[25] Similarly, I argue that cancer is an active presence in the body; it is an excessive materiality with very real consequences for bodies (and subjects) in the world.

To foreground the disruptive potential of self-representations of illness, I look to Einat Avrahami's recent study of textual and photographic autobiographical illness narratives, *The Invading Body* (2007). She argues that personal illness narratives challenge the assumption that both the body and genre of autobiography are solely the products of cultural constructs and discursive practices, insisting on the concretely situated body as an undeniable reality and indispensable source of knowledge. Acknowledging that cultural constructs likewise shape the experience and behaviour of the sick, she stresses that the experience of terminal illness is an embodied process of learning to live with extreme physiological and somatic, and not merely social or cultural, limitations.[26] Like other theorists, she too identifies the problems of over-theorizing the body as a discursive construct and argues that writers and photographers of illness accounts have a phenomenological leverage to challenge dominant representations and "alert us to the problems that arise from treating historically specific bodies as textual, and rather passive, surfaces whose meaning is determined by

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[24] Pain is an implicit theme throughout my thesis. To various degrees, all the artists I investigate experience pain and provide a *pain*-ful account of their cancerous bodies. While the transformation of pain into communicative visual representations is a unifying theme across their works, it is not one that I intend to theorize or directly explore. Tamar Tembeck already investigates the themes of pathos and pain in the works of Hannah Wilke and Jo Spence in her doctoral thesis, "Performative Autopathographies: Self-Representations of Physical Illness in Contemporary Art" (PhD diss., McGill University, 2009).

[25] Byron Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), 116.

[26] Einat Avrahami, *The Invading Body: Reading Illness Autobiographies* (Charlottesville and London: University of Virginia Press, 2007), 11-12.

social institutions and discourses." Like illness autobiographies, artistic representations of the cancerous body "demonstrate that neat theoretic formulations of materiality cannot accommodate the messy reality of the lived body."[27] It is precisely this "messy reality" that I argue these artists investigate and make visible, and which I try to articulate, attending to material bodies, actual encounters, and experiential accounts of cancer on their own messy terms.

I also explore how contemporary artist's self-representations of their cancerous bodies position us as viewing subjects. I consider embodiment and the corporeal significance of cancer both in the process of making (the artist's embodiment) and in the act of viewing (the viewer's embodiment), foregrounding the bodily conditions shared by artist, artwork, and viewing subject. Employing Amelia Jones' notion of the image/screen as a site for the "reciprocal exchange of flesh" where we enact intercorporeal and intersubjective relationships with others as enfleshed subjects and objects, I explore the embodied relationship of the viewer to artistic representations of cancer, examining how they engage us bodily.[28] Jones draws on the phenomenology of Merleau-Ponty, particularly his theory of intersubjectivity and the way in which subjects are interconnected with objects in "the flesh of the world," to theorize the relationship between bodies and images, exploring the role of the body in our encounters with art and our relationship to images as embodied viewers. She applies Merleau-Ponty's

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[27] Avrahami, *The Invading Body*, 12.

[28] Jones extends Lacan's notion of the screen as a site where the gaze meets the subject of representation, as a complex process of identification and projection through which subjects define each other, via Merleau-Ponty's insistence on embodiment and intersubjectivity. She argues that while in Lacan's model the other is not strictly oppositional to the self (the subject is implicated in the "other" against whom he opposes himself), it cannot full account for the simultaneity of being both embodied subject and embodied object; that is, for embodiment. She also suggests that the image in general is itself a screen, a site where subject and object meet to produce meaning, exploring the intersubjective potential of both televisual and photographic image-screens (two-dimensional surfaces).

theory of the *chiasmus* to argue for "a reciprocal interrelation between the viewing subject and object she views, and between the viewer and the subject who is identified with the object as its maker."[29] In a reciprocal circuit, the perceived identities of a work's maker and its depicted subject are intertwined with or implicated in the identity of the interpreter, or viewing subject. For Jones, we thus not only give works of art and visual images particular meanings and values, but in our engagement with them, they likewise inform who we are, impinging on and even changing us as subjects. In *Self/Image: Technology, Representation and the Contemporary Subject* (2006), she extends her articulation of Merleau-Ponty's ontology of the flesh to theorize the image/screen. Jones views the screen "not as a border separating self from other or as a purely two-dimensional 'thrown-off skin,' but as a deep site of interchange where self and other recognize their profound reciprocity and even *simultaneity*... [taking] on constantly mutating shapes and meanings in relation to one another in an ongoing series of communicational and representational exchanges across and through various modes of screen/flesh.[30] So while the body on televisual and photographic screens reaches us in the form of pixels, this digitized and "virtual" body is nevertheless coextensive with the spaces inhabited and defined by our own bodies, which are always open to and intertwined with the world. Employing Jones' analysis, I consider the intersubjective implications of images of cancer, theorizing how these images mean for embodied viewers and what role the material body plays in this construction of meaning.

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[29] Amelia Jones, "Meaning, Identity, Embodiment: The Uses of Merleau-Ponty's Phenomenology in Art History," in *Art and Thought*, ed. Dana Arnold and Margaret Iversen (Oxford: Blackwell Publishing, 2003), 73.

[30] Amelia Jones, *Self/Image: Technology, Representation and the Contemporary Subject* (London: Routledge, 2006), 141.

In the chapters that follow, I explore multiple possibilities for constructing cancer, undertaking careful visual analysis of selected artworks and the representational strategies used to produce them, while also considering modes of reception. Chapter One, “Re-writing the Body: Discourses of Disease,” provides a context for viewing images of cancer by examining an artistic account of how medicine constructs the body through text and image against an artist’s representation and inscription of her own cancerous body. In her multimedia presentation, “Imagining the Self,” Jennifer Willet combines image, body, and text to play out the relationship one might have with the personal documentation of their illness—in this case, cancer—exploring notions of self and subjectivity in relation to medical discourse and conventions of representation. Using her own “healthy” body, she positions the patient within a network of data created from the medical dossier, examining invasive imaging techniques and the language of biomedicine to demonstrate how medical discourse constructs knowledge about the body in the clinical encounter, and how a patient’s medical records come to constitute that body. I employ Willet’s case study and visual presentation as a framework to consider British photographer Jo Spence’s strategies for representing her own cancerous body in *The Picture of Health?* (1982-86) and *Narratives of Dis-ease* (1989). Diagnosed with breast cancer in 1982, Spence furiously resolved to document her experience of being “processed” by the medical institution in a series of self-portrait photographs, exposing the ways in which medical knowledge and cultural assumptions are visually constructed about her body. Insisting on her right to represent her own diseased body, she at one makes visible the discourses that inscribe her body with cultural significance, and overwrites them, authoring the text herself. By framing these two bodies of work together, I hope to demonstrate how medical science visualizes and inscribes the body and how, in turn, artists actively resist this inscription by intervening in the processes of imaging, writing, and viewing to produce a new archive of illness.

In Chapter Two, “Unsettling Encounters with Bodies Marked by Illness: Cancer, Abjection, and the Exchange of Flesh,” I move from how artists position themselves against medical discourse and inscription to explore how they position themselves in relation to the viewing subject, inviting a corporeal exchange between bodies and selves in the world. Theorizing cancer as an abject condition, I examine artistic representations of cancer that reveal the uncomfortable materiality of the body at risk and the cultural constructedness of boundaries between health and illness, boundaries that implicitly disavow the shared vulnerability of embodiment. I explore the unsettling encounter with bodies marked by cancer and the collapse of boundaries in the collaborative works of Alistair Skinner and Katharine Meynell (*It’s Inside*, 2001-05), and Angela Ellsworth and Tina Takemoto (*Her/She Senses Imag(in)ed Malady*, 1993-ongoing). Taking the skin as the primary site for their artistic explorations, they re-present the traces left on their bodies by medical intervention, the scars and wounds that mark entrances to their bodies, leaving them vulnerable and without normative or enforceable borders. In doing so, they pull the critically ill cancerous body precariously close to the healthy subject, establishing an uncomfortable proximity and attempting to blur the distinctions between them. I also consider what happens when we look at abject, leaky cancerous bodies in close proximity, promoting an ethics of viewing in which we recognize ourselves precisely in those others from whom we typically desire distance, thereby admitting the *otherness* within ourselves and the possibilities it poses for our own bodies.

Finally, in Chapter Three, “Bald Exposure: Performing Chemotherapy-Induced Hair Loss and Female Baldness,” I examine artistic performances of chemotherapy-induced hair loss and baldness, noting the cultural imperative imposed on women undergoing cancer treatment to publicly conceal their hair loss and other visible signs of medical treatment for cancer. I explore the impetus to record the progression of hair loss through diagnosis, treatment, and recovery to visualize cancer and disrupt conventions of normative femininity in the performative works of Hannah Wilke (*Intra-Venus*, 1992-93), Catherine Lord (*The Summer of Her Baldness*, 2004), and Chantal duPont (*Du front tout le tour de la tête*, 2000 and *Toujours plus haut*, 2002). Drawing comparisons between discourses of health and gender, I consider cancer as a performance, or series of performances, and the cancerous body as an unstable visual site of struggle around what is perhaps the most shifting of all its visual signifiers—the bald head of the (female) cancer patient. Insisting on these artists’ strategies of representation and staging of their hair loss as performances, I argue for a reconsideration of the bald female cancer patient as an unstable, incoherent, and continually shifting category of representation, one that promotes a proliferation of possible cancer identities that range from “bald odalisque” to “bald dyke.”

While I attend to the materiality and specificity of embodiment, I do so not to reify “the body” as ontologically distinct or to express a longing for corporeal stability, but to rescue the (cancerous) body from those who situate it entirely within the realm of discourse and medicine. Although we cannot discuss the body outside the mediating discourses within which it is culturally constructed, we cannot, at the same time, deny its materiality or disentangle knowledge from the living body through which we experience the world. Cancer invokes the urgency of embodied experience even as it interrogates the categories within which we often understand that experience. It is such an interesting case for study precisely because it renders the body unstable, threatens the relationship between body and self, and is literally a case of the body attacking itself, undoing itself from the inside. Deeply disruptive and uncontrollable, cancer brings the impossibility of fixed definitions, identities, and representations into focus and demonstrates that boundaries, bodies, and selves are fluid and permeable. By treating cancer in insistently embodied terms and trying to make visible the embodied subject's experience of the disease, my goal is not to provide a monolithic narrative of such experience or to imply that we can access bodies only in the realm of physical experience, but to open up a space for multiple and perhaps contesting representations, where the material body of cancer pressures existing cultural discourses that often exclude it.

CHAPTER ONE

Re-writing the Body: Medical Inscriptions and Discourses of Disease

If cancer is constructed as that which is inexpressible, inscrutable, uncontrollable and horrible in Western culture, then how can we even begin to imagine it? As I suggested in the introduction, the primary struggle for artists living with cancer is to both visualize and make visible their disease, which itself rarely produces any visible signs but is seen only through its effects and indices—that is, its medical inscriptions. As a disease of primarily non-visual symptoms, cancer is embedded in the history of medical representation, which hinges on the belief in "seeing as knowing": the practice of making visible unseen parts of the body and previously imperceptible evidence of disease. The contemporary conception of cancer as a disease of uncontrolled cell growth—"the appearance of disorganized tissues that expand without limit, compromising the function of the organs and threatening the life of the organism"—relies on this visualization of the body's interior.[31] In the mid-nineteenth century, as pathologists began to search for cellular lesions as the fundamental sign of disease, the "increasing use of microscopes, dyes, and fixatives in the study of abnormal growths turned cancer into a cellular disease."[32] Today, complex medical imaging technologies are used to visualize the body's cellular interior and microscopically enhance cancer cells so that we can effectively "see" the disease. As Jackie Stacey notes, "For the person with cancer today, it is standard treatment to have CT scans and MRIs, and for the tumour, or lack of one, to be registered on these new information screens. The details of cell

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[31] Harold Varmus and Robert A. Weinberg, *Genes and the Biology of Cancer* (New York: The Scientific American Library, 1993), 25.

[32] Jean-Paul Gaudillière, "Cancer," in *The Modern Biological and Earth Sciences*, eds. Peter J. Bowler and John V. Pickstone (Cambridge University Press, 2009), 487.

growth are thus registered on a visual surface which supposedly allows consultants to see the smallest of tumours and intervene as early as possible." But as she points out, while these imaging technologies are believed to provide unquestionable accuracy and the "truth" about our bodily interiors, like any other imaging technique they may lead to uncertainty, disagreement, and misrepresentation.[33] The images they produce have to be interpreted by trained professionals, who are liable to make mistakes and misread, or over-read, the images, seeing cysts or tumours where they might not actually exist or failing to see them where they do exist. Open to error, medical images are not unmediated and objective reflections of the body or concrete evidence of disease, but highly constructed representations produced for particular purposes. They provide one way of "seeing" the disease, and not necessarily a neutral or unproblematic one. So while cancer may be constituted through the discourses of medicine, to borrow from sociologist Jackie Orr, it is at the same time also some "thing"—both material and cultural—outside of its construction by the medical gaze.[34]

Exploring multiple and often competing possibilities for constructing cancer, in this chapter I am particularly interested in the tensions between the inscriptive processes of medical science as a powerful, cultural construction of the body as an "object" of medical knowledge, and alternative inscriptions of the body articulated through the concrete experience of individual embodiment. I consider the body as both a textual, passive surface whose meaning is inscribed by discursive practices *and* as a locus of lived experience, as a material condition of subjectivity. In the struggle to define and articulate cancer, discursive practices, cultural constructions, and embodied

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[33] Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (New York: Routledge, 1997), 152.

[34] Jackie Orr, "Panic Diaries: (Re)Constructing a Partial Politics and Poetics of Disease," in *Reconsidering Social Constructionism: Debates in Social Problems Theory*, eds. James A. Holstein and Gale Miller (New York: Aldine DeGruyter, 1993), 452.

experience converge and interact to simultaneously produce knowledge about the disease. Within these competing claims to representation, visual representations of cancer emerge as important sites to explore the convergence of medical discourse and embodiment, and subsequently, to challenge medicine's dominant constructions of the cancerous body. But rather than simply resisting the medical inscription of the body as an object of knowledge and the power of the medical gaze to name and diagnose illness, I argue that representations of cancer in contemporary art perform the irreducibility of the body and disease experience to either its pathological constitution or its cultural construction, opening up a critical space for the articulation of subjective accounts of the disease that are no less unstable than the "objective" representations they contest.

To explore the relationship between the normative objectified and lived body, I examine an artistic account of how medicine constructs the body against an artist's re-presentation and inscription of her own cancerous body. I first consider the body as a site of inscription by examining the medical record as a particular mode or material practice, as it is presented by Canadian bio-artist Jennifer Willet in her multimedia work "Imagining the Self," through which medicine marks and constructs the body within the site of the hospital or clinic. Willet uses her own body, which is not itself diseased, as a stand-in for the patient to visualize the processes of biomedical inscription and construct a multilayered image of the patient's body. Here, I am interested in the material process of biomedical inscription, starting with the systematic examination and documentation of the body—leading to diagnosis—through which the patient's body is defined, archived, and understood as diseased. While it may at first be inscribed onto the passive body of the patient, because the body is at once a perceived object and a perceiving subject, this inscription does not operate in the absence of an embodied subject and fails to account for other ways of knowing. Once a body is marked as cancerous by the discourses and practices of medicine, and thus made culturally intelligible, this inscription is internalized and reconstituted into a patient's embodied sense of self. As patients begin to imagine and construct knowledge about their cancer, they generate knowledge from both "inner" bodily sensations and "outer" culture—medical and popular images, texts, information, and narratives.[35] These knowledge sources intersect in often complex ways, so that there is no easy separation between the in- and outside of medical discourse, or between biomedical and alternative knowledges. I thus look not so much to how artists position themselves as subjects against, but *within* the inscribing discourses of medicine, employing medical archives and conventions of representation at the same time that they contest them. To do so, I employ Willet's case study as a critical framework to consider British photographer Jo Spence's images of her own cancerous body in a series of works that developed out of *The Cancer Project*, which she began when she was diagnosed with breast cancer in 1982. Although fictional, Willet's imaginative account gives visual representation to what it is that Spence, as a cancer patient who directly experiences medicine's inscribing discourses on her body, actively contests and resists. Exploring how the body of the cancer patient might become a contested site of meaning, I examine selected works by Spence in which she frequently employs the motif of writing on her body to expose, contest, and overwrite medical inscriptions—a strategy not dissimilar from Willet's use of written text. While they work from different perspectives and employ different photographic mediums—Willet is actively engaged in contemporary intersections between art, science, and biotechnology and works with digital imaging technologies,

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[35] Martha Stoddard Holmes, "Pink Ribbons and Public Private Parts: On Not Imagining Ovarian Cancer," *Literature and Medicine* 25, no.2 (Fall 2006): 478.

whereas Spence, a performative photographer, employs the camera as a critical tool to investigate questions related to the representation of gender, class and health, including her own experience as a cancer patient—they likewise insist on representation as an embodied practice with social and political consequences. Through similar strategies of representation, they mobilize a complex relationship between image and text to explore notions of representation, authority, and subjectivity as they relate to the patient's body. Imag(in)ing and re-writing the discourses of illness on the body in their respective practices, together Willet and Spence present the cancerous body as both a passive site of disease, medical inscription, and treatment *and* as an active site of situated bodily re-inscription. By framing these two bodies of work together, I hope to demonstrate how medical science visualizes and inscribes the body and how, in turn, artists actively resist this inscription by intervening in the material processes of imaging, writing, and viewing. These acts of resistance against the medical institution, however, are performed not to somehow disengage its hold, but to expose its underlying structures and foreground the possibility for alternative constructions of the body.

Inscribing the Body: The Medical Record and the Patient's Body/Self

In "Imagining the Self" (2001) (fig. 2), a multimedia presentation and image/text essay, Jennifer Willet plays out the relationship that one might have with the personal documentation of their illness—in this case, cancer.[36] Presenting Jane Stacey Williams, Patient 223-6D as a case study, she superimposes examples of entries into a patient's medical record over a photograph of her own "healthy" body. Although she is a fictitious

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[36] "Imagining the Self" was presented at *Affective Encounters: Rethinking Embodiment in Feminist Media Studies* at the University of Turku, Finland; *Strategies of Critique XV: Human Nature* at York University, Toronto; and *Corporealities* at Concordia University in Montreal in 2001. Presented in these contexts, it is intended both an educational research project and as an artwork, reproduced as digital prints.

character, Willet insists that Williams is nevertheless modelled after real individuals and their experiences. She explains:

> She is a compilation of dozens of very real individuals—ranging from a woman who once dragged me into a public washroom to show me the stratified scar tissue covering her entire stomach—to my own mother who died five years ago of Cancer. She provides for us the possibility of focusing on the subjective experience of a single patient in a way that is so often overlooked in the medical institution.[37]

Positioning the patient within this network of data, Willet examines the invasive imaging techniques and language of biomedicine to demonstrate how they construct knowledge about the body in the clinical encounter, and how a patient's medical record comes to constitute that body. As Willet demonstrates, the medical record is a complex construction of a patient's medical history, comprised of a written or transcribed history of illnesses, medical examination findings, laboratory results, treatments and medications, and other notations by physicians, nurses, and specialists. It also extends beyond the textual document to include a range of medical and diagnostic images, blood and tissue samples, and other visualizations, although written reports of these findings and not the materials themselves are typically kept in the patient's file. Arguably, this wider body of information and medical material derived from the patient's body more properly constitute the "medical record" or dossier. Except with the recent advent of the electronic medical record (EMR), these records are hardly ever located in one place, but are comprised of individual documents kept in separate offices, whose specific content and the techniques used to acquire it may vary. While the medical record is largely understood as an authoritative text on the identity of the patient within the medical arena, as a body of information constructed from a variety of

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[37] Jennifer Willet, "Imagining the Self," in Conference Proceedings for *Affective Encounters: Rethinking Embodiment in Feminist Media Studies*, ed. Anu Koivunen and Susanna Paasonen (Finland: University of Tuku, 2001), 285-86, http://media.utu.fi/affective/proceedings.pdf.

sources, it is not a fixed or stable text, but exists in a myriad of forms and is continually open to change. Its content, moreover, does not necessarily or even accurately reflect the patient's subjective account and can thus never fully stand-in for the human subject, or the body, although recent efforts in the medical humanities recognize the power of representation in health and illness and advocate responsible methods of recording patients' narrative accounts as well doctors' personal experiences as caregivers, or what physician Rita Charon terms *narrative medicine*.[38]

While it contains both visual and textual material, the medical record is largely a *written* document. Extending Foucault's notion of the gaze, Marc Berg and Geoffrey Bowker argue that *knowing* in the practice of medicine is dependent as much on the act of writing as it is on looking or seeing. Borrowing from Bruno Latour, they employ the term "cascade of inscriptions" to characterize this means of knowing. For them, reading and writing are central to the production of the patient's body, whereby the lived body is transformed through an accumulation of inscriptions that form the medical record. They note, however, that the medical record does not simply produce a specific representation of the body while leaving the "real" body of the patient untouched, but that it constitutes and mediates the time and space of the patient within the hospital. That is, the body of the patient is materially reconfigured by the content of the record and the discursive transformations it inscribes. "In its production," they argue, "the representation inscribes itself in the body it represents." They continue:

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[38] Charon combines literature and medicine to improve the doctor-patient relationship, arguing for *narrative medicine*, which she defines as "medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness," as a new frame for health care (4). She also recognizes the medical record as a genre of clinical writing in which health care professionals can responsibly chart patients' journeys through illness (191). Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006).

> It is this rewritten body, subsequently, that is the site of the diagnostic and therapeutic interventions. At this point, it becomes meaningless to debate whether these interventions address the body "itself" or its representation, since it is in and through this representation that the body "itself" is known, surveyed, and intervened upon.[39]

Rather than simply describing the patient's body, information written into the medical record directly impacts interventions into the body of the patient as it is represented in the record. It is in this way that they argue that "the patient's body becomes its representation."[40] Characterizing the medical record as "a formative practice... that shapes talk as much as it reflects it, a means of constructing a person as a patient, a document, and a project," medical anthropologist Byron Good similarly notes how it constructs or reconfigures the body of the patient.[41] He describes the formative practices of writing charts and presenting patient cases as "speech acts":

> They are annunciations that have tremendous consequences in the real world. They are not simply forms of literary representation, ways of thinking about the world. They are powerful ways of acting. They lead to further actions, medical procedures, technical interventions, the use of pharmacological agents. Thus when I speak about "the medical construction of the body through various interpretive practices," I am describing acts which quite literally shape and reshape the body.[42]

These accounts also points to the ways in which disease—its diagnosis and prognosis—is not immediately visible in a patient's body. Rather, its visibility is the outcome of an accumulation of images and inscriptions that construct the body as diseased. The condition and its corresponding treatment are then inscribed onto the patient's body, and are often reconstituted by the patient into definitions of the self.

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[39] Marc Berg and Geoffrey Bowker, "The Multiple Bodies of the Medical Record: Toward a Sociology of an Artifact," *The Sociological Quarterly* 38, no.3 (Summer, 1997): 519.
[40] Berg and Bowker, "The Multiple Bodies of the Medical Record," 519.
[41] Byron Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), 77.
[42] Good, *Medicine, Rationality, and Experience*, 81.

While the body may "become its representation" in the way it is conceptualized and subsequently treated by the medical institution, it can never do so fully. To argue that it does would be to deny the embodied subjectivity and agency of the patient and to reduce the subject to a mere object of medical science and its gaze. While the medical record constructs the body of the patient within the site of the clinic, its inscription interweaves with the patient's bodily, social, and cultural experience of disease in complex ways. I thus contest the complete "'convergence' between the body and representation" that Berg and Bowker seem to imply, arguing that its medical representation can never fully account for the material body or for the patient's experience of living in that body. While Berg and Bowker acknowledge that the medical record and its inscriptions "do not produce a single coherent and transparent patient's body," but a multiplicity of bodies, they fail to account for the gap between the material body of the patient and its representation in the medical record or acknowledge other ways of "writing the body."[43] Both Willet and Spence crucially expose this gap, but where Willet can only emphasize the need for embodied accounts (she is herself unable to fill the gap because her own body is not diseased), Spence actively constructs a patient-centred, embodied representation of cancer, reformulating the visual and textual codes of the medical archive.

Following Latour, I would argue that the medical record—as a collection of two-dimensional inscriptions—takes the place of the material objects it inscribes; that is, that the written or inscribed form (the medical record) develops greater credence than the material thing itself (the patient's body), a construction that both Willet and Spence critique through their respective practices. Latour studied the production of scientific

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[43] Berg and Bowker, "The Multiple Bodies of the Medical Record," 520.

knowledge in the laboratory, observing the use of inscription devices—"any set-up, no matter what its size, nature and cost, that provides a visual display of any sort in a scientific text"—to transform pieces of matter or material processes into written documents, figures, and diagrams, which then become the basis for scientific truth claims.[44] He notes a number of important consequences of the inscription device, mainly that once an inscription is attained, the material processes that made its production possible are largely forgotten. The inscription becomes the focus of scientific discussion and is used as authoritative evidence for or against particular ideas or theories; it is able to convince others in the scientific community at a distance without them ever having witnessed the event or process in person. He summarizes:

> Scientists start seeing something once they stop looking at nature and look exclusively and obsessively at prints and flat inscriptions. In the debates around perception, what is always forgotten is this simple drift from watching confusing three-dimensional objects, to inspecting two-dimensional images which have been *made less confusing*.[45]

That is, science has become less about directly observing the natural world than accumulating inscriptions to maintain its knowledge claims. As they are shared, published, and circulated as “immutable mobiles,” inscriptions, visual representations, and scientific texts begin to refer to each other rather than to the material realities or conditions on which they are based. In this process, the material objects and events virtually disappear, their three-dimensional messiness transformed into something two-dimensional and therefore “knowable.”

Latour’s critique of science can be extended to medical texts and images that represent the human body in an attempt to “know”—and by implication, master—the

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[44] Bruno Latour, *Science in Action: How to Follow Scientists and Engineers Through Society* (Cambridge: Harvard University Press, 1987), 68.

[45] Bruno Latour, “Visualization and Cognition: Drawing Things Together,” *Knowledge and Society: Studies in the Sociology of Culture Past and Present* 6 (1986): 15.

body and its biological functions. Medical imaging technologies and procedures are particular types of inscription devices that produce visual displays and complex notations of interior bodily processes. Latour describes inscriptions as "all the types of transformations through which an entity becomes materialised into a sign, an archive, a document, a piece of paper, a trace."[46] In the transformation from three-dimensional objects to flat inscriptions, the "objects" are often discarded; they lose their material weight and become a "trace" on a piece of paper or a screen. Based on this description, I argue that the medical record is an inscription (or series of inscriptions) of the patient's body that not only allows medical practitioners and scientists to make truth claims about that body, but actively constructs and reconfigures it within the medical arena. Stacey likewise questions how biomedical imaging technologies reconfigure the body, particularly for the cancer patient. She observes:

> The flesh-and-blood body is translated into a set of computer signals, a series of wavelengths, or a photographic reproduction. The significant knowledge about what is going on inside is captured as external image or code, mediated through technological processes which have invisible, though often damaging, effects. The previously significant substance of the body has been gradually turned into a flat surface of codes and images. The copy speaks more urgently and with more authority than the opaque and occluded 'original body.'[47]

Neither real nor imaginary, this copy bears the "truth" of disease and locates it in the body, replacing the body within the site of its operations. But what is the impact of these inscriptions on the patient? How can a body whose representation is given more authority than its own flesh begin to articulate itself? If, as Latour argues, by rendering a material object "flat" through its inscription we can dominate or master it, what

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[46] Bruno Latour, *Pandora's Hope: Essays on the Reality of Science Studies* (Cambridge: Harvard University Press, 1999), 306.

[47] Stacey, *Teratologies*, 157-58.

opportunity, if any, is there for the inscribed body to enact its passivity and illustrate its subject position?[48]

Exploring the relationship of the patient to the medical inscription of their body, Willet examines the medical record as a “version of the self” that supersedes the patient’s corporeality, and whose specialized language and systems of knowledge exclude and disempower the patient. While she presents the body of the patient as a “passive” site of medical inscription, she nevertheless frames it as a crisis of representation and explores the possibility for embodied agency by interjecting personal and theoretical concerns. Calling attention to the ways in which the patient’s subjective account is effectively “written out” of the medical record, she underscores the need to challenge the specialized language of biomedicine and authority of medical discourse to construct the body. Employing Willet’s fictitious document, I examine how the patient is “processed” by the medical institution and how knowledge about the body is constructed, arguing that even as they are subject to the medical gaze, the patient participates in the visualization of their body and is thus never simply passive.

As a citation from her record indicates, Williams—patient 223-6D—has been “admitted to clinic for observation of advancing degenerative symptoms,” where she undergoes systematic analysis and categorization—a series of diagnostic tests and procedures, documentation, and subsequent “readings” of her body (fig. 3). While in Willet’s account these procedures are fictionalized, they reflect actual procedures undergone by cancer patients, including those experienced by Spence. To demonstrate

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[48] Latour argues: “There is nothing you can dominate as easily as a flat surface of a few square meters; there is nothing hidden or convoluted, no shadows, no ‘double entendre’. In politics as in science, when someone is said to ‘master’ a question or to ‘dominate’ a subject, you should normally look for the flat surface that enables mastery (a map, a list, a file, a census, the wall of a gallery, a card-index, a repertory); and you will find it.” See “Visualization and Cognition,” 19.

this process, Willet begins with a photograph of her own unmarked body, naked except for her underwear. She lies flat on a sheeted surface, arms at her side, as if on a medical examining table. This is Jane Stacey Williams as she enters the clinical sphere, where she requires not only medical, Willet insists, but also critical and theoretical attention.[49] As she undergoes various observations and procedures and they are written into her medical record, Willet digitally maps them onto her body, an approach that immediately contrasts with that of Spence, who writes directly onto her body before photographing it. Over the left part of Williams' (or Willet's) face lay four images of a myocardial perfusion, an imaging procedure similar to an MRI that obtains images of the heart muscles. These images are mirrored by an MRI slice of the brain just beneath her left knee and slightly off to the side. Over her chest, a diagram of the heart and blood vessels is etched onto the surface, with a photograph of a specimen beside it. Along the left side of the image, a succession of snapshots of computer screens with notations and data-entries, medical questionnaires, and hospitalization charts are layered over her body. A series of mostly illegible inscriptions are written across the rest of her body, representing the "complex incomprehensible discourses of medicine" and language of "technological warfare... being waged within the body of the patient."[50] This complex language and its symbols are juxtaposed with the only words legible to non-specialist viewers in bold—DULL, SORE, HURTING, ACHING, HEAVY—subjective terms used to describe pain. At the bottom, a graph charting the heart beat or some other vital sign stretches across her feet, the only visual sign that suggests this is a living, breathing subject. The array of images and inscriptions demonstrate, as Willet argues, that "rather than simply a notation *of* the body, the medical dossier is the compilation of the

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[49] Willet, "Imagining the Self," 285.
[50] Willet, "Imagining the Self," 290-92.

inscribed pluralistic practices of contemporary medicine—it is the collected notations of what is seen of the body, or done to the body, through the lens and the hand of contemporary medicine."[51] But these images also quite clearly construct the patient, who blankly stares out from beneath them. Not unlike Latour's "flat" inscriptions, the substance of Williams' body and lived experience is transformed into a flat surface of codes and imagery. Written over her, they present themselves as having more authority than the original, corporeal body. "But what of the patient," Willet crucially asks, "and his or her relationship to the compilation of medical information about their body?"

In "Imagining the Self," as in the medical setting, Williams' identity is constructed by codified documents, texts and images that make sense only in highly specialized terms and are legible primarily to trained professionals who can read their codes. In her examination of technologies of bodily display in medical culture, Lisa Cartwright contests that "medical-visual knowledge is off-limits to patients and lay viewers—that is, to those of us whose bodies and health are at stake in imaging practices; and it encourages the idea that the patient or lay person should surrender agency and control over the body to those specialists trained to 'read' the complex body images provided by new technologies."[52] In the medical encounter, physicians typically use medical images, such as CAT scans or MRIs, to diagnose internal abnormalities, presenting them to patients as evidence of findings or to better visualize pathological problems.[53] But as both Willet and Cartwright argue, the patient does not have the specialized tools or language to read these complex body images. So while they might

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[51] Willet, "Imagining the Self," 285. Emphasis in original.

[52] Lisa Cartwright, "Gender Artifacts: Technologies of Bodily Display in Medical Culture," in *Visual Display: Cultural Beyond Appearances*, ed. Lynne Cooke and Peter Wollen (Seattle: Bay Press, 1995), 221.

[53] Willet, "Imagining the Self," 292.

help the patient to "visualize" their bodily interior, patients are more likely to see themselves reflected in the complex and incomprehensible discourses of medicine than in the visualizations they provide. This exclusion from medicine's specialized visual knowledge reinforces the power/knowledge discourse, upholding the physician as the authorial subject of medical knowledge and the gaze. Unable to read and interpret the images themselves, patients must trust physicians to them the "truth" about their bodies. As Willet's fictitious patient reflects, "it's like learning a new language—as if my body has a secret voice I never noticed before—it speaks in a dialect foreign to me—and the doctors are my translators, my liaisons between me and my body. I am forced to trust that what they tell me about myself is true."[54]

In the medical setting, a patient's record is the primary source or site of knowledge about the patient's body. But the process of detection and basis for medical inscription often begins when an individual senses that something is wrong with their body. That is, detection is most often based on embodied knowledge, a pain or discomfort that provokes individuals to seek medical attention. In the case of cancer, it might be the feeling of a small unusual lump in the breast, a sharp pain in the abdomen, or in William's case, difficulty holding utensils in her right hand. Yet this embodied knowledge is constructed as uncertain until it is "confirmed" by biomedicine and legitimated by "expert" knowledge. As sociologist Jennifer Fosket explains in her study of how women with breast cancer construct knowledge about their disease,

> What becomes clear in women's stories is that *how* one knows something places value on *what* it is one can legitimately claim to know. That is, knowing one's cancer through the legitimated, rationalized means prescribed by biomedicine—the clinical and technoscientific gazes of biopsies and mammographies—creates legitimacy for the "truth" of that knowledge. In contrast, knowing

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[54] Willet, "Imagining the Self," 289.

> one's cancer through embodiment and experience leads to dismissal of the possibility of the certainty about the "truth" of one's disease.[55]

What Fosket illustrates is that certain knowledges are privileged by normalizing discursive practices, while others are subjugated, often even by patients themselves. It is not unusual for patients to seek confirmation from medical sources to validate their own subjective experiences and knowledges, or to rely on diagnostic inscriptions of disease to construct an "illness identity" and articulate disease experiences to others in culturally significant and intelligible ways. Martha Stoddard Holmes, a scholar of literature and disability studies, refers to this need for confirmation from external, authoritative sources as "knowing without knowing," of sensing the presence of early illness but not being able to transform it into knowledge without an externalized visual image or medical diagnosis. In her account of her own diagnosis with ovarian cancer, she reflects on how her sensations of bodily change lacked the status of knowledge until they were given clear visual presentation: "I didn't recognize my tumors as tumors from the inside, through my sensations, but from outside, long after their formation, through a swirling mix of external data: language ('fibroid' became 'mass' became 'tumor'), numbers (in centimeters—how I wished I had learned the metric system), and images."[56] But even as she required these external indicators and visualizations to "know" her illness, the inscriptions alone could not give her the knowledge she needed. Echoing Willet's and Cartwright's critiques of medical-visual knowledge and its inaccessibility to non-specialist viewers, she comments on her inability to read the CT scans of her own body:

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[55] Jennifer Fosket, "Problematizing Biomedicine: Women's Constructions of Breast Cancer Knowledge," in *Ideologies of Breast Cancer: Feminist Perspectives*, ed. Laura K. Potts (New York: St. Martin's Press, 2000), 23. Emphasis in original.

[56] Stoddard Holmes, "Pink Ribbons and Public Private Parts," 486-87.

> Visual images functioned not as knowledge but as "noise" because of the necessarily uneven intelligence of the visual culture of medicine. An untrained observer, I couldn't make sense of what I saw. Taking the CT films home seemed like a chance to participate in my medical mystery, but turned out to be a scene of open secrets that stayed secret. Looking at the inside of my own body, I saw nothing, even as my feeling of fullness and my sense of that 'ledge' were elaborated into an abdomen full of centimeters and fuzzy black-and-white porous objects.[57]

This problem, for Stoddard Holmes, is exacerbated by the limited presence of public artifacts and accessible terms with which to imagine ovarian cancer, unlike the powerful visual culture and rhetoric of visibility that has developed around breast cancer. Largely invisible, most cancers remain visible and accessible only to medical gazes and imaginations, reinforcing the dependency on expert knowledge to transform embodied perceptions into legitimate truths, to transform a "lump," for example, into a "tumour," and finally into "cancer."

Willet likewise demonstrates how a patient's subjective account is non-objective and unreliable until it is codified, categorized, and written by the medical expert. She employs the most common record-keeping protocol in North American, SOAP, which stands for Subjective, Objective, Assessment, and Plan. While the patient's "subjective" voice is the first step in this procedure, Willet argues that it is "immediately re-written and either substantiated or undermined by the authority of the expert." She compares the process to the act of washing or purifying:

> The acronym SOAP suggests that through the act of assessing and recording—through the written word and the authority of the physician—what is felt and said by the patient is processed, run through the wash cycle, and rendered somehow clean. This inversely implies that what comes before the record, the experience and concerns of the patient, is dirty or tainted in some manner and thus requires purification.[58]

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[57] Stoddard Holmes, "Pink Ribbons and Public Private Parts," 487.
[58] Willet, "Imagining the Self," 288.

By articulating the process in this way, Willet demonstrates how the medical dossier becomes a more reliable and authoritative source of information than the patient him- or herself. In the medical setting, the subjective knowledge of one's body lacks currency; embodied experience is effectively purified or re-written into more objective and authoritative terms. Once born, the medical record comes to stand in for the human subject. Inhabiting the clinic, it continues to grow and change, has a history and even a personality. Willet even goes "so far as to suggest that within the site of the clinic the text *is* the body, metaphorically, inscriptionally, and physically." Superseding the corporeality of the patient, the text informs the body and becomes reconstituted into definitions of the self. "Each entry in a patient's dossier," she argues, "become entries into the body—into the self."[59] Nevertheless, these medical inscriptions become unstable as patients negotiate their dominant cultural constructions and meanings—whether privately or publicly—reconstructing their illness identities from an embodied perspective.

Not only does the medical record become an alternate version or incarnation of the individual, but it often contains physical samples of the patient's body. "The record inscribes the body," Willet argues, "but also physically possesses the body with minute DNA samples, preserved ovum, and placenta."[60] This physical possession is also true of the surgical removal of tumours and afflicted body parts. What happens, for example, to the cancerous tumour or the breast after mastectomy? Who owns or possesses it? What is the relationship of this sampled or removed flesh to its correlated owner—the patient? While these are questions that pervade the sociology and ethics of

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[59] Willet, "Imagining the Self," 289.
[60] Willet, "Imagining the Self," 290.

biomedicine, they also hold primary meaning for the patient. Willet's patient imagines what has happened to the piece of her body removed during a tissue biopsy:

> I had a biopsy last week. They wanted a sample of my quadricep to determine if the degeneration was occurring in the muscle tissue itself. I wonder what happened to that little piece of me—if it was tested and then disposed of—or if it was saved, and if so where is it? I often imagine endless store houses deep within the bowels of every hospital where records are kept for an eternity. It is like something out of a Peter Greenaway film—a bacchanal of bodily information—where paper meets organism—where each biopsy, tissue sample, and amputation is filed with its correlative documentation. Rotting and infested. And there, along with pieces of everyone else is my muscle tissue contributing to the warm stench.[61]

Her visualization of this procedure and its aftermath uncovers some of the meanings that medical records and processes hold for their correlated owners. Although fictional, Williams' embodied account demonstrates that the patient's body can never simply be reduced to its flat inscription or to a specimen of medical inquiry. The inscriptive practices of medicine cannot "clean up," contain, or account for the messy reality of the body, which continually struggles to articulate itself. Even as the medical record "physically possesses the body," it cannot contain it. While medical records and satellite samples of the body are enclosed in specialized, medical environments, patients imaginatively locate their bodies and reconnect medical inscriptions with outside discourses, pointing to the limits of biomedicine in constructing illness narratives. Williams' imaginative account of her tissue biopsy, for example, is informed by range of both medical and non-medical visual artifacts—a Peter Greenaway film, for instance, and other similar sources that she can draw upon to visualize her tissue sample as "rotting and infested" in the "bowels" of the hospital. While medical imaging technologies significantly shape our understanding of our bodily interiors and mediate our relationships to our bodies in both health and illness, we simultaneously draw on a

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[61] Willet, "Imagining the Self," 290.

variety of sources to construct knowledge about cancer. By interrogating the construction of knowledge about the patient's body as it is compiled and presented in the medical record, Willet reconfigures the relationship between the patient and the medical inscription of their body into one that is empowering, imaginative, and interrogative. Challenging us "to scrutinize the specialized language and images found within the medical dossier with the goal of uncovering the meaning that such texts hold for their correlated owners, patients—selves," she opens up a critical space for the patient to become the locus of reflexive critical interrogation of medical discourse rather than a docile body of the medical gaze.[62]

"Write or Be Written Off": Jo Spence Re-inscribes her Cancerous Body

Where Willet examines the passive role of the patient in the medical encounter and critically opens up a discursive space for a subjective account, Jo Spence actively re-presents her experience as a cancer patient in a series of cancer projects and exhibitions, most notably *The Picture of Health?* (1982-1986) and *Narratives of Dis-ease* (1989), in which she disrupts the medical discourses that inscribe her body and foregrounds the possibility for resistance.[63] Her account as a cancer patient is thus fundamentally different from Willet's, who can never represent her own cancerous body, but draws on other embodied knowledge and source material to imagine it. Diagnosed with breast cancer in 1982, Spence underwent mammography, lumpectomy,

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[62] Willet, "Imagining the Self," 286.

[63] *The Picture of Health?* was the first exhibition of Spence's work on cancer, featuring photographs from her series *The Cancer Project*, portraits from phototherapy sessions, visual and written documents on alternative medicine therapies, and written personal accounts. It was first exhibited at the Camerawork in London in 1983 and circulated in various unorthodox venues, including community centres and clinics, where Spence hoped it would educate its viewers. Most recently, the archived version of *The Picture of Health?* was exhibited at *Documenta 12* in Kassel, 2007. It has also been shown in Austria and Spain in a touring retrospective of Spence's work, *Jo Spence: Beyond the Perfect Image*, curated by Terry Dennett and Jorge Ribalta.

and traditional Chinese therapy before her eventual death from leukemia in 1992, documenting her experience through a series of self-portrait photographs. While Spence's work on cancer spans this ten year period and addresses different phases in her disease experience, my interest is in the early stages of her photographic project as an active reflection on the institution and discourses of medicine, where she performs her naked, ravaged, diseased, and explicit body to expose the ways in which medical knowledge and cultural assumptions are visually constructed about her body. I also take into account, however, the ways that her representational strategies shift as her body progresses further into bodily collapse, offering a reading of her final works on cancer after she was diagnosed with leukemia.

When Spence was first diagnosed with breast cancer in 1982, she furiously resolved "to document the procedure of being 'processed' through the hands of the medical profession."[64] In *Untitled* (Mammogram) (1982) (fig. 4), she interrupts a routine medical procedure of having a mammogram by persuading the radiographer to take her photograph, taking her camera where it does not normally go unless it is in the hands of medical experts.[65] In these early works, Spence frequently employs the documentary mode to record her visits to the hospital and capture the medical institution in its own gaze. Engaging medical conventions of representation at the sites of their operations, she employs the camera as an empowering tool to assert her subjectivity and take responsibility for her health, hoping to make visible non-pathological representations of cancer and its treatment to viewers both within and outside of the art world. In "Mammogram," she stands in profile at the centre of the image, naked from the waist

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[64] Jo Spence, *Cultural Sniping: The Art of Transgression* (London and New York: Routledge, 1995), 130.

[65] Jean Dykstra, "Putting Herself in the Picture: Autobiographical Images of Illness and the Body," *Afterimage* (September/October 1995): 20.

up, her right breast isolated and compressed between two plastic plates of a mammography machine. Gripping the device, she looks away from both the machine and the camera, at once invoking and resisting the passive and unknowing position of the patient. Seemingly hiding behind sunglasses, she does not arrest our gaze; we are unable to make eye contact with her, so that we establish a dialogue not with her, but with the photographer about her body. Yet at the same time, her stance and upwards gaze read as the confident and defiant posture of a woman who is exercising her right to use her camera to document her experience. Caught between these two positions, the photograph at once "questions how much control Spence has over her body once it is constructed as the body of a patient," and asserts the possibility for the artist to take some control over her self-image.[66]

Despite her apparent defiance, however, Spence's documentation of her cancer nevertheless relies on her handling by the medical institution, and here, by one of its medical staff. Unable to take the photograph herself, Spence had to persuade the radiographer to take it for her, who, although rather unhappy about it, felt it was preferable to Spence holding the camera out at arm's length to take a self-portrait.[67] We have the sense that the unnamed radiographer is moving between two positions: she has taken both the mammogram, which is invisible to the viewer and kept in Spence's medical record, and "Mammogram," the photograph that we see. By placing the radiographer simultaneously in these two positions, Spence challenges the conventions of medical photography and the typically unseen power relations between the medical institution and patients. Becoming a kind of accomplice in Spence's self-

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[66] Susan E. Bell, "Photo Images: Jo Spence's Narratives of Living with Illness," *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 6, no.1 (2002): 16.

[67] Jo Spence, *Putting Myself in the Picture: A Personal, Political, and Photographic Autobiography* (Seattle: The Real Comet Press, 1988), 153.

documentation project, the radiographer demonstrates the extent to which the two—patient and medical institution—are inseparable or interdependent. While Spence brought her camera into the hospital and insisted on her right to use it, in this "self-portrait" photograph it is oddly the radiographer's perspective that we see, and through which Spence speaks. Spence contests the privilege that physicians and hospital staff have to invade a patient's personal and corporeal privacy, and the disproportionate visual access they are afforded through medical imaging technologies, scopic probes, and other visual investigations of the patient's body.[68] And yet she relies on that access to make visible both her cancer and her experience of "passing through the hands of the medical orthodoxy."[69] Caught in this bind, Spence cannot fully escape medicine's claim to "authority" over her body; she can, however, intervene in and contest it, not to somehow disengage its hold, but to expose its operations and structures.

Putting the process of a patient undergoing a mammography on display, the photograph shows the body as objectified and fragmented (Spence's breast is sandwiched in the mammography machine, isolated from the rest of her body so that the radiographer can take a successful image of it), and at the same time contests the power of medical discourse to fragment the embodied subject (Spence reinserts herself as subject into an otherwise objectifying process). Sociologist Susan Bell contests that by documenting this fragmentation, Spence "also shows us the impossibility of complete fragmentation and detachment—of the breast from the body and of the woman from the breast—and therefore demonstrates how the power of medicine and photography

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[68] Tamar Tembeck, "Performative Autopathographies: Self-Representations of Illness in Contemporary Art" (PhD diss., McGill University, 2009), 170.
[69] Spence, *Cultural Sniping*, 153.

can be usurped and wielded."[70] Disavowing the complete fragmentation and detachment of her breast from her body, Spence refuses to be a mere object of medical investigation and positions herself as an active subject of her own investigation, which nevertheless centres on her body. She ultimately contests the construction of her body as fixed and transparent to a knowing gaze and struggles to articulate a subjective, embodied account of her disease. But rather than construct a reductive, dualistic portrait of her disease experience, Spence's photographic project portrays both her struggle for health, and more importantly, her ongoing struggle to articulate her disease experience, inserting (and insisting upon) herself as a subject within medicine's objectifying discourses. In Jessica Evans's account, throughout her work on cancer "Spence tried to reconnect parts of the self that in medical discourse are subjected to the processes of splitting and hierarchisation: the mind and the body; reason and feelings."[71] In "Mammogram," she reconnects her body (and self) to the breast isolated in the mammography machine and to the depersonalized images it produces. By employing multiple frames and shifting points of view—of the institutionally sanctioned mammogram and less formal snapshot photograph—within a single image, Spence suggests that photographs and the narratives they present are never stable and do not have fixed meanings. She deconstructs the apparent truth and objectivity of medical images such as the mammogram by openly revealing and questioning their construction, undermining any univocal notion of truth and making clear that they are one truth among many. By putting the subject back into the body of the patient, she thus

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[70] Bell, "Photo Images," 16-17.

[71] Jessica Evans, "Against Decorum! Jo Spence: A Voice on the Margins," in *Jo Spence: Beyond the Perfect Image. Photography, Subjectivity, Antagonism*, eds. Jorge Ribalta et al (Barcelona: MACBA, 2005), 45.

challenges the authority of the medical institution in constructing her illness narrative and knowledge about her breast cancer.

These competing claims to representation are more evident and explicit in other photographs in which Spence directly confronts the discourses that inscribe her body, exposing her body as a site where medicine has made its mark and where she can effectively "write back."[72] In *Marked Up for Amputation* (1982) (fig. 5), taken just after a surgical consultant walked into her room, marked an X above her breast and declared, "This is the one that's coming off," she displays the clinical marking and physical branding of her body as an object for surgery.[73] Spence faces the camera half-naked, her marked breast dominating the image by its sheer size and the whiteness of its flesh. With one hand she holds her gown to cover her body, while with the other she clutches and pulls it open to expose the breast, revealing the difficulty of the exposure. While the self-portrait presents her as an embodied agent able to mediate the display of her own body, her exposure is nevertheless an uneasy one and the contest over this site of her body unresolved. As her phototherapy collaborator Rosy Martin puts it, Spence's "identity had been reconstructed at the point of the doctor's pen."[74] Powerless in that moment against the mark made by the surgeon, her only possibility for agency was to expose and re-present the clinical marking of her "objecthood" for the camera. Despite this powerlessness, Evans argues, "that she was able to put this into representational form at all was in itself an act of retaliation, where she tries to assert herself as a person,

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[72] Evans, "Against Decorum!," 54.

[73] Rosy Martin, "Putting Us All in the Picture: The Work of Jo Spence," *Camera Austria* 43/44 (1993): 43.

[74] Rosy Martin, "Putting Us All in the Picture," 43.

to create a commanding presence, rather than be reduced to a fleshy object to be cut about....”[75]

Spence restages the incident in the safety of her studio in her *Infantilization* series (1984), picturing herself again with an X on her breast (fig. 6). In the same series, she also poses as a baby with a pacifier in her mouth, literally embodying and acting out the infantilization—the loss of autonomy, helplessness, and disempowerment—she felt at the hands of the medical system. Angrily staring at the camera, she therapeutically enacts the role of the docile patient who is rendered silent (or “pacified”) by medical hierarchies and procedures.[76] In this context, the two “marked-up” photographs present the disempowerment she experiences in her pre-operative medical processing, and the empowerment she seeks to regain in her own re-presentation of her marked (and amputated) body. Whereas in the photographs taken in the clinical setting she can only speak indirectly through the marks made by others on her body, the staged re-enactments enable Spence to directly include herself as a speaking subject, showing herself as “acting rather than being acted upon.”[77] By appropriating and re-writing the X, she subverts the medical processes that objectify her body.

She repeats this motif of writing on her body in another performative act that predates both *Marked Up* and *Infantilization* as an attempt to assert the right over her own body before undergoing surgery. Taken in collaboration with Terry Dennett, *Property of Jo Spence* (1982) (fig. 7) is part of a series of pre-operative photographs in which Spence wrote captions in black felt pen on her cancerous breast. Naked from the waist up, she stands facing the camera, her arms at her side in a pose typical of medical

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[75] Evans, “Against Decorum!,” 49.

[76] Tembeck, “Performative Autopathographies,” 183.

[77] Jo Spence in John Roberts, “Interview with Jo Spence,” *Jo Spence: Beyond the Perfect Image*, eds. Ribalta et al, 94.

illustrations. The words “Property of Jo Spence?” are inscribed on her left breast, cupped by a bandage, which was scheduled to undergo surgery the following day. But where the title implies a statement of autonomy and agency, the question mark at the end of the inscription addresses unresolved issues of ownership and authority. For Spence, the camera is an effective means of asking questions rather than making statements; not a way to assert stable identities or subjectivities, but to question and negotiate them.[78] Here, she literalizes the act of questioning by combining image and text, inscribing a question in black felt pen on her naked body. As Elizabeth Van Schaick reflects, “to even articulate this question indicates that there is, on some level, a contest over this part of her body, and perhaps that Spence intends to use the photograph to lay an interrogative ‘text’ over the declamatory text written by marks made by doctors to guide incisions, and by bandages.”[79] By writing directly on her breast and photographing it, Spence attempts to overwrite the inscriptions of surgery and medical discourse.

Still, having not yet undergone surgery, we have the sense that she is struggling with her powerlessness in the face of medical authority and her lack of knowledge about her own body.[80] While she cannot contest the cancer itself, she can, however, challenge the ways that medicine sees and constructs her body. Performed the night before her surgery, Spence left the inscription on her breast when she went to the hospital the next day, hoping to physically confront the medical staff and remind them which of her

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[78] Spence, *Putting Myself in the Picture*, 98.

[79] Elizabeth Van Schaick, “Palimpsest of Breast: Representation of Breast Cancer in the Work of Deena Metzger and Jo Spence,” *Schuylkill: A Creative and Critical Review from Temple University* 2, no.1 (Fall 1998), http://www.temple.edu/gradmag/fall98/schaick.htm.

[80] On the evening before her scheduled surgery, Spence was unsure whether or not she would be receiving a full mastectomy. She refused the recommended treatment—mastectomy and radiotherapy—and opted for a lumpectomy in its place. After the surgery, she sought alternative therapy in place of orthodox treatment, which she also documents in *The Picture of Health?*.

breasts was “diseased” while they prepared for her procedure.[81] Knowing that they would read it, Spence effectively “wrote back” to the medical institution, performing her diseased body for more than her camera and exhibiting her efforts to a wider—though necessarily restricted—audience. As Dennett notes, the short-lived inscription was washed off by nurses, after which one of the doctor’s added his own official mark to the same breast: the X to signify amputation that Spence exposes in *Marked Up For Amputation*. This layering of inscriptions—the marking and re-marking of her body—attests to Spence’s ongoing struggle to assert “the patient’s ownership of the body amid an institution that challenges and usurps that right.”[82] To remind herself that she had some rights over her body, she took the photograph with her to the hospital.

In *Exiled* (1989) (fig. 8), Spence again takes the pen to her body to negotiate meaning and identity. Taken post-operatively, she exposes her torso with the word “monster” inscribed across her scarred chest, making visible the discourses that invest her body with cultural significance. Having undergone a lumpectomy to remove the cancer from her breast, she no longer fits into the normative categories of ideal female or healthy bodies, but must negotiate her identity as a newly disfigured or “monstrous” body. By “monster,” Spence references a discourse of difference and deviance in Western culture, science, and medicine, invoking both the pathologizing and cultural inscription of disfigured and feminine bodies as monstrous. She presents herself as monstrous in the terms provided by feminist cultural theorist Rosi Braidotti, who describes the monster simply as “the bodily incarnation of difference from the basic human norm; it is a deviant, an a-nomaly; it is abnormal,” traditionally “defined in terms

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[81] Terry Dennett, “The Wounded Photographer: The Genesis of Jo Spence’s Camera Therapy,” *Afterimage* 29, no.3 (November/December 2001): 27, n. 18.

[82] Van Schaick, “Palimpsest of Breast.”

of *excess*, *lack*, or *displacement* of organs."[83] Drawing upon this cultural category and employing a representational strategy that combines body-image and text, Spence demonstrates that there is no "monstrous" body that prefigures discourse while nevertheless exploring notions of corporeal difference.

As a middle-aged woman exposing her mutilated breast and asymmetrical figure to view, Spence fails to perform normative femininity, challenging the conventionally aestheticized female form and the construction of breasts as the ultimate signifier of a woman's femininity. This abhorrent exposure appeals to the monstrous-feminine, the conception and myth that woman is by nature shocking, terrifying, horrific, and abject, and yet perversely appealing. The image of woman-as-monster is an enduring trope in visual culture as a transgressive signifier. From early representations in Greek mythology to contemporary cinema, the monstrous woman or feminine is represented as excessive, dangerous, out of control and uncontrollable.[84] Feminist critics have noted both the historical and contemporary associations of monstrosity with femininity, calling attention to the ways in which the female body is measured and defined against the "normal" male body as the standard of perfection in Western culture.[85] The permeability of the limits of the female body by such everyday occurrences as menstruation, pregnancy, and lactation has long provoked anxiety in a phallocentric

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[83] Rosi Braidotti, "Mothers, Monsters and Machines," in *Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist Theory* (New York: Columbia University Press, 1994), 78.

[84] Rachel Gear, "All Those Nasty Womanly Things: Women Artists, Technology and the Monstrous-Feminine," *Women's Studies International Forum* 24.3-4 (2001): 321.

[85] For example, see Barbara Creed, *The Monstrous-Feminine: Film, Feminism, Psychoanalysis* (London and New York: Routledge, 1993); Rosi Braidotti, "*Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist Theory* (New York: Columbia University Press, 1994); Marie-Hélène Huet, *Monstrous Imagination* (Cambridge: Harvard University Press, 1993); Nina Lykee and Rosi Braidotti, eds., *Between Monsters, Goddesses, and Cyborgs: Feminist Confrontations with Science, Medicine, and Cyberspace* (New Jersey: Zed Books, 1996); and Jane Ussher, *Managing the Monstrous Feminine: Regulating the Reproductive Body* (London and New York: Routledge, 1996).

society that fears otherness and contamination. Bound to their bodies and their corresponding daily functions, "women are out of control, uncontained, unpredictable, leaky; they are, in short, monstrous."[86] This inescapable bodiliness threatens the rational incorporeal subject characterized as male and normative. Summarizing the association of women with the monster figure, Braidotti argues: "Woman, as a sign of difference, is monstrous. If we define the monster as a bodily entity that is anomalous and deviant vis-à-vis the norm, then we can argue that the female body shares with the monster the privilege of bringing out a unique blend of fascination and horror."[87] Appropriations of the monster can thus become an empowering trope for women's self-representations, not only because it uniquely combines fascination and horror, but also—to borrow from Marsha Meskimmon—"precisely because it cannot be fixed but is always 'becoming'; it is poised on the borders" between self and other, sameness and difference, normal and abnormal.[88]

While in *Exiled* Spence's body is not seeping, leaking, or bleeding, some of the bodily states typically associated with the monstrous feminine, her fecund flesh is damaged, her breast mutilated and half-missing. As a woman with an obvious disfigurement, she is thus doubly monstrous: she deviates both from the male reasoning able-bodied subject and from normative femininity. She appears monstrous because her disfigured breast—and more specifically, its explicit visibility—threatens the integrity of the whole, intact body, upsetting the conventions of the female nude. Her body refuses to be contained, spilling over the boundaries of the frame to excessively overwhelm the

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[86] Margrit Shildrick, "Posthumanism and the Monstrous Body," *Body & Society* 2, no.1 (1996): 3.

[87] Braidotti, "Mothers, Monsters and Machines," 81.

[88] Marsha Meskimmon, "The Monstrous and the Grotesque: On the Politics of Excess in Women's Self-Portraiture," *Make: The Magazine of Woman's Art* 72 (Oct/Nov 1996): 6-11. http://varoregistry.org/ articles/monst.html.

viewer. Forcing this normally private image into public view, Spence contests the exclusion of the "grotesque" fragmented female body from dominant and conventional representations, highlighting its cultural inscription as "other." Challenging the discourses that constitute the diseased body as "other," she aims to "make visible in public the taboo subject—the unhealthy and ageing female body."[89] In doing so, she seems to argue for what Elizabeth Grosz posits as a field of body types; not a singular ideal type, but a "plural, multiple field of possible body 'types.'"[90]

At the same time that she exposes her post-operative scarred body, however, Spence also partially conceals her face beneath a mask. For someone who openly shares her cancer experience, the use of the mask seems intended less to protect her identity from onlookers than to shield herself from the public gaze of repulsion. The mask also signifies the discordance between the cultural construction of her body as monstrous and her own embodied experience of that body, complicating the complete identification of her self with her body, but also refusing its detachment. Seemingly hiding from her own "deformity," or from those who impose it on her, Spence gestures to the alienation and disembodiment women often feel as a result of undergoing lumpectomies and mastectomies, especially in relation to cultural norms and expectations. As art historian Lynda Nead observes, "this image is about the experience of exclusion but, in the context of the other images in the series, it is also about the confusion of subject positions that are lived out as cancer patient."[91] Even as Spence boldly reveals her missing breast, she must also negotiate the loss of that breast and its

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[89] Lynda Nead, *The Female Nude: Art, Obscenity and Sexuality* (London and New York: Routledge, 1992), 80.

[90] Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington and Indianapolis: Indiana University Press, 1994), 22.

[91] Nead, *The Female Nude*, 81.

impact on her subjectivity. The subtle inclusion of the mask adds tension in the photograph between exposure and concealment, between defiance and shame, where Spence does not comfortably occupy either position, but shifts between them. The image thus shows her in the process of coming to terms with her post-operative cancerous body. She struggles to reconstitute and transform her identity as a one-breasted woman in the face of culturally-imposed meanings, inscriptions, and expectations.

Writing on themes of female embodiment, feminist critical theorist Iris Marion Young offers an illuminating account of the cultural construction of breasts, which includes a discussion of mastectomy, in her essay, "Breasted Experience: The Look and the Feeling." In a male-dominated culture that focuses to the extreme on breasts and objectifies them, Young attempts to rescue some of the meanings that breasts and breasted experiences can hold for women themselves. "For many women, if not all," she asserts, "breasts are an important component of body self-image; a woman may love them or dislike them, but she is rarely neutral."[92] While a woman's breasts are entrenched in a culture that objectifies and constructs them as the ultimate visual sign of femininity and sexuality, from a phenomenological viewpoint, they are nevertheless an important aspect of a woman's bodily self-image. Young writes:

> However alienated male-dominated culture makes us from our bodies, however much it gives us instruments of self-hatred and oppression, still our bodies are ourselves. We move and act in this flesh and these sinews and live our pleasure and pains in our bodies.... And many women identify their breasts as themselves, living their embodied experience at some distance from the hard norms of the magazine gaze. However much the patriarchy may wish us to, we do not live our breasts only as the objects of male desire, but as our own, the sprouting of a specifically female desire.[93]

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[92] Iris Marion Young, "Breasted Experience: The Feel and the Look," in *On Female Body Experience:"Throwing Like a Girl" and Other Essays* (New York: Oxford University Press, 2005), 76.
[93] Young, "Breasted Experience," 80.

Accordingly, a woman's sense of self and identity—or at the very least, a particular and embodied way of being-in-the-world—is necessarily altered when faced with involuntary breast loss as a result of mastectomy or lumpectomy. But as Young argues, "the integration of breasts with a women's self is seriously denied in the event of mastectomy," both within medical and popular culture. "In conformity with Western medicine's tendency to objectify the body and to treat the body as a conglomerate of fixable or replaceable parts," she continues, "a woman's breast is considered to be detachable, dispensable," as something she can leave behind at the hospital.[94]

Despite the serious emotional distress that many women suffer at the loss of a breast, they are still objectified and continue to face a host of cultural expectations. Rather than publicly display or negotiate their fear and grief, women are encouraged to become detached from their breasts and conceal their "deformity," replacing them with prostheses or surgical reconstruction. These artificial breasts ultimately conform to a norm, achieving the objectified attributes of the phallicized or normalized breast: round, firm, perky, and perfectly shaped. But as many women attest, these artificial replacements hardly feel the same as the real thing, the fleshy materiality of the breast that is at the centre of a woman's being-in-the-world. For Young, they

> serve to hide and deny her loss of feeling and sensitivity, both sexual and also the simply daily feeling of being in the world with these breasts. Prosthesis and reconstruction give primacy to the look, the visual constitution of a woman's body. Her trauma is constructed not as the severance of her self and her loss of feeling, but as becoming visually deformed, repulsive to look at.[95]

When Spence was diagnosed with breast cancer in 1982 and began working on *The Cancer Project*, women were expected to hide the damaged female body—ugly,

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[94] Young, "Breasted Experience," 94.
[95] Young, "Breasted Experience," 95.

undesirable, and offensive as a result of mastectomy—from the public gaze. By inscribing these discourses directly onto her scarred chest and making visible the material body that they construct, she not only challenges them, but recuperates the possibility of embodiment. “This isn’t just an art work,” Spence declares, “this is an actual body that someone inhabits.”[96] And it is not always easy to look at.

The term “monster” also gestures to the cultural horrors surrounding cancer, which Jackie Stacey explores in her *Teratologies*—“the tales of monsters and marvels that pervade the popular imaginary of cancer subcultures.”[97] As she explains, cancerous tumours are often understood and described as monstrous growths or mutations, invading the body not from the outside, but reproducing themselves from *within*, often secretly and without detection. Stacey likens cancer to the monster of screen horror, which “threatens bodily order and takes over its regulating systems,” its victims losing control of the body and its functions. Whatever form the monster takes, “the horror narrative explores the boundaries between human and non-human, between life and death and between self and other. Its resolution requires the expulsion of the alien from the physical and social body it threatens, and the reestablishment of human order and stability,” typically by masculine heroes.[98] The popular narrativization of the struggle against cancer shares a similar structure: the tales of victims and heroes who fight against the disease in a life-or-death battle. Even in biomedical accounts, Stacey stresses, scientific progress is heroized, the promise of a cure foretold. She explains:

> So often it is the heroic men of medicine who are represented as victors; and so often they save women from the horrors of their bodies. Cancer is commonly seen as the cells in chaos, the body out of control, governed only by the rules of outlaws. Medical science,

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[96] Spence, *Cultural Sniping*, 213-14.
[97] Stacey, *Teratologies*, 10.
[98] Stacey, *Teratologies*, 10.

> personified in the figure of the doctor, brings the chance of rationalisation, the promise of order. Cancer is a disease against which Western science has long waged battle. We are told it is winning.[99]

This conception of cancer, however, is not limited to dominant medical discourse. Even in alternative and self-health medical approaches, cancer is constructed as a monstrous physical manifestation of other problems, whether individual, social, or environmental.[100] Stacey argues that the so-called alternatives to orthodox medicine and treatment reproduce the narrative structure "of the hero fighting an unexpected or unwelcome enemy," reinforcing the construction of cancer as a conflict between good and evil. Patients and health practitioners are still pitted against the evil, monstrous "cancer" that lurks within, an attitude that likely would have impacted Spence even as she chose alternative therapy over orthodox treatment and negotiated her illness identity.

In *Exiled*, Spence acts as a visual and bodily manifestation of our psychic dread; she is the horror of cancer made flesh. According to Stacey, "people's fear of cancer is often expressed as a fear of something secretly growing inside the body."[101] While Spence's cancer is itself invisible, she makes visible the material effects of the disease by putting her disfigured body—bearing the marks of medical intervention for an invisible disease—on display and bringing our dread of the unknown to the surface. Where many cancer patients yield to the cultural imperative of secrecy and disguise, concealing signs of the disease and the effects of its treatment, Spence opens her hospital gown and exposes her cancerous body to view, making herself the object of our cultural fears. The absence of a public recognition or discussion of cancer in Britain that Spence reports

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[99] Stacey, *Teratologies*, 11.
[100] Stacey, *Teratologies*, 12.
[101] Stacey, *Teratologies*, 67.

experiencing at the time marks her as other, as a dreadful outsider. Her own account of her motivations for creating *Exiled* reflects this cultural fear:

> I then opened the gown and wrote 'monster' across my chest, because that's how I experienced myself as a cancer patient: monstrous to other people; 'How dare you talk about it. I can't bear to hear your pain. I might get cancer.' This is the unspoken material of people who are terrified of cancer. I wanted to make tools to make visible ways to talk of power and shame....[102]

Even in Western society today, where a public and popular discourse of cancer has clearly developed, the disease is still constructed as an unspeakable category characterized by denial, avoidance, and displacement.[103] Stacey notes this contradiction: "Cancer has a ubiquitous presence in everyday culture and yet the person with cancer is nevertheless confronted by a striking silence that reminds them they have entered stigmatised territory."[104] Spence breaks this silence, demonstrating not only that cancer signifies something monstrous, but that we categorize people with cancer as monsters because they invoke the dread of the disease and the unknown in our imaginations. She does not deny her difference so much as draw attention to the way in which it is both constructed and embodied, negotiating and affirming her difference on her own terms through self-representation. Exposing her disfigured body and shifting subjectivity to view, she signifies other ways of being in the world and highlights the body as a discursive construct open to resignification.

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[102] Spence, *Cultural Sniping*, 211.

[103] A popular example of this displacement in contemporary visual culture is the pink breast cancer ribbon or The Lance Armstrong Foundation's yellow plastic LIVESTRONG bracelet, which act as visual referents for cancer without actually imaging the disease. Martha Stoddard Holmes explores these symbolic trinkets as visual artifacts of cancer, arguing that they are purposefully indirect, displacing much scarier images of cancer, the realities of its effects, and specific parts of the body that are coded for both sex and disease. While they provide comfortable ways for the public to visualize cancer and show support for cancer patients and research, they "[transform] the spoiled, abject parts that are the unspoken imaginary of cancer into strenuously upbeat pastel trinkets" and provide the public with "a way to actively *not-think* cancer." See "Pink Ribbons and Public Private Parts," 480-81.

[104] Stacey, *Teratologies*, 70.

Offering up her own body as a surface on which meaning is inscribed, Spence not only questions how medical culture views her body, but also positions her viewers within an established structure of looking and judgment. Nead argues that

> in viewing the shifting subjectivity of Spence in the images, our own subjectivity is surely also disturbed and called into question. Shock, identification, rejection, admiration, sympathy—all these are possible responses to the images. But ultimately, the power of the images lies in the fact that we are not made to witness a display but are, rather, involved in the processes through which identity is formed.[105]

Already labelling her body as monstrous, as if anticipating our response to her disfigurement, Spence questions our readiness to identify different bodies as abnormal or monstrous and demonstrates how we participate in the monstering of others. She asks us to re-evaluate not only our cultural assumptions about disease and gender, but our most basic perceptions of difference. Thus implicating her viewers, she engenders a sense that our own bodies and subjectivities, and the way we culturally construct and understand them, are also under threat. As a "monster," Spence signifies "not the oppositional other safely fenced off within its own boundaries, but the otherness of possible worlds, or possible versions of ourselves, not yet realized."[106] Barbara Creed argues for a similar effect of viewing the monstrous-feminine in horror films: "confronted by the sight of the monstrous, the viewing subject is put into crisis—boundaries, designed to keep the abject at bay, threaten to disintegrate, collapse."[107] In these terms offered by Shildrick and Creed, the monster is not simply an inversion of the self or norm, but marks the utter impossibility of clear and fixed boundaries, threatening the distinction between self and other. Displaying herself in this in-between zone, Spence is neither totally a stranger nor completely familiar, but lurks in that ambiguous

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[105] Nead, *The Female Nude*, 81.

[106] Shildrick, "Posthumanism and the Monstrous Body," 8.

[107] Barbara Creed, *The Monstrous-Feminine: Film, Feminism, Psychoanalysis* (London and New York: Routledge, 1993), 29.

space between repulsion and attraction, sameness and difference. “Above all,” Shildrick argues, “it is the corporeal ambiguity and fluidity, the troublesome lack of fixed definition, the refusal to be either one thing or the other, that marks the monstrous as a site of disruption.”[108] As Spence shifts between subject positions and refuses to be contained by medicine’s inscribing discourses, she performs not only the instability of representations of her body and corporeality, but also of our own.

Even as Spence challenges medical inscriptions, she can only figure her cancer through the marks left by medical intervention. Limited by this representational framework, she nevertheless warns against reducing the patient-as-subject to these marks. In a series of photographs developed with Terry Dennett, her long-time collaborator and Curator of the Jo Spence Memorial Archive (London, UK), Spence references the history of medical photography and hospitalization, exposing the power-relations embedded in image-making and its conventions. In *15th October, 1984* (1984) (fig. 9), she appropriates the “objective distance” of clinical photography to document her lumpectomy scar. The diptych shows her photographed from both the front and the side, holding a placard that indicates the date of the documentation, much in the style of a criminal mug shot. Her face cut off from the frame, the photo grimly objectifies her body, its express focus on her marks from surgery. As Tamar Tembeck argues, the “photographs perform a detached re-enactment of how Spence was processed by the medical gaze.” By appropriating and repeating this conventional technique of visual representation, Spence is able to subvert the complete objectification and reduction of her body to the mark of her ailment. In this way, she “acts against her implicit erasure”

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[108] Margrit Shildrick, “‘You are There, Like my Skin’: Reconfiguring Relational Economies,” in *Thinking Through the Skin*, eds. Sara Ahmed and Jackie Stacey (London and New York: Routledge, 2001), 160.

and “also [enables] viewers to recognize the object of her critique more clearly.”[109] She contests the ability of theses representational strategies to construct her diseased body and illness experience, drawing attention to the ways in which the supposed “objectivity” of medical photography is itself constructed.

In another image portraying her struggle for self-representation, Spence lays on a narrow table in a bare room, shrouded in a white sheet, her body concealed except for her feet (fig. 10). The identity of the body is barely readable, a tag tied to its right foot providing the only clue: Spence. On the wall behind her, a roughly written notice instructs: “WRITE or be WRITTEN OFF.” Here, she gestures not so much to the restorative powers of writing, but to *who* is doing the writing. “To write, or more generally to represent,” Nead asserts, “is to take power.”[110] Spence not only draws attention to the power relations embedded in image-making and knowledge production, but possesses and authors the text herself, overwriting the inscriptions of medical discourse. Rather than outright rejecting biomedicine and always to some extent working within its grasp, she opens up its discursive practices to critical investigation and reformulation. A fitting close to her early cancer project—or at least to my discussion of it—*Write or Be Written Off* (1988) asserts her agency to document and articulate her own cancer experience and warns others to do the same: to write their bodies with their own pens, or risk being “written off” by normalizing discursive practices.

While in these early works on cancer Spence actively re-presents her own cancerous body and interrogates the discourses of medicine, her final cancer project

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[109] Tamar Tembeck, “Exposed Wounds: The Photographic Autopathographies of Hannah Wilke and Jo Spence,” *RACAR* XXXIII (2008): 97.

[110] Nead, *The Female Nude*, 82.

demonstrates the limits of her documentary and interventionary practice. After a period of recovery in which she managed to stabilize her breast cancer, Spence was again forced to confront cancer in her artistic practice when she was diagnosed with leukemia in 1990, a more aggressive and debilitating form of the disease. As the illness progressed, her body's increasing physical deterioration disrupted her ability to use the camera as a tool for empowerment, forcing her into a new crisis of representation. The failure of her body to mirror "the mental image she still had of herself—of a person active in struggle," meant that "direct" photography of her unruly body could no longer adequately convey her relationship to her illness.[111] Constrained by her body and its abjection, she abandoned the documentary mode and politicized struggle for representation in favour of an indirect allegorical approach, using existing material from her archives and employing various photographic techniques, such as sandwiching slides together to produce altered images. "When you're as badly damaged as I am," Spence confessed in an interview with Jan Zita Grover, "you just want to have nice things around you. I don't really want to have to think about the *politics* of leukemia."[112] Replacing her critique of the politics of cancer with a more introspective and allegorical representation of her disease, Spence seemingly denied the material reality of her cancerous body once she lost control of its representation. No longer competing with medical discourse for the "right" to representation, but with the uncontrollable physical aspects of terminal illness and the reality of dying, her body could no longer convey the sense of embodied agency that she wanted to promote. Her utter refusal to be a "victim" of cancer meant that she had to hide her physically deteriorating body—the

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[111] Terry Dennett, "Jo Spence. Autobiographical Photography: Self, Class and Family," in *Jo Spence: Beyond the Perfect Image*, eds. Ribalta et al., 27.

[112] Jo Spence and Jan Zita Grover, "The Artist and Illness: Cultural Burn-Out/Holistic Health!," in *Jo Spence: Beyond the Perfect Image*, eds. Ribalta et al., 416. Emphasis in original.

body on which her entire cancer project is based—from view. As Einat Avrahami argues in her analysis of illness narratives, Spence's refusal to deal directly with her body strangely reiterates her audience's initial silence in response to the display of her explicit, cancerous body in *The Cancer Project*. Her seeming "willingness to use self-documentation, the 'direct photography of her body,' only when the medium's evidential force proves to be enabling," silences the material reality and embodied experience of cancer that she struggled so hard to expose in her earlier work.[113] But her decision to relinquish the documentary mode when it no longer afforded her a sense of agency does not efface the effectiveness or power of her earlier cancer project. Rather, it points to the way in which her reconstructions of her own cancerous body are as unstable as the dominant medical representations that they disrupt, and to the difficulty of representing cancer at all. Even in her documentary approach, Spence's images are as constructed as the medical representations that she critiques: she actively positions herself within its inscribing discourses, performs her diseased body, and consciously chooses the way that she wants to portray her body.

Coming to an Ending

In the end, when Spence can no longer use her own body to present herself as a person active in struggle or even directly engage in photography, she adopts a strategy of representation similar to Willet's. Like Willet, she uses documents from her personal archives and layers images to indirectly figure her cancer and disease experience. Although they are not culled or appropriated from her institutionalized medical record where they stand-in for the patient's body, she similarly uses these documents to visualize her disease and produce "substitute selves." Although she is working from a

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[113] Avrahami, *The Invading Body*, 124.

different viewpoint and with different motivations, Spence likewise participates in a process of re-imagining and re-thinking the cancerous body through its documentation, creating composite images that question documentary practices and contest the evidential truth of photographic images. Both artists take existing, archived images—whether medical scans or self-portrait photographs—and re-inscribe them with new and shifting meanings. Where Willet recovers some of the meanings that medical images and records might have for their correlated owners by opening them up to scrutiny and presenting them in new contexts, Spence reworks self-portrait photographs from her personal archives and family albums to reflect not only on her life, illness, and mortality, but also on her artistic practice. Even their photographic techniques are similar. Although Spence's work on *The Final Project* predates Willet's by a decade and employs analogue rather than digital techniques, she similarly layers and superimposes multiple images over existing photographs of her body, taken from various stages throughout her life and artistic practice. As Dennett notes, "this work strangely anticipated the sort of montage effects that are now routinely possible with digital imaging. Her technique was crude compared with today's computer creations—she simply sandwiched two or more slides together, which I then duplicated."[114] But despite this seemingly crude technique, she nevertheless succeeds in troubling the photographic archive, calling into question the fixity of photographic "truth."

By working with these composite images in place of directly photographing her leukemic body, Spence does not refuse to acknowledge her physical loss of control, as Avrahami suggests, but critically confronts it.[115] Rather than denying her deteriorating body and its material excess, she demonstrates the inability of straight or documentary

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[114] Dennett, "Jo Spence. Autobiographical Photography," 27.
[115] Avrahami, *The Invading Body*, 126.

photography to adequately capture and convey her embodied experience of terminal cancer. She does not repress her cancerous body and individual experience of dying, but points to the ways in which they exceed representation. Leukemia—without any clear visual signifiers or marks of medical intervention that accompany other forms of cancer, such as breast cancer—is for Spence fundamentally invisible and unvisualizable. As Tembeck, who provides the most inclusive overview and critical analysis of Spence's final cancer projects to date, points out, "whereas breast cancer had been visually signified, amongst other things, by the mark of its removal—her lumpectomy scar—there was no visual equivalent to indicate the presence of leukaemia, not even in the negative."[116] In one image, she actively attempts to visualize her leukemia, photographing herself physically searching for the disease in front of an enlarged slide of cancer cells projected on a wall (fig. 11). Unable to adequately locate the presence of disease in her body even by employing microscopic medical images, she chooses to turn to more indirect means of visualizing cancer, effectively taking her leukemic body out of the picture and imagining her death in its place.

But while she moves "away from a critique of medical politics and a reformulation of the visual archive of illness towards more introspective image explorations," to borrow from Tembeck, I would argue that Spence maintains a critical reflection on the visual archive of illness by engaging directly with her own—albeit non-institutionalized—photographic archive.[117] Her use of past images, which she reconfigures and inscribes with new meanings, significantly contests the construction of a stable archive or documentation of illness—her own or otherwise. Even as she moves to more indirect and allegorical methods of representing her illness, in one image in

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[116] Tembeck, "Performative Autopathographies," 191.
[117] Tembeck, "Performative Autopathographies," 191.

particular she effectively addresses the medical documentation of the patient, coupling a relatively straight documentary photograph of her cancerous body with an altered re-imagining of it. In *Decay Project/15th October, 1984* (1991-92) (fig. 12) she revisits *15th October, 1984*, originally taken as part of *The Picture of Health?*, superimposing a decomposing skin-like texture onto its smooth surface. Her body, facing the camera in the manner of clinical or criminal photographs, takes on the texture of decaying flesh. While her primary concern is with negotiating her leukemic body and impending death, she also seems to contest medicine's disciplinary practices one last time. In the original image, she appropriates medical conventions of representation to re-present her own diseased body, at once exposing and collapsing its so-called objective distance. But here, working with notions of death and decay to indirectly figure her terminal illness, she brings another layer of meaning to the existing image. While in the original photograph she only gestures to medicine's inability to represent her disease experience, here her decaying body effectively escapes its grasp. If in the first image she performs a re-enactment of how she was processed by the medical gaze, in this remaking of it, she explicitly contests the ability of medical discourse and representation to fix her body. As her decaying flesh—or at least the simulation of it—attests, neither medical nor self-representations of cancer are stable constructions.

While the works from *The Final Project* may not be as visually stunning or shocking as her earlier performative photographs of her cancerous body, they nevertheless maintain a critical stance on the representation of illness and speak to the challenges of representing cancer—that is, to the crisis of its representation. Relying on her photographic archive to stage a final attempt at picturing her disease does not mark her failure to actively represent the material reality of her cancerous body, but points to the impermanence of visual (or textual) archives of illness and to the multiplicity of meanings they construct. Just as Willet, who does not herself have cancer, can only imagine the disease and a patient's embodied experience of it indirectly through medical inscriptions and archives, when Spence's body exceeds representation, she is forced to rely on a similar strategy of representation. By situating Spence's self-representations of cancer within the framework provided by Willet, her constant struggle to represent her own disease experience—both within and against medicine's inscribing discourses, as well as in relation to the contingency of her body and its changing relationship to visual documentation—comes into clear view. "Imagining the Self" not only gives visual representation to the medical discourses that Spence resists as a cancer patient, but helps to position Spence's use of her personal photographic archive as critically engaged with visual representations of illness as important sites of struggle. Her re-presentation of this existing material in place of direct photography of her leukemic body—even if prompted by her physical limitations and inability to produce new photographs—extends rather than limits her investigation into the construction of photographic, medical, and cultural knowledge about disease. While she less actively engages in both the documentary and phototherapeutic modes that marked her early, more radical efforts, she continues to re-write the visual culture of cancer from an embodied perspective. Having already exposed the lived realities of her cancerous body when she suffered from breast cancer, she is able to move towards a more introspective exploration of her recurring disease without compromising her critical stance on the crisis of its representation.

As both Willet and Spence demonstrate, neither medical nor artistic images present the evidential "truth" of cancer, but are constructed and unstable visual sites of struggle. The cancerous body, no less than the self, is an unstable construction in process that escapes any attempt at “direct” representation. Critically aware of this instability, Spence identifies herself as a “process” and her own photographs of her disease experience as constructions: “As we view the images and witness their mutability it becomes apparent that 'truth' is a construct, and that identity is fragmented across many 'truths'. An understanding of this frees up the individual from the constant search for the fixity of an 'ideal self' and allows an enjoyment of the self as process and becoming.”[118] Even within her own artistic practice, Spence’s struggle to represent her cancerous body is contingent and fluctuating: there is no one “truth” of cancer for her to represent, but multiple or fragmented “truths” that she continually struggles to negotiate. Despite the phenomenological leverage they might have, the embodied cancer patient can be no more certain about the disease than medical science, which continually revaluates and updates its own claims as it makes new discoveries in the ongoing “fight against cancer.” Speaking and visualizing the truth about cancer is thus always tentative, not only because the disease is itself difficult to identify and contain, but because competing claims to representation disrupt and call into question existing conceptions of the disease. Even as they resist medical discourse and struggle to articulate an embodied experience of cancer for which no medical image or inscription can fully account, contemporary artists gesture to the inability to truly “know” the body, revealing their own constructions of cancer as tentative and situated, and to some extent, always dependent on existing visual and textual codes of representation.

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[118] Jo Spence, “Phototherapy: Psychic Realism as Healing Art? (with Rosy Martin),” in *Cultural Sniping*, 176.

CHAPTER TWO

Unsettling Encounters with Bodies Marked by Illness: Cancer, Abjection, and the Exchange of Flesh

In exposing the cancerous body to view, artistic representations of cancer reveal the uncomfortable materiality of the body at risk and the cultural constructedness of boundaries between health and illness, boundaries that implicitly disavow the shared vulnerability of embodiment. They also expose the viewer to the threat of what feminist psychoanalyst Julia Kristeva describes as the abject, of “death infecting life,” of that which we must “permanently thrust aside in order to live.”[119] By doing so, they challenge contemporary Western culture’s disavowal of the bodily dimensions of cancer, the imperative to conceal its abject realities by “transforming,” as Martha Stoddard Holmes argues, “the spoiled, abject parts that are the unspoken imaginary of cancer into strenuously upbeat pastel trinkets”—the pink breast cancer ribbons and Lance Armstrong Foundation’s yellow plastic LIVESTRONG bracelets that have become the most popular visual referents for the disease. While these symbolic artifacts provide “comfortable ways for much of the public to visualize cancer and show support for cancer patients and cancer research,” they displace and “disappear” the realities of cancer diagnosis, treatment, and recovery and encourage disembodied relationships to the disease. The danger of this displacement and dismissal of both the variety and complexity of cancer experiences, for Stoddard Holmes, is that “they may never enliven our sense of the possibility of cancer in our own bodies or invite us to consider what an

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[119] Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982), 3-4.

emerging cancer might feel like."[120] My aim, then, is to explore how contemporary artists might bring these abject realities and the material body of cancer back into view, establishing the grounds for unsettling encounters with bodies marked by illness that emphasize a material being-in-the-world. My goal is to think about cancer through embodiment in ways that are not only theoretically productive, but also culturally pragmatic, providing what I hope are accessible terms with which to imag(in)e cancer even as any attempts at "direct" representation of the disease inevitably fail.

If in Chapter One I was interested in the discursive construction of cancer, examining how artists position themselves against medical inscription, in Chapter Two I am interested in how artists negotiate their uncontrollable, abject cancerous bodies by positioning themselves in relation to the viewing subject, inviting a corporeal exchange between bodies and selves in the world. If the healthy body provides the subject with the illusion of stability, unity, and autonomy, then the cancerous body—in both its material excess and fundamental indeterminacy—ruptures any illusions of the body as a protective boundary between inside and outside, self and the world, that we might hold. By examining two collaborative art projects—Alistair Skinner and Katharine Meynell's *It's Inside* (2001-05) and Angela Ellsworth and Tina Takemoto's *Her/She Imag(in)ed Malady* (1993-ongoing)—in which one artist is afflicted with cancer while the other is "healthy," I explore the potential of contemporary visual representations of cancer to collapse both the physical and symbolic boundaries between the cancerous body and its apparently healthy counterpart, between self and other. Exploring potential ways of looking, I consider what happens when a healthy subject encounters and *looks* at a body marked by cancer, especially when these markings are indeterminate or ambiguous. Re-

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[120] Martha Stoddard Holmes, "Pink Ribbons and Public Private Parts: On Not Imagining Ovarian Cancer," *Literature and Medicine* 25, no.2 (Fall 2006): 480-81.

presenting the marks left on their bodies by medical treatment for cancer through various visual strategies, the artists I examine in this chapter pull the critically ill cancerous body precariously close to the healthy subject, establishing an uncomfortable proximity and attempting to blur the distinctions between them. While the artwork can never instigate a complete merging of subject and object, I argue that we cannot always comfortably view the cancerous body as other to ourselves, but become engaged in a meeting of surfaces through which we "accept what the other's bodily contingencies have imposed on it as being possibilities for our own [bodies]."[121]

In *The Threshold of the Visible World* (1996), film theorist Kaja Silverman provides an important model for an ethical reconsideration of how we engage cancerous bodies. Although she does not specifically discuss or address issues of disease, she calls for an ethics of viewing in which "we might put ourselves in a positive identificatory relation to bodies which we have been taught to abhor and repudiate."[122] Theorizing a paradigm of "productive looking," of looking and relooking, she suggests:

> Although we cannot control what happens to a perception before we become aware of it, we can retroactively revise the value which it assumes for us at a conscious level. We can look at an object a second time, through different representational parameters, and painstakingly reverse the processes through which we have arrogated ourselves to what does not belong to us, or displaced onto another what we do want to recognize in ourselves.[123]

This structure of looking places responsibility in the viewing subject, who can—through projection and identification—come to recognize rather than deny their own complicity in the objectification of others, however painful it may be. If in the initial look or

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[121] Arthur W. Frank, "For the Sociology of the Body: An Analytic Review," in *The Body: Social Process and Cultural Theory*, ed. Mike Featherstone, Mike Hepworth and Bryan S. Turner (London: Sage Publications, 1991), 93.

[122] Kaja Silverman, *The Threshold of the Visible World* (New York and London: Routledge, 1996), 79.

[123] Silverman, *The Threshold of the Visible World*, 3.

moment of recognition we cannot control our reaction, responding, perhaps, with horror and revulsion, then in the second look, we can actively choose how to respond, engaging with the image in such a way that not only exposes our complicity, but effects a new kind of relationship with the subject/object on view. For viewing images of cancer, this means entering into a self-other relation that breaks down rather than reinforces traditional oppositional structures of subjectivity, health, and illness, of indentifying with individuals with cancer rather than relegating them to a position of otherness. Following Silverman, my aim is to promote an ethical way of viewing cancerous bodies that encourages an acknowledgement—and even an embrace—of otherness both in- and outside ourselves. This means both respecting the otherness of the bodies we encounter without reducing them to their difference, while also acknowledging a shared embodiment and reversibility. By first theorizing cancer as an abject condition that threatens the dissolution of bodily and psychic boundaries, I examine how representations of the *abject* cancerous body might encourage us to accept our own otherness and vulnerability, to "recognize [ourselves]," as Silverman argues, "precisely within those others to whom [we] would otherwise respond with revulsion and avoidance."[124] For abjection, in Kristeva's words, "is above all a revolt of the person against an external menace from which one wants to keep oneself at a distance, but of which one has the impression that it is not only an external menace but that it may menace us from inside."[125]

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[124] Silverman, *The Threshold of the Visible World,* 170.

[125] Julia Kristeva, "Paris, Summer 1980," Interview in *Women Analyze Women in France, England, and the U.S.*, eds. Elaine Hoffman Bruch and Lucienne J. Serrano (New York: New York University Press, 1988), 135-36.

Cancer and Abjection

The abject is that which both attracts and horrifies, that which we must expel in order to live, but which perpetually threatens to re-enter. In *Powers of Horror: An Essay on Abjection* (1980), Julia Kristeva explores the significance of bodily boundaries and fluids for both the speaking subject and culture, of the need for the expulsion of what is improper, unclean, and disorderly from the body in order to delimit a "clean and proper" self. She employs the notion of abjection to describe the revulsion and horror experienced by the infant as it attempts to separate itself from—expelling and excluding—its pre-individuated connection with the maternal body so that it might become a subject. But as that which must be expelled, the abject never ceases to haunt the borders of identity, continually threatening to dissolve the unity of the subject.[126] Neither fully subject nor object, the abject is both separate from, and yet part of, the subject. It is at once an "other" who threatens the corporeal and psychic boundaries of the embodied self, and an intrinsic but unstable part of that self. Attempts at its expulsion are always provisional and utterly impossible: "It is something rejected from which one does not part."[127] In Kristeva's account, the abject is fundamentally ambiguous; at once desirable and terrifying, subject and object, self and not-self, it both repels and attracts. It is not simply that which is dirty or impure about the body, but like anthropologist Mary Douglas' notion of dirt, that which is not in its proper place and is disruptive or transgressive of boundaries.[128] For Kristeva, "it is… not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not

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[126] Christine Ross, "Redefinitions of Abjection in Contemporary Performances of the Female Body," *RES: Anthropology and Aesthetics* 31, The Abject (Spring, 1997): 149.
[127] Kristeva, *Powers of Horror*, 4.
[128] Mary Douglas, *Purity and Danger*. Boston: Routledge, 1969.

respect borders, positions, rules. The in-between, the ambiguous, the composite."[129] The abject is that which crosses or threatens to cross this border, revealing the impossibility of fixed or immutable boundaries and exposing the vulnerability of the living subject.

While the abject can be experienced in various ways and holds both social and cultural significance, Kristeva situates her discussion of abjection within a phenomenological framework, effectively linking the lived body with socially and culturally constructed meanings of the body. For Kristeva, materiality and corporeality are necessary conditions of subjectivity, which, paradoxically, the subject must disavow or transcend in order to define the limits of the "clean and proper" body and maintain the illusion of stability.[130] Because the boundary between self and not-self is not merely symbolic, but also corporeal, the abject relates to biological functions, provoking bodily disgust and horror, but also fascination. As art historian Christine Ross characterizes it in her study of abject performances of the female body in contemporary art, "the abject belongs to the category of 'corporeal rubbish,' of the incorporated-that-must-be-evacuated, indicating the incapacity of Western modern cultures to accept not only the mother but also, as Elizabeth Grosz underlines, the materiality of the body, its limits and cycles, mortality, disease, corporeal fluids, excrement, and menstrual blood."[131] In this attempted refusal of corporeality, the living subject protects itself from bodily wastes and fluids—blood, shit, urine, pus, vomit, saliva, sweat, tears—by expelling them from the body, depositing them, as film theorist Barbara Creed puts it, "on the other side of

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[129] Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982), 4.

[130] Laura E. Tanner, *Lost Bodies: Inhabiting the Borders of Life and Death* (Ithaca: Cornell University Press, 2006), 23.

[131] Ross, "Redefinitions of Abjection in Contemporary Performances of the Female Body," 149.

an imaginary border which separates the self from that which threatens the self... at the same time extricating itself from them and from the place where they fall, so that it might continue to live."[132] The threat of this dissolution of boundaries is primarily located in the polluting powers of both the subject's own and the other's bodily fluids, in the "horror of the unknown or the unspecifiable that permeates, lurks, lingers, and at times leaks out of the body, a testimony of the fraudulence or impossibility of the 'clean' and 'proper.'"[133] These abject bodily fluids produce horror not only for the living subject from whom they have been expelled or leak uncontrollably, but also for others who likewise experience them as a menacing "other" and risk contamination or dissolution. Abjection thus also entails the merging and blurring of the boundaries of one's own body with those of another, producing what Iris Marion Young calls "border anxiety."[134] Whatever lies beyond the "fragile limit" that marks the border between self and other—whether bodily fluids, functions and dysfunctions, or diseases—is always also a possibility for our own bodies as an internal rather than an external menace. Aware of our own fragile borders, we abject others in an attempt to keep them at a distance from ourselves and secure our own boundaries, denying, as it were, the possibility that they might also exist *inside* ourselves. As both Kristeva and Grosz stress, however, the attempt to establish corporeal borders inevitably fails.

This notion of an unstable border is central to cultural constructions of cancer as a horrible, fearful, and unknown "other." Cancer fundamentally calls into question the corporeal boundaries and ideological categories we construct between that which is

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[132] Barbara Creed, *The Monstrous Feminine: Film, Feminism, Psychoanalysis* (London and New York: Routledge, 1993), 9.
[133] Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), 193-94.
[134] Iris Marion Young, *Justice and the Politics of Difference* (Princeton: Princeton University Press, 1990), 146.

"me" and that which is "not me." As an abject condition, it generates anxiety about the certainty of borders and threatens the integrity of the subject. Not only is the cancerous body permeable and vulnerable with little control over the leaking of bodily fluids or the growth of tumours, which can take over and enlarge organs or protrude from the body, but it lacks differentiation between self and other, subject and object, normal and abnormal, inside and outside.[135] As Harold Varmus and Robert Weinberg characterize it in the introduction to their biological study of cancer—though perhaps with too much emphasis on the distinction between normal and abnormal life processes—"cancer cells divide without restraint, cross boundaries they were meant to respect, and fail to display the characteristics of cell lineage from which they were derived." Cancer, they insist, is "one of nature's aberrations" in which the virtues of form and control are completely lost. The cancerous body thus fails to adhere to controlled cell division; it deviates from "normal life processes," from the "beauties of living form." [136] But for the subject, it holds greater significance than a simple biological distinction between "normal" and "abnormal." Cancer disrupts notions of selfhood and identity that are often taken for granted. In their sociological study of the abject embodiment of cancer patients, Dennis Waskul and Pamela van der Riet argue that individuals living with cancer are forced to "negotiate a self that is pinched between the institution of medicine and the abject body itself."[137] The powerlessness and alienation that many patients feel is not the result of the inscribing discourses of medicine alone, which I explored in Chapter One, but of a "loss of bodily control—the source of which may be

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[135] Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (London: Routledge, 1997), 77-78.

[136] Harold Varmus and Robert A. Weinburg, *Genes and the Biological Study of Cancer* (New York: The Scientific American Library, 1993), 1.

[137] Dennis D. Waskul and Pamela van der Riet, "The Abject Embodiment of Cancer Patients: Dignity, Selfhood, and the Grotesque Body," *Symbolic Interaction* 25, no. 4 (Nov 2002): 491.

cancer, the effects of cancer treatments, or both."[138] Widely understood as a disease of uncontrolled cell growth, cancer threatens and transgresses the body's normative boundaries not from the outside, but from *within* the body. As Stacey argues, "the malignant cell of the cancer tumour is not an invader, an outsider, like a virus or bacterium; rather, it is produced by the body, and yet it is a threat to the body. Neither self nor other, it is both the same as and different from its host. It is misrecognised as one of the body's normal cells, but it is a deviant cell in innocent disguise."[139] This failure to differentiate between self and non-self is reproduced in contemporary immune system discourse, which reconceptualizes body boundaries to provide a definition of health in which "we seem invaded not just by the threatening 'non-selves' that the immune system guards against, but more fundamentally by our own strange parts."[140] As Emily Martin explains, the "cells of the immune system belong to 'self' and have the primary function of defending the self against the nonself," and yet in the case of cancer they repeatedly fail to do so.[141] As self-replicating versions of the self that produce potentially deadly tumours, cancer cells perform the failure of the self to maintain clear boundaries and a "clean and proper" body. For the cancer patient, the body becomes an untrustworthy "other" from which they cannot fully distinguish themselves. Identity and selfhood become blurred. There is both a sense of the other taking the place of the self and at the same time a betrayal of the self. The uncontrollable materiality of the

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[138] Wakul and van der Riet, "The Abject Embodiment of Cancer Patients," 494.

[139] Stacey, *Teratologies*, 77.

[140] Donna Haraway, "The Promises of Monsters: A Regenerative Politics for Inappropriate/d Others," in *Cultural Studies*, eds. Lawrence Grossberg, Carey Nelson and Paula A. Treichler (London: Routledge, 1992), 320.

[141] Emily Martin, *Flexible Bodies: Tracking Immunity in American Culture—From the Days of Polio to the Age of AIDS* (Boston: Beacon Press, 1994), 59.

cancerous body threatens not only the body, but the self that is inextricably bound up with it.

Even medical treatment for cancer is unable to differentiate between healthy and malignant cells, further extending this confusion between self and other. Chemotherapy pollutes as it cleanses, targeting all fast growing cells—hair, skin, stomach lining, blood cells, or tumour—as potential threats, regardless of origin or purpose.[142] Despite this aggressive, invasive treatment and its sometimes successful results, the cancerous body is unable to fully eradicate deviant cells. In Stacey's terms, clearly drawing from Kristeva, cancer is a "disease characterized by the subject's inability to expel the other."[143] Tumours can be surgically removed and chemotherapy can suppress the growth of cancer cells, but there is never a guarantee that they will not return. Like the abject, they can never be fully expelled or rejected: "while releasing a hold, it does not radically cut off the subject from what threatens it—on the contrary, abjection acknowledges it to be in perpetual danger."[144] Even when undesirable objects might be suitably expelled, that expulsion is only temporary. The abject continually haunts the subject from the very borders that it threatens to dissolve. Part of the individual and cultural horror of cancer is precisely this indeterminacy, this lack of clear separation. If "[abjection] results from those corporeal functions which cannot be readily classified and thus remain ambiguous," then cancer is most certainly an abject condition, provoking horror and disgust for both the embodied cancer patient *and* for a

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[142] Stacey, *Teratologies*, 81.
[143] Stacey, *Teratologies*, 78.
[144] Kristeva, *Powers of Horror*, 9.

culture that fears the unknown and undifferentiated.[145] But rather than acknowledge its abjection, we construct cancer as an unspeakable category: "Whatever you do, don't say 'cancer.' The unspoken word, written on everyone's lips, must not be voiced.... If possible, some other word, phrase or reference might be employed in order to make the speaker and listener feel more comfortable: something nasty, malignancy, the big C, the cruel C."[146] For Stacey, the prohibition on publicly speaking "the C word" is symptomatic of a widespread and persisting cultural anxiety that produces the cultural imperative to conceal the illness, the distress of diagnosis, and the effects of treatments. Similarly, in visual representations these material realities are displaced by visual artifacts and referents that can never fully signify the presence or abject horrors of the disease. Beneath the "strenuously upbeat" pink breast cancer ribbon and commonplace images of cancer heroes and survivors, the material and abject reality of the disease persists, pressuring the boundaries culturally constructed to contain it. Cancer's excessive materiality can be contained neither by cultural attempts at its erasure or suppression, nor by medicine's attempt at treating and therefore controlling the disease. In fact, medical treatment meant to eradicate cancer actually brings the cancerous body further into abjection.

Kristeva also characterizes the abject as provoking bodily revulsion and nausea. In her account of abjection, she writes: "I experience a gagging sensation, and still further down, spasms in the stomach, the belly; and all the organs shrivel up the body, provoke tears and bile, increase the heartbeat, cause forehead and hands to

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[145] Elizabeth Gross, "The Body of Signification," in *Abjection, Melancholia and Love: The Work of Julia Kristeva*, ed. John Fletcher and Andrew Benjamin (London and New York: Routledge, 1990), 90.

[146] Stacey, *Teratologies*, 65-6.

perspire."[147] This material condition of abjection is not lost on the cancer patient, for whom the regulation of corporeal boundaries become impossible, especially if undergoing chemotherapy treatment. As the cancerous body begins to transgress boundaries, it requires constant regulation to keep it in its rightful place. But conventional treatment for cancer—as a regulatory practice designed to eradicate the disease and keep our fears at bay—does more to deregulate or pervert the body's normative functions, rather than keep them under control. It is not only cancer, but its medical treatment that disrupts boundaries and produces abjection: "Chemotherapy disturbs the conventional flows of the body and its fluids. The chemicals that race through the micro-system of veins in the body produce a violent reaction."[148] Fluids that are meant to stay inside the body violently rush out, while others—which require regular expulsion—are stubbornly retained as normative bodily functions begin to breakdown. Stacey expresses this state of urgency: "The inside of the body is desperate to escape. It surges towards all possible exits. But the bladder and colon nerves are also under siege and cannot function. Choked by the poisons, the deadened nerves do not respond to the urgency of the desired escape from within."[149] As her account demonstrates, the cancerous body is the inverse of the "clean and proper" body. Its "flows are set in reverse: where food should enter, vomit exits; where waste should exit, suppositories enter."[150] It is, in other words, abject, demonstrating the impossibility of a bounded or properly managed body.

In this state of abject embodiment, the cancer patient has little control over bodily functions and excretions, but, as Stacey indicates, they continually undergo rituals

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[147] Kristeva, *Powers of Horror*, 3.
[148] Stacey, *Teratologies*, 83.
[149] Stacey, *Teratologies*, 84.
[150] Stacey, *Teratologies*, 84.

of purification and participate in self-regulatory measures in attempt to manage and conceal the material conditions of abjection. For the cancer patient, Stacey testifies, “the abject bodily wastes of ‘blood, shit, vomit, saliva, sweat, tears’ become the currency of everyday life. What did you do today? Cleared up vomit, measured urine, wiped away tears, gave more blood, inserted suppositories; what about you? The abject is that which is hidden through these rituals of purification.”[151]Accordingly, the abject processes of the cancerous body are not always rendered visible to onlookers. Not often brought into full view, they further contribute to the horror of cancer, to the unknown and unidentifiable, and certainly, to the undifferentiated. As we construct taboos, rituals, and conventions of representation that regulate the horrors of the uncontrollable cancerous body, we make that body even more indeterminate, repressing its material realities as if to deny them. Cancer, its treatment, and the regulatory measures or “rituals of purification” that we impose all disrupt the notion that disease can be comfortably located in the bodies of others. Representations of cancer in contemporary art that employ the abject as a critical strategy, addressing the horror of disease as a boundary transgression, thus have the capacity to reveal all bodies as potentially cancerous. Cancer, cancer cells, and now the “cancer gene” exist as possibilities (or potentialities) within all bodies, even if they have not yet manifested as existing ailments. Images of the indeterminate cancerous body confront the viewer with the abject to trouble, if not collapse, the border between self and other, normal and abnormal, cancerous and non-cancerous and to reveal the cultural constructedness of these binary distinctions. Kristeva’s theory of abjection—and Stacey’s poignant account of cancer as an abject condition—provides an important theoretical framework for

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[151] Stacey, *Teratologies*, 82.

analyzing the ambivalence of self-representations of the cancerous body and their intersubjective implications, not only for the represented body, but also for the identity of the viewer.

Inside-Out: Transgressing the Skin (and Screen) as Boundary in Alistair Skinner and Katharine Meynell's *It's Inside*

British artists Alistair Skinner and Katharine Meynell explore the unsettling encounter with a body marked by cancer and its collapse of boundaries in *It's Inside* (2001-05) (fig. 13), a collaborative artwork that is realized in two forms: as a book presenting documentary and visual material alongside diary extracts, and as a multimedia installation comprised of videos, recorded conversations about medical and artistic imaging processes, medical equipment, drawings, and objects. In the main video component of the work, Skinner, who was diagnosed with advanced bowel cancer in 2001, is the subject, and Meynell the camera/eye; together they negotiate his disease experience and look for visual signs of his "difference." As the camera slowly pans across Skinner's naked body, there are no immediate signs of disease. The only visible evidence of his illness is a Hickman line, a surgical tube used to administer chemotherapy, inserted in his chest, and the gauze bandages that accompany it. While the cancer is itself invisible and imperceptible, the Hickman line provides visual access and signals the presence of the disease in Skinner's body as well as the need for its expulsion. As a method of administering treatment, it serves to regulate his body, and yet it disrupts its proper appearance; it is the site at which he fails to delimit a clean and proper body. But rather than simply marking his body as abnormal or improper, to borrow from Grosz, it marks "the impossibility of clear-cut borders, lines of demarcation, divisions between the clean and the unclean, the proper and the improper, order and disorder."[152] Transgressing the skin as boundary between the inside and outside of the body, between subject and object, it opens him up to abjection.

The processes of abjection—the expulsion of what is undesirable from the body—both constitute and transgress the skin as boundary.[153] As the outer covering of the body, skin establishes the boundary between inside and outside, self and the world, both protecting us from others or external threats, and preventing our insides from leaking out and contaminating others. Skin thus seemingly holds the abject in place, unless it is disrupted, but it also puts us in an ambivalent place on the border between self and other. In her exploration of pregnant embodiment and the bodily specificity of pregnant skin, sociologist and cultural theorist Imogen Tyler argues that skin is fundamentally connected to the processes of abjection. "Human skin," she insists, "is always involved in abjection; it is the border zone upon which self and not-self is perpetually played out. It is the bodily site at which abjection occurs."[154] For the cancer patient, skin is likewise the site of disturbed physical identity and the transgression of boundaries. Chemotherapy not only reverses the flow of bodily fluids, but it devastates the outer surface of the skin, marking the skin as a site of corporeal difference and medical inscription. Undergoing chemotherapy, the skin of the cancer patient becomes hypersensitive, or as Stacey characterizes it, "overburdened." Forced to work harder, it begins to fail its role as protective covering and bears the marks of the disease and its treatment in the form of what she calls "dermographia," or skin drawing:

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[152] Gross, "The Body of Signification," 89.

[153] Sara Ahmed and Jackie Stacey, eds., *Thinking Through the Skin* (London: Routledge, 2001), 4.

[154] Imogen Tyler, "Skin-tight: celebrity, pregnancy and subjectivity," in *Thinking Through the Skin*, ed. Sara Ahmed and Jackie Stacey (London: Routledge, 2001), p. 77.

> The skin develops rashes, red and itching. Wild scratching becomes a vicious cycle. The nails try to scrape away the irritant. Another drug brings relief, but the scratch marks become scars and stay, a permanent reminder. As far as the hands could reach, long marks bear witness to the allergic reaction and continue to do so. Dermographia. Skin drawing.[155]

As her account demonstrates, the skin becomes the site of the bodily inscription of cancer—both real and imagined. "Dermographia," Stacey and Sara Ahmed point out in *Thinking Through the Skin*, a collection of essays that explore the significance of the skin as both a boundary-object and a site of exposure or connectedness, "is a medical term that means writing on, or marking, the skin."[156] They use the term

> to suggest that skin is itself also an effect of such marking. This is not to say that skin can be reduced to writing, for the skin matters as matter: it is a substantial, tactile covering that bears the weight of the body. But the substance of the skin is itself dependent on regimes of writing that mark the skin in different ways or that produce the skin as marked.[157]

Through its medical treatment—whether chemotherapy, mastectomy, surgery, or other therapeutic interventions—cancer registers its mark on the skin, writing and even producing the body as cancerous. It is thus also the corporeal site, as Jo Spence powerfully demonstrates in her series of performative photographs in which she literally writes on her body, where cancer patients can not only "write back," but where they can visualize and play out their relationship to the disease.

In *It's Inside*, Skinner and Meynell explore the skin as bodily surface and site of exchange—not only as the corporeal register of Skinner's difference and identification, but as the fleshy and imagined means through which viewers encounter his cancerous body. As the title of the collaborative work emphasizes, cancer is *inside*, where it is

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[155] Stacey, *Teratologies,* 84.

[156] Steven Connor explores dermographia as an abnormal sensitivity of the skin, as the skin's capacity to fix and retain marks, in relation to hysteria. Steven Connor, *The Book of Skin* (London: Reaktion Books, 2004), 131-35.

[157] Ahmed and Stacey, *Thinking Through the Skin*, 15.

fundamentally invisible (except with the aid of modern medical imaging technologies, which non-invasively open up the body to view), but not necessarily unvisualizable. The cover of the book version of *It's Inside*, for example, features an image of cherries set in jelly, one of the ways in which Skinner imaginatively visualized his cancer cells and tumours. But in visual representations of his own cancerous body, he also attempts to bring his "cancer" to the surface, where he can make it—or at least his experience of it—visible and communicable to others. He not only experiences his skin as overburdened in the sense articulated by Stacey, but actively presents it as the site on which both the symptoms and experience of cancer and its treatment come into representation. Writing of the sensitivity and vulnerability of Skinner's skin, Meynell observes how "his skin has become thin and delicate, as if so barely covering him, nerve endings all on edge at the surface." Accompanying this diary entry, a notation on the facing page questions the psychological state of skin and notes the following: "skin as a permeable barrier, often reveals (external) symptoms related to (internal) state."[158] As the cancer and its treatment produce externally observable physical changes, Skinner's skin becomes the marker of the inner state of his body and the bearer of his changing identity. In the main video component of the project, it also becomes the primary site on which he articulates his experience of disease and through which he opens himself up to viewers. While the hypersensitivity of his skin is not readily apparent, as the site where self, world, and the cancer inside his body intersect, his skin—and its perforation by the Hickman line—is the means through which he opens himself to others.

As the camera intimately pans across Skinner's pale and overburdened skin, its porous details filling the screen, the most obvious disruption of the skin's role as

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[158] Katharine Meynell and Alistair Skinner, *It's Inside: The story of a cancer* (London: Marion Boyars, 2005), 104-05.

interface between inside and outside occurs as a result of the Hickman line inserted in his chest. It creates a hole in the skin's surface, which we are not privileged to see up close or examine, but which we can imagine pierces the body and reveals an interior. Literally incorporated into his body, it becomes its own bodily orifice or wound, putting the subject at risk of either infection or leaking. Its perforation of the skin renders the body unable to resist external threats or to prevent an eruption of bodily fluids from the inside. As Steven Connor argues, when the skin is torn (as by the medical intervention of the Hickman line), it "betrays what is its function to guarantee, the integrity of the distinctions between internal and external, depth and surface, self and other, and the regulation of the passages between these regions."[159] With the Hickman line embedded in his chest, Skinner experiences his own skin as an unreliable boundary between inner and outer conditions. In a list of personal notes on his physical condition, ranging from loss of strength, tiredness, frailty, and an overall "sense of [his] body," he states simply: "Hickman line makes me feel vulnerable."[160] His sense of vulnerability, however, is not merely psychological, but reflects risks of infection that can occur as a result of the line. The artist developed septicaemia, a form of blood poisoning that typically occurs post-operatively when bacterial toxins enter the blood stream. He explains, in semi-poetic form:

> Septicemia is not uncommon with lines, develops rapidly (bacteria being
> 'mainlined' into the blood supply) always very severe because of
> mainlining and body's diminished capacity to respond.[161]

If not treated adequately, septicaemia can quickly become a serious, life-threatening infection, especially for a cancer patient, whose immune system is weakened by

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[159] Steven Connor, "Integuments: The Scar, The Sheen, The Screen," *New Formations* 39 (Winter 1999-2000): 52.

[160] Meynell and Skinner, *It's Inside*, 65.

[161] Meynell and Skinner, *It's Inside*, 36.

chemotherapy.[162] Suffering from the diminished capacity of his body to protect itself, Skinner expresses a sense of anxiety over this foreign, yet incorporated, thing protruding from his chest, but also a sense of discomfort and irritation. In one of Meynell's diary entries, she notes Skinner's plan to "cast the Hickman line in bronze, as a heavy invasive object" and records fragments of their conversation in a meeting with one of Skinner's doctors:

> *Kate: '…it takes on this terrible weight in relation to the softness of the body."*
> *Alistair: 'not being able to cuddle and turn…."*[163]

Not only does the heaviness of this plastic object inserted in his chest disrupt his own sense of normalcy, but it calls his corporeal limits into question. Recalling Donna Haraway's notion of the cyborg body, the device becomes a part of his body, reconfiguring his embodied experience and the way that he moves through the world, as demonstrated by his inability to "cuddle and turn."[164] As an extension of his body, not dissimilar from a prosthesis, where does one end and the other begin? What is the distinction between Skinner's body and the medical material—the Hickman line—attached to it? Unable to clearly make one, he can only figure his cancer through this and other medical inscriptions. It also demonstrates that his corporeal body is not fixed or delimited, but is both permeable and coextensive with the spaces around it, the same

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[162] As Stacey notes, immune system discourse and its reconceptualization of boundaries between self and other has become central to popular understandings of cancer. Orthodox cancer treatment radically reduces the body's immunity, producing an image of "the body's interior, in which the immune system struggles to maintain strength in the face of attack by anti-cancer treatments." The immune system is also a popular trope for conceptualizing the body as an integrated *system of the self* in alternative approaches to cancer. Stacey, *Teratologies*, 159-69. For more on the immune system as a relatively recent form of biomedical knowledge, the metaphor of the immune system as a bodily defence strategy, and popular conceptions of the immune system, see Martin, *Flexible Bodies*.

[163] Skinner and Meynell, *It's Inside*, 57.

[164] Donna Haraway, *Simians, Cyborgs and Women: The Reinvention of Nature* (New York; Routledge, 1991).

spaces inhabited and defined by our own bodies. At once disrupting and extending the border between inside and outside, the Hickman line renders the boundaries of Skinner's body indistinct and ambiguous. This indistinctiveness produces the sense that his border has itself become abject. It no longer separates the living subject from that which threatens its extinction, but opens him up to it.

Creating a hole in the skin's surface, the device transgresses the skin as boundary between inside and outside and leaves his body vulnerable, without normative or enforceable borders. To echo Kristeva and the horrors of abjection: how can he be without border?[165] This horror is reaffirmed by Meynell, who recounts, "I wash your poor body, and something is beginning to push out from your anus but I don't want to say anything and the smell of rose geranium soap soothes both of us." [166] This "something" expelled from his body joins the array of bodily wastes—blood, shit, urine, vomit, pus, and putrefying flesh—that produce abjection. But unlike these substances and fluids, which we must expel so that we might continue to live, the bodily matter leaking out of Skinner's body is meant to stay inside its corporeal boundaries. As his body begins to deteriorate and his borders collapse, he approaches the corpse, the ultimate in abjection. Kristeva writes:

> My body extricates itself, as being alive, from that border. Such wastes drop so that I might live, until, from loss to loss, nothing remains in me and my entire body falls beyond the limit—*cadere*, cadaver. If dung signifies the other side of the border, the place where I am not and which permits me to be, the corpse, the most sickening of wastes, is a border that has encroached upon everything. It is no longer I who expel, 'I' is expelled.[167]

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[165] Kristeva, *Powers of Horror*, 4.
[166] Meynell and Skinner, *It's Inside*, 81.
[167] Kristeva, *Powers of Horror*, 3-4.

Suffering from cancer and its invasive treatments, Skinner fails to maintain a "clean and proper body" and begins to expel himself, encroaching upon the space of those around him. While these abject processes are not fully visible in the video, as a cancer patient undergoing systematic treatment, he is nevertheless unable to regulate his body's boundaries, despite Meynell's attempts to help mask or cleanse the horrors produced by his body with the fragrance of soap as she bathes him. Displaying himself in this in-between zone, Skinner is neither totally a stranger nor completely familiar, but lurks in that ambiguous space between repulsion and attraction, sameness and difference. More threatening than the corpse, to borrow from Laura Tanner in her study of terminal illness, he "exhibits the bodily signs of impending death while yet resisting the inanimate coldness that helps us to classify the corpse as Other."[168] It is this ambiguity—the troublesome lack of fixed definition and clear demarcation—that gives representations of the cancerous body their disruptive potential. "We may call it a border," Kristeva insists, but "abjection is above all ambiguity."[169] In whatever form it materializes, the abject demonstrates the utter impossibility of clear-cut borders and distinctions, "threatening apparent unities and stabilities with disruption and possible dissolution."[170]

It is precisely Skinner's abject body—its collapse of borders and fundamental ambiguity—that poses a threat to both the viewer and the conventional subject/object dynamics of the gaze. Conventional depictions of disease are predicated upon the distance of the gaze, the differentiation between the "healthy" observer and the diseased "other." In our desire to distance ourselves from disease, Sander Gilman argues, "we... construct boundaries between ourselves and those categories of

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[168] Tanner, *Lost Bodies*, 23.

[169] Kristeva, *Powers of Horror*, 9-10

[170] Gross, "The Body of Signification," 87.

individuals whom we believe (or hope) to be more at risk than ourselves."[171] The healthy subject must dispel or extricate itself, in Kristeva's terms, from the diseased body of the other to secure its own subjectivity as stable, clean, and proper. But as Skinner and Meynell demonstrate, the structures we erect to do so are artificial and unstable. By at once exposing the abject cancerous body to view, complicating its "difference," and underscoring its ambiguity, they blur the boundaries between viewing subject and viewed object, between the presumably "healthy" viewer and "diseased" body. In *It's Inside*, "the camera/eye takes up the intimate position occupied by Meynell, whose role as collaborator, nurse, lover and friend are all implied in the sensuality of the imagery."[172] Her search for Skinner's visible "difference" is not the objectifying gaze of medical science, or the fetishistic gaze of the ideal male subject, but the loving gaze of someone who seeks to intimately know his disease as she watches his body gradually deteriorate and fail him. This viewing relation—extended from Meynell to the viewer—obscures the projection of a healthy gaze onto the body of the person with illness and collapses the distance between the two, opening complex relations of intersubjective engagement.

Projected in the intimate space of the gallery and reproduced on DVD, we encounter Skinner's body as televisual flesh in the sense articulated by art historian Amelia Jones, who argues that the "screen of the televisual image can operate as a kind of corporealizing hole, an opening back into three-dimensionality of lived flesh thought to have been (in Platonic theories of representation) left behind by the very act of reproductive image-making." For Jones, the televisual screen, embedded in a monitor or

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[171] Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca and London: Cornell University Press, 1988), 4.

[172] Catherine Elwes, "A Meeting of Minds," in *Talking Back to Science: Art, Science and the Personal*, eds. Bergit Arends and Verity Slater (London: The Wellcome Trust, 2004), 8.

projected in a gallery, is a physical object that the viewer intimately engages in space, where our subjectivity is enacted in a reciprocal exchange of flesh. "Televisuality," she argues, "takes place through the presentation of a body on a diffused screen (which can be approached so closely it all but dissolves into its components, whether the grain of conventional television or the pixels of digital video)."[173] As a textured screen with a skin-like grain, it has the potential to mesh with the flesh of the other, troubling the distinction between the embodied viewer (self) and the screen-image (other) to produce a new kind of viewing relation. Even if we are not required to directly "touch" the image/screen depicting Skinner's body, we occupy the same space or visual field (which, per Merleau-Ponty, is simultaneously a corporeal field) as the video projection of Skinner's flesh and are even immersed in it. Suspended above a group of slate tiles on the floor that are engraved with illustrated instructions for the use of surgical instruments, the details of which can only be viewed up close, the large projection screen invites viewers into close proximity, into a more intimate engagement with Skinner's body. Reproduced on DVD as part of *Talking Back to Science*, the video can also be viewed at home or in other private locations, where Jones notes that the skin-like texture of the video, television, or computer monitor can sustain intimacy and convey aspects of embodiment like it does in galleries and other official art world settings. Through these modes of display, Skinner's flesh-as-screen takes on three-dimensionality as a kind of body that the viewer can engage within the intimate space of the gallery or home, not as an "other" safely contained on the other side of the screen, but as an embodied subject with whom we share "the flesh of the world." Viewed close up, his body collapses into the screen of representation and even breaks through its

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[173] Amelia Jones, *Self/Image: Technology, Representation and the Contemporary Subject* (London: Routledge, 2006), 151.

surface, troubling the perspectival distance necessary to maintain a clear separation between subject and object. It spills over its boundaries into those of the viewer, becoming coextensive with the space inhabited and defined by our own bodies. Meynell describes the looped image of Skinner in the installation as being "slowed down so much that it begins to break up."[174] The grainy screen mimics Skinner's own deteriorating flesh and collapse into abjection as a cancer patient.

Tanner also notes the failure of the person with terminal illness to maintain boundaries, impressing themselves onto the viewer:

> The diseased body frequently refuses to maintain the distance that marks separation between subjects; when the body is overwhelmed by illness, it begins to swell, ooze, sweat, and bleed until it intrudes upon public space. The healthy gaze that risks intimacy with the person with disease thus sacrifices the seeming mastery of distance.[175]

The expanding parameters of Skinner's abject body do not simply stop at transgressing his own corporeal boundaries, but continue into the viewer's space of vision and embodiment. Even though the video does not display the visceral imagery of internal bodily cavities or the leakiness of bodily fluids, Skinner's body is not properly "sealed." Rather than acting as a boundary defining the limits of the corporeal self, his flesh is ruptured, threatening the dissolution of boundaries without fully enacting it. We are pulled in towards the menacing hole produced by the Hickman line, and yet we can never actually enter in. We are not permitted to see Skinner's cancer, but can only imagine what it looks like, what it might feel like to inhabit a body ravaged by a disease that exceeds representation. The dissolution between skin and screen and proximity of Skinner's body to our own has the potential to activate what Lisa Cartwright terms

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[174] Katharine Meynell, "It's Inside," in *Talking Back to Science: Art, Science and the Personal*, eds. Bergit Arends and Verity Slater (London: The Wellcome Trust, 2004), 30.
[175] Tanner, *Lost Bodies*, 24.

"moral spectatorship," similar to Silverman's "ethics of the look" as an affective, empathetic connection with the "other" in visual representations and moving images. In her recent book, Cartwright proposes the concept of "empathetic identification" in which "I do not necessarily feel the other's feelings or imagine myself in his or her place..., but rather recognize and even *facilitate* the otherness of the other."[176] In this model, she replaces the knowledge claim "I know how you feel" with the empathetic identification, "I feel that I know how you feel, a welling up and bursting forth of emotion about the object of regard."[177] As viewers, we can never fully approximate the pain, wounds, or embodied experience of others ("I do not feel as you feel"), but in a radically intersubjective relation we can be moved by images and representations to "feel for" others (I feel that I "know how you feel").[178] According to this model, we relate to Skinner's body on the televisual screen through an opening to rather than a disavowal of the other. We are not the *same* as Skinner, but neither are we fully *different*, where empathetic identification produces feelings in us as viewers, compelling us to respond in some way and recognize the familiarity of the other whether or not we are fully cognizant of our responses.

Skin as Site and Interface: Visualizing Cancer Across Two Bodies in Angela Ellsworth's and Tina Takemoto's "Visual Rhymes"

Likewise taking the skin as the primary site of their artistic exploration of cancer, Angela Ellsworth and Tina Takemoto further complicate the notion of difference in *Her/She Senses Imag(in)ed Malady* (1993-ongoing). When Ellsworth was diagnosed with lymphoma in 1993, the artists, who had been performing together since 1992 under the

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[176] Lisa Cartwright, *Moral Spectatorship: Technologies of Voice and Affect in Postwar Representations of the Child* (Durham: Duke University Press, 2008), 2.
[177] Cartwright, *Moral Spectatorship*, 24.
[178] Cartwright, *Moral Spectatorship*, 45, 49.

collective name Her/She Senses, began a series of "visual rhymes" in which they coupled documentary photographs of her cancerous body with reconstructed images of Takemoto's healthy body. Despite the physical distance between them when Ellsworth relocated to Phoenix, Arizona for medical treatment and Takemoto remained in Rochester, New York where the pair had attended graduate school together, they developed new methods of collaboration based around photographic documentation and exchange. During the course of her treatment, Ellsworth photographed the various changes occurring on her body both in- and outside of the hospital using a Polaroid camera. "At the time," she reflects, "it was important for me to use the instantaneous register of a Polaroid camera. Capturing the moment and being able to view it immediately seemed critical to my process in the project. It was as if I needed to own the image before the next change occurred on its surface."[179] Her method reflects the uncertainty she felt over her own bodily condition, but also the impulsive and almost obsessive attempt at imaging the disease: the endless search for visual signs of a largely invisible and unknowable form of cancer.[180] After taking these self-portrait photographs, she sent them to Takemoto in Rochester, who responded by mimicking the marks on Ellsworth's body, often using absurd methods and objects to re-create them on her own skin. In *Neck Marks* (1994), for example, she attempts to find a visual equivalent for the

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[179] Angela Ellsworth, "Performing Illness: Crisis, Collaboration and Resistance," *Contemporary Theatre Review* 11, no.3 (2001): 141.

[180] Takemoto also identifies her obsessive desire to image and imagine Ellsworth's illness. Consumed by the internal logic of the project and its blurred boundaries between health and illness, she became increasingly overwhelmed by the compulsion to repeat Ellsworth's wounds on her body. In an extreme act, she taped five matches to her right arm and lit them, believing she was "rhyming" the effects of Ellsworth's chemotherapy treatments. Takemoto discusses her preoccupation with Ellsworth's illness and explores the ethical implications this act of self-harm in relation to the trauma of illness. See Tina Takemoto "Open Wounds," in *Thinking Through the Skin*, ed. Sara Ahmed and Jackie Stacey (London and New York: Routledge, 2001), esp. 112-120; Tina Takemoto "Traumatic Repetition: Mimicry, Melancholia, Performance," PhD diss., University of Rochester, 2001.

scar Ellsworth endured as a result of a biopsy procedure performed on her neck, photographing a worry doll with scotch tape, a live leech, and an office clip on her neck as surrogates, while in *Radiation Chicken* (1994), she mimics the effects of radiation therapy by clear taping a piece of barbequed chicken to her chest, first while it is still whole and again after she has chewed the meat off the bone.[181] After Takemoto restaged the photos, the artists printed the sister images as postcards, which they sent to friends, family, artists, and galleries. By juxtaposing the photographs, they employed the pairing technique as a strategy to both emphasize and trouble the similarities and differences not only between the images, but between their bodies, selves, and states of health.

In nearly all their visual rhymes—unable to touch or directly image the contested site of Ellsworth's body because, as she puts it, "it is lodged between the heart and the lung and *strung out* through the lymph system"[182]—the artists play out their intercorporeal relationship to illness and negotiate the representation of cancer on the surface of the body—on the *skin*. Having already worked closely with sores, scars, lesions, stretch marks and superficial wounds in both painting and performance in the early nineties, Ellsworth quickly became interested in the marks left on her body by medical intervention, using them—like Spence and Skinner—to visualize her disease. As a self-professed hypochondriac who once invented conditions or exaggerated aspects of her body in order to take control of her own image, she was already familiar with the process of attempting to give visual representation to invisible—and often even

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[181] Takemoto, "Traumatic Repetition: Mimicry, Melancholia, Performance," 59, 66.
[182] Ellsworth, "Performing Illness," 137.

imaginary—conditions.[183] But what troubled her about cancer was that as a real (rather than imagined) bodily condition, it lacked sufficient or adequate visual signs. Even though she developed real physical markings on her body in place of imagined ones, they were the effect of treatment for cancer and not of the disease itself, reaffirming the difficulty of visualizing the disease. Nevertheless, as the only material signs of the presence of cancer in her body, they became the focus of her self-representations, the most effective means for her to document and convey her embodied experience when she could not directly image the disease. Because her skin was an inscribing surface for marks left by medical intervention and cancer treatment, it likewise became the primary site on and through which she could negotiate her "difference" and inscribe new meanings. Although she had the already determined skin of the cancer patient—the "overburdened," hairless skin as a result of chemotherapy that Stacey describes, full of rashes, scars, and lesions—she could re-present them in new ways to complicate conventional representations of cancer and articulate a subjective experience of disease. For "the skin does not simply contain the body, nor is skin simply there, already formed, in its place; rather, the skin is both already inscribed, or marked, and is always yet to be inscribed."[184] Even as it is always already written upon, skin is also always open to re-inscription.

Borrowing from psychoanalytic cultural theorist Didier Anzieu and his concept of the "skin ego," the artists envision the function of skin as threefold: "as an envelope of the self, a protective barrier against the outside, and a means of communicating with

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[183] While Ellsworth identifies herself as a hypochondriac, she uses the term loosely to describe a state of mind rather than a clinical prognosis. See "Performing Illness," 138.
[184] Ahmed and Stacey, *Thinking Through the Skin*, 14.

others."[185] The traces, scars, and wounds left on Ellsworth's skin by medical intervention thus not only mark entrances to her body and leave her vulnerable, but provide a visible, communicable medium of intersubjective identification and exchange. Rather than thinking of the skin as simply containing the body and "holding the subject apart," as Ahmed and Stacey put it, "they consider how skin opens bodies to other bodies." More than a surface, they treat the skin as an interface (both fleshy and imagined) for "encounters with others that challenge the separation of self and other." [186] At the same time that skin marks the boundaries between their bodies, it is thus also the shared site of their collaborative gestures. Evoking a kind of tactile sensuality, the cuts and scars that they re-present on the surface of their bodies, the sites where self and world intersect, furthermore signify an opening to otherness. Exploring the significance of surgical incisions and cuts into the skin, Katharine Young writes: "Cuts into the body perforate this surface. They rupture the continence of the skin as container of subjectivity, they blur the interior and exterior, they evert [*sic*] the lining, not of the body, but of the self.... They are sites for the emergence of subjectivity onto the surface of the body, an exteriorization of interiority. Here are the openings of the subject to the Other."[187] Ellsworth's scars (and Takemoto's counterfeit scars) not only mark real, fleshy passages from the inside to the outside of the body, but they also perform an affective outreach to viewers. They provide a means of encountering the other, but one that insists on the instability of borders and distinctions between healthy and ill.

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[185] Takemoto, "Open Wounds," 110. See Didier Anzieu, *The Skin Ego*, trans. Chris Turner (New Haven: Yale University Press, 1989), 40.

[186] Ahmed and Stacey, *Thinking Through the Skin*, 11.

[187] Katharine Young, *Presence in the Flesh: The Body in Medicine* (Cambridge: Harvard University Press, 1997), 84-5.

In *Neck Marks* (1994) (fig. 14), Ellsworth and Takemoto explore the inscription of cancer on Ellsworth's body and this opening of the subject to the other around the scar she endured as a result of a biopsy procedure, which she underwent in January, 1994 to determine the status of the lymph system and tumour in her chest. In the finished work, two head-and-shoulders portraits are displayed side-by-side. On the left, Ellsworth exposes her scar, covered by a tissue adhesive to hold the wound closed, with an almost austere expression on her face. She directly faces the camera with a confrontational gaze that not only challenges the dominance of the medical gaze, but establishes eye contact with the viewer so that it is difficult for us to look away. Her naked flesh dominates the image, her still-healing wound disrupting its smooth surface. The immediacy and intimacy of her exposure positions the viewing subject in close proximity to her body, implicating them not only in the act of looking at and inspecting the surface of her body for visual signs of cancer, but in an embodied relationship to her flesh. Employing the same compositional format, on the right Takemoto similarly gazes into the camera as she reveals her "woundless wound"—a small worry doll taped to her neck—although with a less severe, and indeed almost sad, expression. She looks out at the viewer less with a sense of urgency, than with a solemn look of empathy and identification. The shape and limbs of the tiny doll barely visible, the counterfeit scar is an almost convincing recreation of Ellsworth's wound.[188] But while it may successfully imitate it and even come close to re-presenting it, it can never be the same thing. As

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[188] By "counterfeit," I evoke its original meaning from the Latin *counterfactum* and its variants, widely used during the Renaissance to mean a portrayal or imitation as a "suitable copy or reproduction of its model" rather than something made in opposition or deceit as a forgery. Peter Parshall, "Imago Contrafacto: Images and Facts in the Northern Renaissance," *Art History* 16, no.4 (December 1993): 554-79.

Takemoto stresses, "the visual rhyme always missed its mark."[189] This inadequacy and indeterminacy is not only played out between Ellsworth's *sick* and Takemoto's *healthy* bodies and their ambivalent scars, but also against the uncertainty of Ellsworth's state of health. An effect of a tissue biopsy that tells us nothing about the results or the stage of the disease, the scar cannot yet fully represent or figure her cancer, but signifies the uncertainty and unknowability of the disease.

In this in-between zone, rather than await confirmation of a diagnosis, Ellsworth pre-emptively takes performative action against a disease that is largely invisible, attempting to give representation to a bodily condition that even as she directly experiences, she can never actually see. Rather than wait for a final outcome or a closed narrative, at every stage throughout Ellsworth's illness—from diagnosis and treatment to recovery—the artists insisted on action in the moment of illness, when they were both in a state of *dis*-ease, whether physically or emotionally. The collaborative project is thus as much about Ellsworth's illness as Takemoto's response to it, of its impact on both of their lives and artistic practices. It is this collaborative response and continual negotiation of subject positions that lends the project its disruptive force. They effectively capture and convey not only the challenges of representing cancer, but the intercorporeality that is evokes as well as the ethics of responding to the diseased "other," a question with which Takemoto becomes increasingly preoccupied throughout the project. As they continually "explore the shifting physical, emotional, and psychological responses to the *unknowable* outcome of illness,"[190] not across one, but two bodies—both healthy and ill—they imagine a model of embodiment that challenges the separation of self and other even as it recognizes and insists upon their difference.

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[189] Takemoto, "Open Wounds," 111.

[190] Ellsworth, "Performing Illness," 140.

While many of the images in the visual rhymes might not themselves be horrifying (or are horrifying to different degrees), it is the horror of the undifferentiated, the lack of clear borders or demarcations between the artists and thus between self and other, cancerous and non-cancerous, that produces abjection. In *Blown Veins/Jelly Hands* (1994) (fig. 15), an image of Ellsworth's hand, bandaged to cover her hardened and protruding veins as a result of repeated chemotherapy injections, is coupled with an almost humorous image of Takemoto's attempt to mimic her pain. She stole raspberry jelly packets from a diner, clear-taped them to her hand, and photographed them as she burst them open.[191] Where Ellsworth's damaged veins are concealed beneath a bandage, Takemoto's recreation of the wound spills open, seemingly presenting a leaky, abject body. And yet, the fluids leaking from her body are not blood or puss, but artificially coloured jelly. In fact, she is not really leaking at all. The images lack the promise of certainty and visual evidence of difference that other photographic pairings—for example, the conventional before-and-after photo—seem to afford.[192] But as Stacey demonstrates, for the cancer patient, whose state of health is always visibly uncertain, even the before-and-after photo fails to provide visual evidence of the disease. There is never a clear distinction between health and ill, normal and abnormal, self and other. Fully aware of this disjunction, Ellsworth and Takemoto exploit it to destabilize the cultural boundaries we erect between bodies and states of health, between selves and others. They address what Ellsworth terms "the precarious concept of a *healthy* body and a *sick* body," exploring "the extremities of these terms as well as the edges where they simultaneously converge and inevitably invert."[193] While they

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[191] Takemoto, "Traumatic Repetition," 66.
[192] Takemoto, "Traumatic Repetition," 66.
[193] Ellsworth, "Performing Illness," 137.

trouble the notion of difference between their bodies, they do so not to suggest a direct equivalence or conflation into one, but to demonstrate the reversibility and contingency of their—and of our own—relations. Takemoto's failure to produce an adequate visual rhyme demonstrates the inability to fully identify with or appropriate the experience of the other, the inability to inhabit another's "skin," while nevertheless negotiating an ethical response. Aware of the instability of the boundaries between them, they push those boundaries to the brink of collapse, to the edge of intersubjective identification, but inevitably fall back into their respective bodies.

As Margrit Shildrick cautions in her discussion of the phenomenon of conjoined twins as a grossly disordered or monstrous body, too much emphasis on intercorporeality and the leakiness between self and other risks the danger of erasing or universalizing differences. "The greater violence," she insists, "would be to assume that the particularity of the other is within our grasp, that the place of the other is fully accountable from the 'outside.'"[194] This assertion of difference does not mean, however, that we cannot challenge notions of the bounded body or call for theoretical considerations of the demarcation between self and other, but that we can never assume that we can access the truth of the lived embodiment of others. As Cartwright puts it, "my feelings are not isomorphic with yours (I do not feel as you feel) any more than my knowledge or standpoint is isomorphic with yours (I neither believe myself to see as you see nor apprehend myself in the act of seeing/knowing). Rather, knowing "how you feel" produces feelings "in me" (the spectator) and acts through me."[195] Even as we contest bodily boundaries—or more properly, the stability of these boundaries—

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[194] Margrit Shildrick, "'You are there, like my skin': Reconfiguring relational economies," in *Thinking Through the Skin*, ed. Sara Ahmed and Jackie Stacey (London and New York: Routledge, 2001), 16.

[195] Cartwright, *Moral Spectatorship*, 60.

we must also acknowledge “the impossibility of inhabiting the other’s skin.”[196] The issue or challenge is to recognize the difference of bodily others—how the cancerous body is, for example, marked as different from the normalized body—while at the same time acknowledging a sameness. This phenomenological emphasis on lived intercorporeality is, as Stacey and Ahmed argue, “a way of thinking through the nearness of others, but a nearness which involves a distanciation and difference.”[197]

While Ellsworth and Takemoto perform the impossibility of direct equivalence between sign and referent, self and other, they nevertheless think through the skin of their respective bodies and speak to a shared embodiment. Despite their physical differences and mismatched pairings of traces and objects, a striking resemblance often emerges in the photographic rhymes, making it difficult to discern between them. As Takemoto reflects, viewers often confused the images. Some believed that both were of Ellsworth, while others feared that she too was sick or in danger of becoming sick. This lack of clear differentiation plays into fears of abjection and cultural anxieties, where the viewer can no longer distinguish between healthy and ill, self and other and fears contagion. Through their troubling pairings and recreations of the marks left on Ellsworth’s skin by treatments for cancer, the artists remind us of what must be abjected from the self’s “clean and proper” body to maintain a stable identity, and more importantly, that our bodies and identities can never be stable or secure. As Kristeva insists, the abject is never completely externalized, never fully cut from the subject. This indeterminacy or ambiguity is true of cancer within an individual subject’s body, as well as between bodies. If the body of the person with cancer does not produce adequate

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[196] Ahmed and Stacey, *Thinking Through the Skin*, 7.
[197] Ahmed and Stacey, *Thinking Through the Skin*, 7.

visual signs of the disease—or of the difference between sick and healthy bodies—then what does that mean for our own bodies and subjectivities?

Complicating their “difference,” Ellsworth and Takemoto similarly trouble the differentiation or distance between the “healthy” observer and the diseased “other.” While Ellsworth’s cancerous body does not take its texture and materiality from the televisual screen in the way that Skinner’s does, the format of its presentation likewise offers an intimate viewing relation. Exhibited in a variety of venues, the photographic pairings were originally produced and circulated as postcards. Sent to friends, family, artists, and galleries, they offered an unsettling and even perverse “greeting,” intimately engaging the viewer and implicating them in the images, not least in Ellsworth’s objectification. Through this format—combining the pairing technique with the postcard as a possessable object, as something that can be touched and held—they solicit a viewing relation that is explicitly reciprocal. If the performance of the self is always contingent on otherness, Ellsworth can only begin to perform herself as “ill” against Takemoto, or those of us who view her body, as “healthy.” Conversely, both Takemoto and the viewing subject can likewise only construct their identities as “healthy” against Ellsworth who is “ill.” Yet in their photographic couplings, there is no clear distinction between these states of health. They perform a relation of subject and object that is not clearly oppositional, but fully reciprocal or reversible. By coupling their portraits and troubling the distinction between them, they also refer outside of themselves to the subjectivity of the viewer, pointing to the way in which the self-portrait can only mean in relation to the subject who views or engages with it. The postcard invites its recipients to bear witness to Ellsworth’s illness, to the impact of the shock of the traumatic events of diagnosis and treatment. By doing so, they mark the contingency of the subject on the other—a reciprocity that Takemoto's role in the collaboration helps to facilitate. The uncertainty and ambiguity between their states of health demonstrates that even as we constitute ourselves in relation to the bodies of others, these constructions are hardly stable. Exploring this instability, they challenge our expectations of sameness and difference and promote an ethical mode of engagement with the (diseased) bodies of others.

As Ellsworth and Takemoto demonstrate, the photograph, like the televisual screen, similarly offers an encounter between self and other. Even as a two-dimensional, still image, it can likewise sustain a great deal of intimacy with the viewer and thus also has the potential to mesh with the flesh of the other. "The photograph of the body," Jones argues, "is not just a simulacral, two-dimensional screen but, per Merleau-Ponty's theory of embodied experience, a flesh-like screen, one that presupposes the depth and materiality of the body as subject." [198] Exploring the capacity of the self-portrait photograph to act as an interface or site of exchange, Jones "[insists] that the photograph itself, like the subjects it depicts, is best understood as a screen that displays corporeality-as-surface but also entails its own—and the embodied subject's—tangibility and extension in three dimensions through deep space."[199] Although the photographic has a static two-dimensionality, it too can embody the subject and invoke depth, drawing us into the body it images. The depth of the image that Jones identifies is explored differently by Roland Barthes in *Camera Lucida* (1980), where he suggests that the photograph, as a kind of skin, can *touch* us: "From a real body, which was there, proceed radiations which ultimately *touch* me, who am here.... A sort of umbilical cord links the body or the photographed thing *to my gaze*: light, though

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[198] Jones, *Self/Image*, 67.
[199] Jones, *Self/Image*, 63.

impalpable, is here a carnal medium, a skin I share with anyone who has been photographed."[200] Through an almost physical encounter, simply by looking we can engage with the body in the photographic portrait almost as if it was our own.

But as Jones points out, the depth the viewer can access might have less to do with the image than with the viewer, and the embodied experiences, memories, and interpretations they bring to the work. Having lived with and undergone treatment for cancer, for example, I might experience Skinner's and Ellsworth's cancerous bodies differently, and with more immediacy, than someone who has never themselves experienced the disease. I might respond more quickly and viscerally to their open wounds and marks of medical intervention, or at least be more likely to identify them with "cancer." Through my own embodied memories, I might also recall the feeling of cancer and its treatments *in* my body, feeling my heart race and beginning to sweat, or tasting metal in my mouth. Similarly, someone who has intimately cared for a loved one dying from cancer might respond empathetically to Skinner's cancerous body and recognize, or even identify, Meynell's loving gaze as their own. While we respond differently and with individual embodied experiences in relation to images, it is the image's opening into embodiment and opening out of a subjective reciprocity, and thus the potential for intersubjective identification, rather than specific responses that interest me. I consider the modes and processes of engagement that these representations of the cancerous body solicit not as the only possible interpretations, but as important means for encouraging "productive looking" among viewers. While they undoubtedly invite any number of responses that I cannot even begin to chart, in

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[200] Roland Barthes, *Camera Lucida: Reflections on Photography*, trans. Richard Howard (New York: Hill and Wang, 1981), 80-1. Emphasis in original.

looking at their abject, cancerous bodies, I would argue, we are in fact looking at ourselves, at a projection of our fears, desires, and anxieties.

Of course, self-representations of illness can also distance rather than illicit empathy and identification from the viewer. Kim Sawchuk identifies “a gap between the experience of pain and the rendering of this experience into language” or visual representation. She argues that because of its urgency, or perhaps in spite of it, it is difficult to adequately communicate pain. Because of this gap between experience and representation, she argues, we are incapable of feeling and thus fully apprehending someone else’s painful experience. While this inability might evoke an empathic response, it might also, she insists, “result in an incomprehension or denial of the extent of the other person’s pain” and thus “widen the ontological gap between self and other.”[201] Sander Gilman similarly argues that representations of illness reassuringly distance disease and illness from the “healthy” subject, as if containing them on the other side of that impossible border that separates the self from that which threatens it. Rather than provoke our anxieties, he argues, they repress and even control them: “For the images themselves become the space in which the anxieties are controlled. Their finitude, their boundedness, their inherent limitation provide a distance analogous to the distance the observer desires from the ‘reality’ of the illness portrayed. For here we can ‘see’ and ‘sense’ the abyss between the ‘healthy’ and the ‘ill.’[202] Within this framework, visual representations safely and mysteriously contain illness, seemingly preventing it from leaking out of their borders. But as Jones demonstrates, the photographic portrait, like any visual image or representation, is never bounded, fully

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[201] Kim Sawchuk, “Wounded States: Sovereignty, Separation, and the Quebec Referendum,” in *When Pain Strikes*, ed. Bill Burns, Cathy Busby and Kim Sawchuk (Minneapolis: University of Minneapolis Press, 1998), 109.

[202] Sander Gilman, *Health and Illness: Images of Difference* (London: Reaktion Books, 1995), 54.

cut off from their viewing (and indeed embodied) subjects. The subject or object of representation is not contained on the other side of an imaginary border or screen separating self from other. Rather, it takes its meaning only in relation to those who view it. The relationship between representation and embodiment, then, is not always, or even necessarily, oppositional, but reciprocal.

Closing the Gap

While I acknowledge that there is necessarily a gap between one's own body and that of another, between oneself and the person suffering, and moreover, that the individual experience of pain or illness often exceeds representation, my interest is in how artistic self-representations of cancer might effect a kind of "looking" that implicates rather than empowers the viewer, promoting an identification with, rather than disassociation from, the body on view. My goal throughout this chapter has not been to deny situated, embodied experiences of cancer, but to use them to argue for a reversibility, for an ethical practice of viewing in which we "'recognize [ourselves] precisely within those others to whom [we] would otherwise respond with revulsion and avoidance.'"[203] Although some representations of illness might repress anxieties about the illnesses represented, they do not always place the viewer in the role of the distanced observer. A desire for difference is predicated on sameness, or on the threat of sameness, of the dissolution of clear and proper boundaries between self and other. As Kristeva insists, the desire to distance the self from the abject other is performed against a menace that threatens not only from the outside but from the *inside*. Even in visual representation, we can never safely contain illness on the other side of an imaginary border, as *other* to ourselves. Especially those illnesses, like cancer, that are

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[203] Silverman, *The Threshold of the Visible World*, 170. Qtd. in Jones, *Self/Image*, 159.

not external threats, but are produced by and within our own bodies. The crisis of looking at cancerous bodies, then, is this impossible separation between self and other, exacerbated by cancer's lack of clear visual signs. If we cannot adequately demarcate the bodies of others as cancerous or even identify "cancer," than how are we to know when our own bodies have come under siege by the disease? If there are no certain visual signs, then what signs are we to look for?

In viewing these artists' troubled bodies and lack of clear distinction between inside and outside, self and other, healthy and ill, surely our own subjectivity is also disrupted and called into question. Our mere act of looking risks intimacy; as soon as we look, we have implicated ourselves, undermining the normative structures of the gaze that separate subject from object. Just as Skinner is unable to expel or separate himself from his cancer, and as Ellsworth and Takemoto perform the inadequacy of visual signs to mark the difference between healthy and diseased bodies, the viewing subject is unable to clearly locate the cancerous body as abject "other" outside the boundaries of the self. There is no recognizable or clear distinction between Skinner's and Ellsworth's bodies as cancerous and our own as healthy. We feel ourselves at risk, our bodies and their boundaries equally uncertain. The excessive materiality and fundamental ambiguity of these cancerous bodies assault our so-called "healthy gaze," and reciprocally, we project ourselves onto them, imagining our bodily interiors, our difference, and perhaps even the unknown presence—or potential presence—of cancer in our bodies. By articulating an embodied experience of disease and struggling to figure their cancer indirectly through and yet outside of medicine's inscribing discourses, Skinner and Meynell and Ellsworth and Takemoto compel the viewer to confront the immediacy of illness and to recognize a shared vulnerability and mortality. As Susan

Sontag eloquently reminds us: “Illness is the night-side of life, a more onerous citizenship. Everybody who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”[204] If we open ourselves up to and painfully recognize this otherness within ourselves, without universalizing the specificity of individual, embodied experiences, we might begin to look differently at and even critically respond to stigmatizations of cancer in popular representations of the disease. The result, I would hope, is that cancer can become visible not by means of its displacement or absence, but by its ever-increasing material presence.

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[204] Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors* (New York: Farrar, Straus and Giroux, 1990), 3.

CHAPTER THREE

Bald Exposure: Performing Chemotherapy-Induced Hair Loss and Female Baldness

Cancer, I argued in Chapter Two, is marked by a cultural imperative to conceal the abject and material realities of the disease from diagnosis to treatment, which include medical marks of intervention, emotional distress, fatigue, nausea, and what is arguably the most visible of its side effects, hair loss. And yet, as the most common, recognizable, and publicly visible signs of cancer, hair loss and baldness are conventionally concealed beneath cosmetic devices that "normalize" the disease according to Western standards of appropriate bodily display. Like the pink and yellow trinkets that have come to culturally signify "cancer," wigs, headdresses, and other cosmetic deceptions "disappear" or displace the material effects of cancer and its treatments, dismissing the complexity and variety of cancer experiences.[205] This disappearance has become so naturalized that, as Barbara Ehrenreich points out, we implicitly accept the version of cancer and "current barbarous approaches to its treatment" that mainstream cancer culture gives us, "[forgetting] to question a form of treatment that temporarily renders you both bald and immune-incompetent."[206] In a more irascible tone, artist-writer Catherine Lord similarly implores us not to "underestimate the ugliness of skin so toxic that it kills what grows from it" in her unconventional look at breast cancer and female baldness.[207] Asking critical questions about the disappearance and cosmetic cover-up of baldness in popular representations

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[205] Martha Stoddard Holmes, "Pink Ribbons and Public Private Parts: On Not Imagining Ovarian Cancer," *Literature and Medicine* 25.2 (Fall 2006): 480-81.

[206] Barbara Ehrenreich, "Welcome to Cancerland: A mammogram leads to a cult of pink kitsch," *Harper's Magazine* (November 2001): 49.

[207] Catherine Lord, *The Summer of Her Baldness: A Cancer Improvisation* (Austin: University of Texas Press, 2004), 238.

of cancer, contemporary artists like Lord record the progression of hair loss through diagnosis, treatment, and recovery in attempt to visualize cancer and the shifting physical and emotional responses to its treatment—a primary, though largely unexplored, strategy of representation.

Diagnosed with breast cancer in 1991, gender and queer theorist Eve Kosofsky Sedgwick used her cancer experience to critically reflect on issues of gender, sexuality, and identity formation, noting, among other things, the social impact of involuntary hair loss as a result of cancer treatment. She exclaims: "Forget the literal-mindedness of mastectomy, chemically induced menopause, etc.: I would warmly encourage anyone interested in the social construction of gender to find some way of spending half a year or so as a totally bald woman."[208] Sedgwick's injunction for others to find some way of living as "a totally bald woman" points to the crucial but often overlooked significance of chemotherapy-induced hair loss for women and performances of both gender and illness. While it is a rich topic with contemporary relevance, surprisingly little scholarly attention has been given to female baldness, and even less to chemotherapy-induced hair loss in particular, aside from sociological studies, which, while important, seem only to conclude that hair loss as a result of cancer treatment affects body image, sense of self, and identity.[209] Exploring this gap in its critical representation, in this chapter I examine the bald head of the cancer patient as a popular and widely recognizable visual sign of cancer, but a highly performative one open to re-inscription. Focussing specifically on female embodiment, I am interested, first, in the cultural imperative imposed on women undergoing cancer treatment to publicly conceal their hair loss and

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[208] Eve Kosofsky Sedgwick, *Tendencies* (Durham: Duke University Press, 1993), 12.

[209] For example: Tovia G. Freedman, "Social and Cultural Dimensions of Hair Loss in Women Treated for Breast Cancer," *Cancer Nursing* 17, no.4 (1994): 334-341; Ozum Ucok, "The Meaning of Appearance in Surviving Breast Cancer," *Human Studies* 28, no.3 (November 2003): 291-316.

other visible signs of medical treatment, and second, in the potential of visual and performative representations of chemotherapy-induced hair loss and baldness to disrupt this normative standard of female bodily form by exposing the failure of these norms to account for other embodied experiences or even to fully contain their own ideal standards.

Exploring hair loss and baldness as it is imagined, represented, and performed in the works of artists Hannah Wilke, Catherine Lord, and Chantal duPont, I uncover some of its potential meanings, cultural constructions, and re-constructions.[210] Rather than conceal their denuded heads beneath scarves, headdresses, or wigs, these artists boldly reveal their hair loss in various ways—whether directly or indirectly—challenging cultural norms and overturning viewer expectations. Refusing to wait for their hair to simply fall out, each artist takes pre-emptive and performative action against their hair loss, developing their own rituals in attempt to stage the experience themselves. As female artists, they furthermore address the gendered connotations of hair's presence or absence as a visual signifier of femininity and sexuality, exploring what it means to be

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[210] While I do not have space to fully explore it here, in addition to imag(in)ing the scars and wounds left on the body by medical intervention for cancer, Angela Ellsworth and Tina Takemoto also engage the process of hair loss through diagnosis, treatment, and recover as part of *Her/She Sense Imag(in)ed Malady* (1993-ongoing), a collaborative project that I explored in Chapter Two. In the early stages of Ellsworth's disease, the artistic pair knew little about cancer other than that she would probably lose her hair. Cutting their hair as a potential for action against the invisible disease, in *Hair and Gum* (1993), they spent an evening chewing piece after piece of Bazooka bubble gum, sticking wads in each other's hair, and cutting them out, ending up with short, neat, just below-the-ear hairstyles. Through this performance, they seemed to prove their agency, their ability "to out-smart and out-art the effects of illness." But when Ellsworth's cancer metastasized and she began aggressive chemotherapy treatment, this sense of agency quickly gave way to the uncontrollable progression of the disease and the devastating effects of its treatment. In a second work, *Curler Cuts* (1994), Ellsworth rolled up her hair in soft pink curlers as it gradually fell out, cut them off with the hair still wrapped around them, and served them on a plate—an act that Takemoto again mimics. The artists finalized their representation of hair as an attempt to imag(in)e cancer in a third visual rhyme, *Lemon Heads* (1994), produced as a celebration of Ellsworth's newly growing hair after she finished chemotherapy treatment.

women (and in Lord's case, a lesbian) faced with involuntary hair loss in a culture that holds particular understandings of appropriate feminine and masculine hair display. Laying bare the conventions and expectations governing the representation of their bodies, they uncover the performance of gender and health implicit in normative representations of chemotherapy-induced hair loss and respond with their own performative re-constructions. Engaging different modes of performance—from performative photography and video to text-based experimental narrative—their works address not only the construction and performance of gender and normative femininity, but also of illness. By undertaking visual analysis of their performative projects, I hope to offer an account of cancer as a corporeal enactment or series of corporeal gestures that exceeds any attempts at regulating or fixing it in representation.

Theorizing Hair(Loss)

Across cultures, hair is one of the most powerful symbols of our individual and collective identities—"powerful first," as sociologist Anthony Synnott notes, "because it is physical and therefore extremely personal, and second because, although personal, it is also public rather than private."[211] Hair is also highly malleable, making it a powerful medium of both individual expression and embodiments of cultural norms, conventions, and expectations that invest it with meaning and value.[212] According to its length, colour, style or absence, hair is a visible indicator of sex, race, age, sexuality, religion, ethnicity, gender, class, and even health. While these various significations are arbitrary, shifting, and contingent, hair's visible presence or absence nevertheless has an

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[211] Anthony Synnott, "Shame and Glory: A Sociology of Hair," *British Journal of Sociology* 38, no.3 (September 1987): 381.

[212] Kobena Mercer, *Welcome to the Jungle: New Positions in Black Cultural Studies* (New York: Routledge, 1994), 100.

immediate visual impact, constructing cultural distinctions and normative boundaries between bodies and sexes. As cultural historian Geraldine Biddle-Perry argues, "historically and culturally it is arguably the *sight* of hair that makes its styling, cutting and dressing significant." "Human hair," she suggests, "is essentially all about looking: at ourselves, at other hairy people, and at other hairy people looking back at us. It is one of the first visible markers of who we perceive others to be and triggers an immediate and fundamental either/or response: male or female, friend or foe, good or bad, danger or safety."[213] If, as Biddle-Perry argues, hair is a fundamental visible and powerful marker of identity, then what personal and cultural significations does imposed hair loss produce? How do we *look* not at other hairy people, but at hairless or bald individuals, and what kinds of responses do they evoke? As modes of appearance in the everyday world, hair loss and baldness produce an even greater visibility than that produced by the shape and style—that is, the carefully constructed appearance and presence—of hair. In a culture that attaches diverse and powerful meanings to the appearance of hair and even fetishizes it, its absence is arguably more visible than its presence. Within this system of signification, involuntary hair loss entails a range of complex meanings, not least for women whose normative femininity or sexuality is partly constructed by the appearance of their hair, or for lesbians, whose queer identity is often associated with shortly cropped "masculine" haircuts or shaved heads.

While the presence or absence of hair holds specific and varied meanings for both men and women, producing different kinds of visibilities, I am interested in exploring the dominant discourse of heteronormative femininity constructed around chemotherapy-induced hair loss as it is experienced by women. In Western culture, hair

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[213] Geraldine Biddle-Perry, "Hair, Gender and Looking," in *Hair: Styling, Culture and Fashion*, ed. Geraldine Biddle-Perry and Sarah Cheang (Oxford and New York: Berg, 2008), 97.

is constructed as a constituent part of a woman's normative femininity. Abundant head hair is a visual signifier of normative femininity and sexuality, while value is placed on the removal of feminine body and facial hair considered to be "unfeminine" or "excessive." Embedded in this system of gender identification, female cancer patients who experience involuntary hair loss as a result of medical treatment are caught between these two ideals: imposed hair loss to private regions of the body brings them closer to the cultural ideal of hairless female bodies and even infantilizes them, while the loss of head hair has the power to mark them as unfeminine, social and cultural deviants, or simply as ill. While chemotherapy causes hair loss to all regions of the body—head, arms, legs, pubic hair, eyebrows, and even eyelashes—laying the borders between inside and outside bare, in this chapter I focus on representations of cranial hair loss or the bald head as the most visible and public announcement of a woman's identity as a cancer patient. Forced to negotiate its personal, social, cultural, and aesthetic meanings, women express a range of responses to losing their hair as a result of cancer treatment. For some, hair loss is more devastating than the loss of a breast, an unwanted personal or private matter made irrevocably public, while for others it is simply a side effect of treatment that they must endure en route to recovery.[214] In what the women's cancer magazine *Mamm* describes as "different aesthetics," some women conceal their denuded heads beneath wigs and scarves, while others choose to boldly reveal them.[215] Noting the importance of her appearance both to others and to her own self-identity, sociologist Barbara Rosenblum, who together with her lesbian partner wrote about her experience with breast cancer from her diagnosis in 1985 until her

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[214] Freedman, "Social and Cultural Dimensions of Hair Loss in Women Treated for Breast Cancer," 336-37.

[215] Qtd. in Ehrenreich, "Welcome to Cancerland," 49.

death three years later, expresses the visibility and cultural signification of hair as a female cancer patient: “Even now, every time I go into the street, I'm still aware that people look at me. A vital aspect of my social identity has been taken away.... Losing my hair has been much harder than losing my breast. No one can see underneath my clothes. But everyone can see my hair.”[216] In her now widely popular breast cancer memoir, Geralyn Lucas similarly expresses the public visibility of chemotherapy-induced hair loss as the most difficult aspect of the disease. She writes: “Losing my hair is harder than losing my breast because everyone can see it happen,” and yet she also expresses a desire not to conceal her baldness so that others can see “what breast cancer has done to [her].”[217] As these accounts demonstrate, whether women choose cosmetic deception or unadorned baldness, hair loss as a result of cancer treatment is not only deeply personal, but also unremittingly public.

Focussing primarily on breast cancer, a number of feminist researchers and sociologists have explored how medical discourse and media cultures of fashion and beauty technologies have framed cancer in ways that assume heteronormativity, noting the cultural imperative placed on women to conceal and erase the material signs of illness and its aftermath. Feminist writer and activist Audre Lorde famously and critically examined the cultural construction of breast cancer as a cosmetic problem that could be solved by “prosthetic pretense” in *The Cancer Journals* (1980), rejecting what she calls a “cosmetic sham” propagated by organizations like the American Cancer Society’s signature *Reach to Recovery* program. After undergoing a mastectomy and refusing to cosmetically conceal it, she criticized “other one-breasted women” for “hiding beneath

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[216] Sandra Butler and Barbara Rosenblum, *Cancer in Two Voices* (San Francisco: Spinsters Book Company, 1991), 130.

[217] Geralyn Lucas, *Why I Wore Lipstick to My Mastectomy* (New York: St Martin’s Griffin, 2004), 77, 81-2. .

the mask of prosthesis or the dangerous fantasy of reconstruction," arguing that the "socially sanctioned prosthesis is merely another way of keeping women with breast cancer silent and separate from each other."[218] Susan Sontag similarly noted the strenuous "conventions of concealment" in *Illness as Metaphor* (1978), observing "all this lying to and by cancer patients... because [the disease] is felt to be obscene—in the original meaning of the word: ill-omened, abominable, repugnant to the senses."[219] Since these landmark politicized criticisms of the concealment of cancer and its medical treatment, non-biomedical makeover or "image" programs have continued to promote beauty aids as prosthetic means of recovery from cancer, but not from the disfiguring effects of mastectomy alone. Launched in 1988, the now widely popular *Look Good...Feel Better* (LGFB) program, co-sponsored by the America Cancer Society in collaboration with the Personal Care Products Council Foundation, a charitable organization established by cosmetic manufacturers, advocates mainstream conceptions of beauty, gender, and illness, constructed largely around hair(loss). Providing free workshops and cosmetic products to groups of women undergoing treatment for cancer, including tips on how to apply makeup and stylishly manage hair loss, the program's stated aim is "to help women offset appearance-related changes from cancer treatment" by "[restoring] their appearance and self-confidence."[220] As a number of scholars and researchers have noted, while it may construct a cancer community and provide valuable support networks, the LGFB program teaches women undergoing chemotherapy to conceal both the physical signs and emotional distress of cancer and

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[218] Audre Lorde, *The Cancer Journals*, (Argyle: Aunt Lute Books, 1980), 16.

[219] Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors* (New York: Farrar, Straus and Giroux, 1990), 7-9.

[220] Personal Care Products Council Foundation, "Facts" and "Mission Statement," Look Good... Feel Better, http://www.lookgoodfeelbetter.org/general/facts.htm and http://www.lookgoodfeelbetter.org/general/mission_statement.htm (accessed March 18, 2010).

its treatment with makeup, wigs, skincare, and other cosmetic techniques, effectively reproducing dominant discourses of health and femininity as based on a woman's appearance.[221] In doing so, it denies other kinds of illness experiences, identities, performances, and visibilities.

In her critique of breast cancer image programs as powerful reproducers of heterosexist and ableist discourses of gender and wellness, sociologist Karen Kendrick describes a full-page LFGB magazine advertisement picturing a group of women undergoing chemotherapy treatment engaged in everyday "feminine" activities. The text accompanying the advertisement encourages women "to disguise the physical evidence of cancer treatments... [b]ecause no woman who has cancer should have to look it."[222] This social stigma against "looking sick" is similarly conveyed in a current series of "Before & After Looks" published on the LGFB website and in print as part of their media campaign.[223] Featuring portraits of women who have participated in the LGFB program, the advertisement emphasizes the importance of appearance during medical treatment for cancer not only to improve women's self-confidence, but to ensure proper gender identification. "Before" photographs of each woman with bald, shaved, or "chemo fuzz" heads are coupled with "after" photographs that display the cosmetic (and emotional) transformations LGFB provides. In each pair, a plainly dressed,

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[221] While the current discourse is constructed primarily around breast cancer, chemotherapy-induced hair loss and the cosmetic attempt to conceal it are experienced by women (and men) who undergo medical treatment for various kinds of cancer, and is thus not a problem or circumstance of breast cancer alone. Hair loss as a result of chemotherapy can be difficult and culturally significant for both women *and* men, although in different ways. Recognizing the impact of hair loss and other appearance-related side effects of cancer treatment on men in contemporary culture, the LGFB program launched a program targeted specifically for men, *Look Good...Feel Better for Men*, in 2003.

[222] Qtd. in Karen Kendrick, "'Normalizing' Female Cancer Patients: *Look good, feel better* and other image programs," *Disability & Society* 23, no.3 (May 2008): 263.

[223] Personal Care Products Council Foundation, "Before & After Looks," Look Good... Feel Better, http://www.lookgoodfeelbetter.org/women/before_after/looks.htm (accessed March 18, 2010).

hesitantly smiling bald woman—who, even bald and supposedly ill, looks remarkably healthy and upbeat—is transformed into a stylishly dressed, glamorous woman, sporting matching jewellery and of course, a wig. Yet even in the “before” photos, aside from baldness there are no visual signs of disease, exhaustion, distress, anxiety, or fear. The women already appear “happy” and “healthy,” as if they are somehow unaffected by cancer diagnosis and treatment, and simply become happier and healthier through cosmetic transformation. The narrative the photographic pairs convey is one of returning to “normalcy” through appearance, and yet the women in the photos are never graphically in a state of illness. This cover-up and disappearance of the effects of cancer treatment give the message that “normal” women do not look sick, discouraging the identification of female cancer patients as sick in the first place.

The portrait of femininity that the “Before & After Looks” constructs is furthermore based on heteronormative models. While the series includes older women and women of colour, seemingly appealing to a wider cancer community, it nevertheless constructs this community as predominantly white, heterosexual, middle and upper class, educated, professional, and conservative. As Lisa Cartwright explains in her critique of the public cultures around breast cancer and similar media representations, “in addition to marginalizing women who are poor or working class and/or less well educated (and who are less likely to have access to information and treatment), this concept of community fails to acknowledge the lifestyles and concerns of women who do not share the politics, fashion preferences or sexual orientation of the collective profile tacitly generated by this media campaign.”[224] In doing so, these campaigns do not simply exclude non-conservative women who do not fit the “image” they promote,

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[224] Lisa Cartwright, “Community and the Public Body in Breast Cancer Media Culture,” *Cultural Studies* 12, no.2 (April 1998): 123.

but actually encourage women to recover a normative appearance and state of health, as if seeking to normalize them. As Kendrick argues, the sense of self they help women regain is not necessarily the same as the one they held before cancer diagnosis and treatment, offering women who did not previously define themselves in terms of conventional notions of beauty and gender "a path back to 'normality' through appearance." She explains:

> The femininity that must be recovered, or more precisely invented, after a cancer diagnosis is normatively heterosexual. In the print, Internet and video material associated with image programs the women pictured are normatively feminine—soft faces, long hair, often in dresses, feminine clothing and pastel colors. There are no butch women, no bald women, no women in sweatpants and T-shirts and no women confident with one or no breasts. While heterosexual relationships are often pictured or referred to by the women giving testimonials, lesbian relationships are absent.[225]

Even when they include bald women, as in the LGFB's "Before & After Looks," it is within this normative framework based on models of white, heterosexual, middle class femininity. Baldness is constructed as an abnormal sign of disease or deviation that must be disguised using beauty aids, to give the appearance of normality, not as something that women might be comfortable wearing or willing to embrace during sickness. Like the prosthesis or breast reconstruction, wigs, scarves, make-up and other fashion and beauty devices contribute to the *performance* of gender and *picture* of normative femininity, reiterating regulatory norms. Regardless of their intentions, women who openly wear their baldness as evidence of medical treatment for cancer, making visible its injuries and material realities, disrupt these normative standards of female bodily form. By representing themselves *in* a state of disease, rather than already recovered or returned to normative femininity through cosmetic means, they perform their baldness

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[225] Kendrick, "'Normalizing' Female Cancer Patients," 264-65.

in ways that defy normalization and deconstruct the dominant discourse of femininity constructed around chemotherapy-induced hair loss.

Just as women who choose to wear wigs perform normative femininity, however, women who openly expose their hair loss and other material signs of medical treatment for cancer do not simply inhabit but *perform* their illness identities. Sedgwick also writes of this "performativity of a life threatened... by illness," describing how she "[hurls her] energies outward to inhabit the very farthest of the loose ends where representation, identity, gender, sexuality, and the body can't be made to line up neatly together."[226] As her deconstructionist approach to breast cancer demonstrates, all identities—whether gender or illness—are constantly shifting and developing, both through the reiteration of existing norms and the incitement of new ones. As much as they may be encouraged to return to "normal" by image and other support programs, women cannot somehow recover an identity or "true" self that they had prior to their cancer diagnosis—especially not through appearance or cosmetic cover-up—but must constantly negotiate and perform new identities. The performative acts of cancer patients—here, around the experience of hair loss and imposed baldness—re-inscribe the body and reformulate the identity of the cancer patient, not as a final truth, but as a continually shifting and unstable category of representation.

In the artistic representations of chemotherapy-induced hair loss and baldness that I consider throughout this chapter, each artist negotiates their individual, embodied experience of losing their hair, challenging conventional notions of gender, beauty, and the body to produce new, non-normative ways of constructing hairlessness and the bald cancer patient. Confronting hair loss as both deeply personal and unavoidably public,

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[226] Sedgwick, *Tendencies*, 13.

they engage the *process* of losing hair in reflective, unsettling, and playful ways, making visible previously private experiences of women’s embodiment. In doing so, they perform their hair loss and baldness to unhinge normative expectations and pressure dominant discourses to include other kinds of experiences, inviting viewers to confront their expectations about the appearance of the female body in representation. Even when they do not directly image their bald heads, they nevertheless expose the structures within which involuntary feminine hair loss takes place, inserting their own representations to forge new meanings. Within a wider cultural climate, their accounts of chemotherapy-induced hair loss mark a potential, although not yet fully enacted, shift from female baldness as a sign of shame or lost femininity and sexuality to a sign of strength and courage, an image that is increasingly garnering recognition amidst popular media images as more women openly wear their baldness and insist on its visibility. As they demonstrate, it might no longer be heroic or courageous for women to conceal hair loss due to chemotherapy and attempt to return to normative femininity through cosmetic means, but to expose their baldness as a symbol of illness, wearing it as badge of honour rather than a mark of shame. However empowering they may be, I want to caution, however, against popular slogans declaring that “Bald is Beautiful” without acknowledging the difficulties and even horrible realities of involuntary hair loss, as well as against the uncritical absorption of female baldness into mainstream cultural representations of cancer like the model-turned-artist Matuschka’s aestheticized mastectomy scar. Rather, the artists whose work I discuss here present their hair loss and baldness as simultaneously beautiful and horrific, sharing mixed feelings of courage and fear, strength and weakness, honour and shame. Despite their boldness, they also express vulnerability and uncertainty, suggesting that they are never comfortably at ease or completely resolved with their hair loss, but continually negotiate its multiple significations and impact on their identities.

From *Brushstrokes* to "Bald Odalisque": Hannah Wilke's Documentation and Performance of her Hair Loss

In her photographic diptych, *Portrait of the Artist with Her Mother, Selma Butter* (1978-81) (fig. 16) from her *So Help Me Hannah Series*, Hannah Wilke cites medical and popular conventions of representation, adopting the pairing technique typical of medical illustrations and "before and after" photos to portray her then "healthy" body alongside her mother's cancerous body. On the left, lying naked from the waist up, Wilke symbolically wears her mother's wounds as small metal objects (a toy gun, fragments of tools) across the surface of her "pristine" youthful flesh, her characteristic long, dark hair sprawled out on the floor beneath her. On the right lies the artist's mother, Selma Butter, whose disease-ridden body is disfigured by mastectomy and recurring cancer growths pitted against her sagging flesh. Her face is downcast in pain and exhaustion, her head covered by a thick, dark post-chemotherapy wig. Read left to right, the diptych seems to tell of binary distinctions: between self and other, daughter and mother, young and old, before and after, healthy and diseased, normal and abnormal, and so forth. But Wilke also undermines these simple binaries, re-presenting cancer as an experience of multiple subject positions and identities. Despite the obvious difference in visual appearance between their respective cancer-ridden and apparently healthy bodies, there are other visual signs in the two photographs that complicate these differences. Wilke mimics her mother's wounds in an attempt to internalize or share them and alleviate some of her pain, allowing for possibilities of identification and sameness across their bodies.[227] While they can never stand in for the “real” wounds that scar Butter’s body, they can point to the ways in which Wilke’s body is similarly scarred and afflicted with violence—emotionally and culturally, if not physically.

A more powerful complication of their difference (or enactment of their sameness) occurs in Butter’s portrait. While her missing breast, mastectomy scar, and small metastatic lumps are fully exposed as visual evidence of cancer, her chemotherapy-induced hair loss is modestly concealed beneath a wig. The false head of hair, which is not immediately recognizable as a wig, is an almost convincing attempt to diminish the difference between healthy and diseased bodies or to return her unruly body to normative standards of appropriate feminine display. But figured against her naked torso and the scarred absence of her breast, as a prosthetic device the wig produces a fictive resemblance to Wilke’s or other healthy and normatively female bodies. Critically allowing this juxtaposition to take place in the photographs, Wilke exposes the fiction created by cosmetic resemblance as well as the inadequacy of prosthetic devices or cosmetic efforts to offset the “look” of cancer and its treatments. Paired against popular media images and advertisements like the LGFB’s current “Before & After Looks,” Wilke’s project uncovers the lie that image programs tacitly generate. Although nearly thirty years separates Wilke’s photographic diptych comparing her body to her mother’s and the images from the “Before & After Looks,” the artist’s critical portrayal of the cancerous body continues to challenge conventions governing its representation, suggesting that popular visual representations of cancer and chemotherapy-induced hair loss reproduce the same fictions they did thirty years ago. So while *Portrait of the Artist with Her Mother* is a powerful expression of a mother-

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[227] Wilke’s strategy of representation in mimicking her mother’s wounds is similar to those employed by artistic pair Angela Ellsworth and Tina Takemoto, which I explored in Chapter Two.

daughter bond and an attempt to overcome the emotional and physical trauma of loss, Wilke also engages and confounds normative expectations of feminine beauty. However traumatically or painfully, she stages both of their bodies (her health and beauty, her mother's illness and use of a wig) as performances, provocatively uncovering constructions of normative femininity.

When she was diagnosed with lymphoma in 1987, Wilke turned the camera towards her own cancerous body, photographing it in excruciating detail as she continued to negotiate the trauma of illness and expectations of the diseased female body in representation. In *Intra-Venus* (1992-93), her final project before her death from lymphoma in 1993, she charts the effects of cancer and its medical treatment on her body in a series of "performalist" self-portrait photographs taken over an eight-month period with her partner Donald Goddard.[228] Challenging viewer expectations and conventional representations of the female nude, she exposes her ravaged, diseased, and medicalized body—naked, discoloured, bloated, bruised, bloody, and *bald*—as openly and obsessively as she displayed her young, healthy, and "too beautiful" body in her performative works from the 1970s. But unlike her mother, whose diseased and medicalized body is missing a breast as a primary signifier of femininity in *Portrait of the Artist with Her Mother*, throughout the *Intra-Venus* series, Wilke is missing her hair as the primary visual signifier of her normative femininity and sexuality. As it begins to fall out as a result of chemotherapy treatment, she actively uses her hair as a malleable signifier of her ever-shifting identity and subjectivity—as artist, subject, object of desire, medical object, and cancer patient—to parody archetypal femaleness and bring her

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[228] Originally conceived as an exhibition titled *Cured*, with the hope that she would still be alive to realize it, Wilke's project was exhibited posthumously as *Intra-Venus* at Ronald Feldman Gallery, New York in 1994, the title she had given to the series of self-portrait photographs.

cancerous body into critical representation. Her progressive, chemotherapy-induced hair loss and baldness, I contend, are the most visible and politically effective signifiers of her “cancer” identity, but ones that she must continually reshape and renegotiate even as she makes them visible. Photographing her hair loss through a series of performative acts, she lays bare the conventions and expectations that govern representations of female and diseased bodies, effectively unmasking the performativity not only of gender, but also of health and illness.

Critically aware of the conventions of female objectification by which her own body is framed and viewed, throughout *Intra-Venus*—a title that refers both to the medical term *intravenous* and to the goddess Venus, the quintessential sexual object of art historical paintings—Wilke insistently deploys her well-developed strategy of the pose, appropriating traditional female archetypes and high art nudes that range from the Venus and Madonna to the contemporary cover girl. But in place of a lively face, youthful flesh, smooth contours, and long flowing hair that these traditional poses falsely promise, Wilke’s face is sagging with exhaustion, her flesh is discoloured and scarred with marks of medical intrusions, her slim body is swollen and bloated from cancer therapies, and her luxurious, long hair is either thinning or completely gone. Of this range of physical side effects and marks of medical intervention for cancer on her body, her bald head is visually the most striking—not only because of the relative unfamiliarity of female baldness in visual representation, but because of the ways she manages and stages—that is, *performs*—her hair loss throughout the series. While *Intra-Venus* does not exclusively document her hair loss, Wilke nevertheless chronicles it from full mane to fully bald as part of the medicalization and deterioration of her body, a point made even more poignant by her presentation of the hair she lost during chemotherapy as “paintings” alongside her life-sized self-portrait photographs. In one of the earliest images from the series, *Intra-Venus Series No. 2, December 27, 1991* (1991) (fig. 17) she lifts her still-luxuriant mane of long brown hair—a prominent feature of her once youthful beauty—to reveal a large, bulbous cancerous abscess on her neck, laughing and smiling for the camera as if posing flirtatiously for a magazine cover. But her cheerful, exaggerated pose and self-confidence is visually at odds with the large protrusion on her neck. Although she still has a full head of hair, she does not fit the trope of feminine beauty embodied by her pose. Aware of her illness and what will become its devastating effects on her body/self (a hospital tag visible on her right wrist suggests that she has already entered the medical domain), Wilke parodies this pose and its expectations, playfully inviting viewers with her steady, seductive gaze and huge grin to consider the disjunction between the expectations that the pose incites and the actual appearance of her body. The wound she laughingly lifts up her hair to reveal is not a fabricated scar pasted onto her body like those made out of bubble gum in *S.O.S.—Starification Object Series* (1974), but a malignant tumour with materially devastating implications. Having not yet undergone treatment or surgery to remove the lump from her neck, and still maintaining her long hair as a signifier of her femininity, the photograph marks the transition between her former normatively feminine, healthy, and “too beautiful” body and the bodily collapse brutally exposed in subsequent images from the series.

In a second image, *Intra-Venus Series No. 6, February 19, 1992* (1992) (fig. 18), Wilke grimly gazes out at the viewer from beneath thin, wet strands of hair combed across her face. Undergoing chemotherapy treatment, she seems to have lost the hope embodied by her huge grin and seductive pose in *Intra-Venus Series No. 2*. With an unforgiving, confrontational expression on her face and steady gaze, she occupies a strange space between a seemingly healthy woman with a full head of hair and an utterly exhausted, fully bald woman—a mode of appearance rarely put into visual representation, if at all. Framed as a conventional head and shoulders portrait against a neutral white background and hung on its own rather than as part of a diptych or triptych, of all the photographs in *Intra-Venus* this one most explicitly isolates and directly confronts viewers with her hair loss.[229] While she poses for the camera, carefully arranging her remaining strands of hair to highlight its transitional state, she does not appropriate feminine archetypes or conventional poses as she does in other photographs from the series. Rather, she lets the viewer in on an intimate, vulnerable moment, conveying a bare message of pain, sadness, anger, and loss of bodily integrity, pulling us in to make us believe her suffering (or at least she pulls me in to make me believe her suffering). With no available pose or cultural citation to openly display female hair loss, in this image Wilke actively constructs a new space for its representation. She directly engages the cultural taboo not only of cancer, but specifically of chemotherapy-induced hair loss in visual representation, visually representing the horror that Jackie Stacey describes:

> Dead hair, but still attached, mimicking its former living self. Part of the live body, yet a sign of decline. It dies first and then falls. The first handful is an alarming relief. Then more and more. So much dead hair. It fills the bed, it covers the pillows and sheets.... It fills the bath. It forms a thick, dark matted layer on the bath water. But it refuses to separate when the water cools and the body moves to go. Separate but clinging onto the body in a desperate attempt not to be left behind.[230]

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[229] For the exhibition of *Intra-Venus* following Wilke's death, Goddard and the gallerists at Ronald Feldman grouped the photographs into diptychs and triptychs, a format consistent with Wilke's own practice. The juxtapositions elicit comparisons between Wilke's progression from health to illness, from long-haired to fully bald, explicitly underscoring the ravages of cancer and its treatments.

[230] Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (London: Routledge, 1997), 84.

Boldly sharing this intimate experience of her hair loss, Wilke's unsettling, confrontational gaze transfers the shame and guilt associated with cancer patients to the viewer, "shocking the audience," as Einat Avrahami describes the ethical impact of the *Intra-Venus* photographs, "into a recognition of moral and rhetorical complicity."[231] She makes it nearly impossible to look away and avoid her hair loss as a sign of her bodily collapse. Rather than offering a critique of orthodox cancer treatment or directly challenging medical discourses that inscribe her body like Jo Spence, Wilke critiques cultural conventions and expectations of female bodies in representation, challenging "the act of interpretation itself and its related aesthetic and ethical consequences."[232] She makes us painfully aware of our own participation in the stigmatization of (female) cancer patients, compelling us to consider how we relate to and make meaning in relation to other bodies. In doing so, she places responsibility on the viewer to participate in shaping her representation of critical illness and involuntary hair loss.

This transition from fully haired to fully bald—that is, the *process* of hair loss—is best conveyed by a group of unconventional "paintings" that Wilke called *Brushstrokes*. Composed of clumps of her hair as it fell out during chemotherapy, which she collected and displayed on sheets of Arches watercolour paper, *Brushstrokes* (1992) (fig. 19) combines bodily fragments with the language and structures of art-making to make the signs of cancer and its treatment legible. What is intended as both a simple and confrontational gesture "to render explicit the 'inexpressible' ravages of cancer," however, evokes a range of meanings and responses.[233] Although hair on a woman's

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[231] Einat Avrahami, *The Invading Body: Reading Illness Autobiographies* (Charlottesville and London: University of Virginia Press, 2007), 137.
[232] Avrahami, *The Invading Body*, 138.
[233] Amelia Jones, *Body Art: Performing the Subject* (Minneapolis: University of Minnesota Press, 1998), 191. Parts of her chapter on Hannah Wilke, specifically those about *Intra-Venus* are

head may be fetishized as a signifier of idealized femininity, it can also evoke disgust when presented as bodily waste, its meaning shifting according to whether it is “in” our “out of place.” Against a crisp, white background, Wilke’s disembodied strands of hair disrupt order and cleanliness: in anthropologist Mary Douglas’ term, they are “matter out of place,” inhabiting the margins between the familiar and unfamiliar.[234] Presented on their own, they refer to an absent body whose identity is obscured; but exhibited alongside large-scale photographs of Wilke’s naked and bald cancerous body in *Intra-Venus*, they clearly refer to that body, holding Wilke in suspension between life and death. At once unsettling and remarkably beautiful, they wistfully highlight Wilke’s hair loss and identity as a bald cancer patient throughout the self-portrait photographs. If her baldness was not already apparent, the disembodied strands of hair force it into view, presenting a narrative that mirrors that told through the photographs. The first of the *Brushstrokes* are dark, thick, and densely clumped, filling the sheet of paper on which Wilke placed them, while the last—dated May 10, 1992—are sparse wisps, lost against a sea of white background, seemingly marking a final and exhausted gesture or a diminishing corporeal presence.

But instead of detritus to be thrown out, *Brushstrokes* reframes Wilke’s hair as precious material to be collected, to which others can bear witness as evidence of the violence inflicted on her body by medical treatment for cancer, as well as of her indisputable absence or lack. They refer, as indexical ties, to Wilke’s once-living body, to the life of the artist who, although present in the photographs, is no longer alive. As Amelia Jones explains, “the hair, displayed to substantiate... the demise of the

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adapted from Amelia Jones, “Intra-Venus and Hannah Wilke’s Feminist Narcissism,” in *Intra-Venus: Hannah Wilke* (New York: Ronald Feldman Fine Arts, 1995).

[234] Mary Douglas, *Purity and Danger*. Boston: Routledge, 1969.

body/self, literalizes its loss; in life part of the body/self (not icon or index but the thing itself), in death the hair becomes an index of having been there."[235] Unlike her body in the photographs, which the viewer encounters through Goddard's lens as Wilke performs for the camera, in *Brushstrokes*, the viewer becomes the primary witness of Wilke's trauma. The clumps of hair not only highlight the artist's progressive hair loss from fully-maned to bald odalisque, but as *corpora delicti*, substantiate her suffering and give material, lasting representation to her affliction with cancer. Noting hair's materiality and imperishability as an emblem of death, art historian Marina Warner remarks that "[it endures] longer than any other part of the body."[236] In her review of Anne Wilson's *Feast* (2000), arts writer and critic Hattie Gordon similarly expresses the lingering potential of hair to sustain us even in death: "Our very own fossil, it is our memento mori. It reminds us of the towering mortality of human flesh."[237] Because of its materiality, relative permanence, and direct connection to the body, locks of hair belonging to saints, heroes, or loved ones were traditionally preserved as mementoes. In the Victorian period, for example, hair was collected and gifted as a sentimental token to commemorate the dead, mounted in lockets and broaches or woven into chains, bracelets, rings and other trinkets as mourning jewellery.[238] In death, then, carefully preserved hair can take on a kind of mystical meaning as an emotionally invested corporeal fragment, blurring boundaries between the living and the dead, the healthy and the ill. This investment in hair as a fetishistic object reflects what Tomoko Masuzawa describes as the power of the material object in the nineteenth-century to

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[235] Jones, *Body Art*, 191.

[236] Marina Warner, "Bush Natural," *Parkett* 27 (1991): 6-7.

[237] Hattie Gordon, "Anne Wilson's *Feast*," *Art Journal* 61, no. 3 (Autumn 2002): 23.

[238] Galia Ofek, *Representations of Hair in Victorian Literature and Culture* (Farnham: Ashgate, 2009).

"[generate] its own phantom other." He explains: "Yet this spectre does not leave the body behind; rather it inheres in the very materiality of the body itself. Conversely put, it is as though materiality itself—'dead matter,' the cadaver—began to move, even to think and to speak, all on its own."[239] So while Wilke's strands of hair are disembodied, as bodily relics they nevertheless enact an almost haunting presence of the artist, even if an incredibly insufficient one.[240] Through the preservation and re-presentation of her strands of hair as precious objects, Wilke is neither fully present nor completely absent, but continues to perform her body and its terminal illness even in death. Like hair mementoes or mourning jewellery, she transforms her chemotherapy-treated hair (once a signifier of her lively sexuality and femininity) into an embodied object of aesthetic admiration and appreciation. But whereas the sentimentality of hair is often associated with its characterization as a "feminine material," producing, as historian Helen Sheumaker argues, a heightened visibility of femininity, Wilke's disembodied strands of hair refer instead to her "loss" of normative femininity as a result of her hair loss.[241] Signifying her baldness and making the process of losing her hair readable to viewers, they do not cover up the material effects of cancer and its treatment or reiterate normative femininity, but bring her un-idealized cancerous body explicitly into view.

Wilke finalizes the documentation of her gradual hair loss in a series of images in which she appears fully bald, presenting herself as both "bald odalisque," to borrow from Jones, and horrifyingly ill. In *Intra-Venus Series No.3, August 9, 1992* (1992) (fig.

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[239] Tomoko Masuzawa, "Troubles with Materiality: The Ghost of Fetishism in the Nineteenth Century," *Comparative Studies in Society and History* 42, no. 2 (2000): 254

[240] Jones writes: "The photograph—indexical as it may be—and even the sad, lonely clumps of hair marking the passing of Wilke's flesh, are pathetically insufficient as replacements for the subject 'Hannah Wilke.'" *Body Art*, 193.

[241] Helen Sheumaker, "'This Lock You See': Nineteenth Century Hair Work as the Commodified Self," *Fashion Theory: The Journal of Dress, Body & Culture* 1, no.4 (November 1997): 423.

20), part of a triptych, she poses—naked and wearing only a pair of slippers—as a standing Venus in an elegant contrapposto, her bald head and discoloured flesh challenging our expectations of the traditional female nude. Her pose recalls one of those enacted in her 1974 performance *Super-T-Art* at the Kitchen in New York, during which she draped and undraped her body in a series of traditional art historical poses ranging from the female nude in classical sculpture and painting to the crucified Christ. Standing naked atop a plinth in white heeled sandals, she poses in a sinuous contrapposto, clutching a white bed sheet stylishly wrapped around her waist with one hand as she outstretches the other over her breasts. Her head is tilted backwards, her eyes rapturously closed and her mouth slightly open as if in ecstasy, her long hair falling luxuriously down over her shoulders. The young Wilke openly flaunts her beauty, playing both the virgin and the whore to mock conventions of feminine display. In the photo from *Intra-Venus*, she strikes a similar pose, parodying it with her ageing, cancer-ridden body rather than with her pristine beauty. Other than a pair of white slippers, which replace the high heels she wears in *Super-T-Art*, she is completely naked. Her blemished skin and bloated body as a result of chemotherapy treatment disrupt the sinuous lines created by her elegant stance. Her hands—one holding her left hip, the other outstretched against her stomach—are perfectly manicured, giving the false appearance of youthful elegance. Finally, and most importantly (or at least for my argument), she is fully bald, missing her pubic and body hair in addition to her characteristic long, dark mane. Even her eyebrows appear to have thinned out. She at once fails to meet the feminine ideal of a long-haired beauty, and yet exceeds the hairless ideal of feminine facial and body hair. Rather than tilting her head backwards, eyes closed, as she does in the pose from *Super-T-Art*, she cocks it only slightly, looking out directly at viewers to arrest their gaze. She is naked, bald, bloated and bruised, and she is unforgiving, inserting and insisting on her un-idealized cancerous body within the Western canon of art as a fragmented Venus. By reiteratively performing her cancerous body and its physical deterioration within recognizable categories of traditional art, she constructs a critical space for its re-presentation, making visible the ravages of cancer and its treatment and their impact on the construction of identity.

In other photographs, however, she poses as an exhausted, unruly, terminal cancer patient, sitting on a hospital toilet or laying in a hospital bed, where, wired to receive chemotherapy, she is more explicitly under the grip of medical treatment (fig. 21). In one of the final images from the series, taken on August 18, 1992 (fig. 22), she rests her bald head on a pillow, her face—looking resolutely at the camera in yet another direct appeal to the viewer—sunken from exhaustion. Dressed entirely in white and laying against a white background of hospital sheets, she is pushed up to the surface of the photograph, her exposed flesh—that is, her baldness—dominating the image. Without referencing conventional icons or poses—in fact, in this scene, as in *Series No. 6*, there are no culturally available poses for her to appropriate—she puts her baldness as an "unspeakable" and "unimaginable" wound of both cancer and the objectification of women into stark representation. In a final act of unveiling the mask of femininity, she looks resolutely at her viewers with a dark sadness in her eyes, seemingly issuing one last plea for our acknowledgement not only of her pain, but of our complicity in her objectification and stigmatization as a bald cancer patient. However unmediated or "direct" the photograph may seem, like the other self-portrait photographs in *Intra-Venus*, it too is an "intentional presentation: a putting forward of herself as a body made for display, acutely aware of the conventions by which it is framed, and expecting to be looked at."[242] In her examination of Wilke's (and Spence's) final works on illness as "last acts" that strategically use humour and non-sense, Jo Anna Isaak argues that in *Intra-Venus* "Wilke photographed herself in the whole repertoire of poses available to women, including the last—the grotesque, dying crone."[243] I want to contend, however, that Wilke's exposure of her deteriorating body as a critically sick and fully *bald* woman in the final images from *Intra-Venus* are "poses available to women." To suggest that they are diminishes the political efficacy of Wilke's project and the lasting impact of her self-portrait photographs to unsettle viewers and "shock" them into complicity some twenty years after their production, when the diseased female body in representation is still an unconventional image. At the same time, however, I also disagree with Avrahami's claim that the artist's "chemotherapy photographs... are not 'poses.'"[244] Although *Intra-Venus* offers an utterly personal exposure of the artist's body/self and both her bald head and disembodied strands of hair function as indexes of real suffering, Wilke nevertheless actively poses for the camera and performs her shifting identity as a cancer patient. The dying, unruly, bald female cancer patient is not a conventional pose culturally available for appropriation to convey her disease experience, but one that she must actively forge. As one of the first and most well-known contemporary female artists to put her cancerous body into critical representation, chronicle her chemotherapy-induced hair loss, and boldly expose her bald head, Wilke's defiant strategy of representation as a mode of self-performance sets the stage for similar transgressive performances.

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[242] Tamar Tembeck, "Exposed Wounds: The Photographic Autopathographies of Hannah Wilke and Jo Spence," *RACAR* XXXIII (2008): 92.

[243] Jo Anna Isaak, "In Praise of Primary Narcissism: The Last Laughs of Jo Spence and Hannah Wilke," in *Interfaces: Women, Autobiography, Image, Performance*, ed. Sidonie Smith and Julia Watson (Ann Arbor: University of Michigan Press, 2002), 50.

[244] Avrahami, *The Invading Body*, 136-37.

What I want to stress, then, is the way in which Wilke stages her cancerous body as an actively creative subject and consciously performs her illness. Resisting passive inscriptions onto her diseased body and expectations about how it should be displayed, she performatively reconstructs the representation of her cancer as both the subject and object of her photographs. Whether beaming beatifically, glaring with exhaustion, or referred to only by her remaining strands of hair as “brushstrokes” on paper, she performs her hair loss not as a “natural” side effect of cancer, but as one imposed on her through her treatment, which she can nevertheless re-present on her own terms. Rather than framing her hair loss as a signifier of lost sexuality or the shame associated with cancer patients, she continues to explicitly perform her femininity and subjectivity in both conventional and unconventional poses without her hair. She thus not only enacts femininity, but also her cancer—or conversely, her state of health—as inexorably performed, as in process rather than fully coherent. As part of the physical deterioration of her cancer-ridden body, Wilke’s performance of her hair loss brutally exposes not only “the transience and conditionality of her own beauty” that Jones describes, but also the unfixability of her “cancer” in representation, as well as the unreliability of visual signs of difference between health and illness in determining identity.[245] Despite her insistent, reiterative self-display, Wilke’s multiple renderings of her cancerous body are always incomplete; they can never fully offer up the subject “Hannah Wilke” or her “cancer” to view. Her cancer, no less than her self, “is no simple, readable ‘thing’ (whether from inside or out).”[246] At the same time as she struggles to make the signs of cancer and its treatment legible, her project also accounts for the failure of visual signs of cancer to coherently express the subject. Neither her cancer nor her experience of it

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[245] Jones, *Body Art*, 193.
[246] Jones, *Body Art*, 192.

can be reduced to marks of medical intervention, and yet they are only means through which she can visualize and articulate an embodied experience of disease. Although faced with uncontrollable changes to her body and impending death, Wilke nevertheless attempts to assert agency in its representation, which, once put on display, is open to continual re-interpretation, the "not yet" potential of the image that Jones describes as yet another performative dimension of her project.[247]

At the same time, however, that her reiterative—indeed, almost obsessive—performative display of her cancerous body cannot fix the subject "Hannah Wilke" or her "cancer" in representation, it can, I insist, open up gaps or discontinuities in a political useful way, pointing to what Judith Butler calls "the instabilities, the possibilities for rematerialization."[248] As Butler asserts, although the repetition and reiteration of images produce norms of femininity, they might also destabilize them. She writes: "It is also by virtue of this reiteration that gaps and fissures are opened up as the constitutive instabilities in such construction, as that which escapes or exceeds the norm, as that which cannot be wholly defined or fixed by the repetitive labor of that norm. This instability is the *de*constituting possibility in the very process of repetition."[249] Wilke's parodic repetition of feminine archetypes, performed with her cancer-ridden body and without her hair as a primary signifier of her femininity; her reiterative insistence on her bald, un-idealized cancerous body in performance; her multiple presentations of disembodied strands of chemo-hair as "paintings"; her repeated failure to conform to

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[247] In marking the death of the subject, Jones suggests, photographic self-portraits also paradoxically open the subject to an ongoing "life" in later worlds of interpretation. Through future acts of reception and interpretation, viewers continually ascribe new meanings to the subject in representation. Amelia Jones, *Self/Image: Technology, Representation and the Contemporary Subject* (London and New Work: Routledge, 2006), 72.

[248] Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), 2.

[249] Butler, *Bodies That Matter*, 10.

regulatory norms that conceal the material effects of cancer and its treatments—all these defiant strategies of representation raise questions about tropes of femininity and inscriptions of disease. If, as feminist disability theorists Margrit Shildrick and Janet Price suggest, "performativity may evade normalisation and move instead into transgressive resistance" that "acknowledge[s] the plurality of possible constructions and the multiple differences which exceed imposed normativities," performative acts and corporeal gestures like Wilke's can destabilize naturalized images of the bald female cancer patient.[250] By critically exposing wigs and cosmetic devices as regulatory norms that fail to express their own ideal standards (recall the appearance of Butter's post-chemo wig against her mastectomy-scarred and cancer-spotted chest), Wilke forges a space for alternative representations. Unmasking the bald head of the female cancer patient as a provisional and insecure category of visual representation, Wilke argues for a fluidity of identities and meanings that opens female hair loss and baldness to resignification.

While this may be a deceptively simple point, it is also a crucial one. Nearly twenty years after Wilke's project, open displays of chemotherapy-induced female baldness are still exceptions and critical inquires into how it is culturally enacted and represented are rarely posed. When baldness does appear in popular representations, it is still regulated and overly aestheticized, as in the LGFB's "Before & After Looks," where the experience of baldness is sterilized of its abject realities and immediately transformed through cosmetic cover-up, or in media images of Hollywood stars and other famous women who, even as they bravely "expose" their bald heads as a result of cancer treatment, frame themselves as conventionally beautiful. This is not to say, however, that projects like Wilke's are politically ineffective. Since its original exhibition

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[250] Margrit Shildrick and Janet Price, "Breaking the Boundaries of the Broken Body," in *Feminist Theory and the Body: A Reader* (New York: Routledge, 1999), 440, 339.

at Ronald Feldman in 1994, where it incited a range of critical responses and reconsiderations of Wilke's entire oeuvre, *Intra-Venus* has, to a certain extent, been absorbed into the Western canon of art, where it has attained heightened visibility (in textbooks and other publications, for example, as well as in exhibitions) and continues to effect perceptions of the diseased body in representation. The success of Wilke's project effectively demonstrates the possibility for configurations of cancer outside those that saturate popular representations and the public imaginary. By not only documenting, but reiteratively performing her gradual hair loss from her characteristic luxurious dark mane, through the various stages of its progressive thinning, and finally to complete baldness, boldly wearing her bald head as a wound—both of the treatment for cancer and of the objectification of women—Wilke demonstrates the potential of performative action and self-representations to affect and even transform stigmatizations of disease.

Constructing New Identities: Catherine Lord Performs *Her Baldness*

Where Wilke effectively documents her hair loss through diagnosis and treatment, visual artist, writer, and curator Catherine Lord chronicles her hair growth after chemotherapy in a series of thirty-seven photographs as part of her text/image experimental narrative, *The Summer of Her Baldness: A Cancer Improvisation* (2004). Arranged in a seven-by-five grid, each image—photographed from above and framing only her head—details the progressive stages of her hair growth from the beginning of fine wisps to dense, grey strands only slightly longer than stubble.[251] Rather than documenting her return to normalcy, however, the post-chemotherapy images illustrate

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[251] The photographs are also published together with excerpts of *The Summer of Her Baldness* in Catherine Lord, "The Summer of Her Baldness," *The GLQ Archive* 9 (2003): 263-305. They are displayed consecutively, one per page, rather than in the grid format.

her impermanence and unfixability as a bald female cancer patient—not only in representation, but also as both a lived experience and a socially-constructed identity. If, having died from cancer before her hair grew back, Wilke continually returns to us in *Intra-Venus* as a terminally ill bald woman, Lord's identity as a woman living with cancer disappears with the return of her hair after chemotherapy treatment. As Stacey observes, "the most striking announcement of cancer is the baldness of the chemotherapy patient. And yet this is an effect of the treatment and tells us nothing about the stage of the disease. Sometimes the baldness signifies recovery, sometimes imminent death."[252] Writing of the visuality of her ovarian cancer, sociologist Martha Stoddard Holmes similarly notes that while she was bald from chemotherapy, she visually belonged to a cancer community and had a recognizable "cancer identity," but that once "[her] hair grew back... nothing about [her] cancer was visible or legible."[253] Unlike mastectomy and other permanent scars of medical intervention for cancer (which, of course, can be concealed by reconstructive surgery and are thus not always permanently visible), hair loss and baldness are inherently temporary and cannot be worn as permanent reminders of the disease and its ravages. In her narrative account of breast cancer through diagnosis, treatment, and recovery Lord uses this temporality of hair loss to theorize its multiple significations around constructions of gender, sexuality, and illness, critically responding to a society that stigmatizes bald women. In doing so, she effectively puts the various stages and horrors of chemotherapy-induced hair loss—cropped hair, shaved head, chemo fuzz, "pate," and new growth, to name a few—conventionally hidden from view into utterly stark representation, relating them in intimate and often unsettling detail.

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[252] Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (London: Routledge, 1997), 139.

[253] Stoddard Holmes, "Pink Ribbons and Public Private Parts," 488.

While Lord's multifaceted project constructed around her experience of breast cancer incorporates photographs of her hair loss and baldness through treatment and recovery, sterile hospital environments, medical equipment, and other "dismal moments," some of which are published in *The Summer of Her Baldness*, it is less a visual representation of cancer in the strict sense than a performative one. In what she describes as an "involuntary performance piece," when Lord was diagnosed with breast cancer in 2000, she developed the online persona of Her Baldness—a witty, polemical, and bald presence whose creation was both a candid self-representation and an artistic performance. Enacted primarily through email correspondence to a selective listserv audience of friends, family, and colleagues, Her Baldness was conceived as an alternative approach to existing prosthetic devices, invented in place of the free prescription for a wig Lord was offered by her oncologist to conceal her chemotherapy-induced hair loss, but which she kindly refused. For Lord, unable to visualize the "migrating cells of an enemy" she could not see, "bald is all that's accessible" as a legible sign of cancer and its treatment.[254] Refusing to wear a wig, which she dismisses as "a substitute, a fling, a replacement, a temporary solution that would imply a temporary problem," Her Baldness—both in the literal sense and as the honorific character Lord creates—becomes the site or means through which she imagines her cancer and performs her breast cancer experience as a middle-aged lesbian.[255] Although she does not publicly perform or visually represent Her Baldness in any simple way (she never manages to leave the house without a hat while fully bald and rarely exposes her denuded head for others to see), she nevertheless uses her to boldly confront both the personal experience and cultural construction of female hair loss.

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[254] Lord, *The Summer of Her Baldness*, 75, 37.

[255] Lord, *The Summer of Her Baldness*, 43.

Without hesitation, Lord identifies her greatest fear as going bald. In her gradual but shocking transition from haired to hairless, however, she learns to wear her baldness as a badge of honour and even celebrates it. Unlike Wilke, she pre-emptively cuts her long hair before starting chemotherapy treatment as an act against impending hair loss and loss of bodily control, an event that she describes as deeply traumatic. But despite her fears and preparation for what she thought would be an atrocity—going from long hair to buzz cut—she ends up with a fabulous haircut: an "outrageously mannish invert butchly LESBIAN haircut, the first one of [her] entire lesbian life."[256] Surprised at the compliments she receives in response to her new "lesbian" haircut, she continues to reflect on the significance of chemotherapy-induced hair loss to her identity as a "middle-aged dyke" and its gendered implications as she progresses through treatment. Without her full consent, medical treatment for cancer forces her to adopt the stereotypically lesbian or "butch" haircut and gendered appearance, a subject that contemporary queer artists notably explore in diverse bodies of work. In a series of portraits entitled *Tomboys and Crossdressers* (1991-96) (fig. 23), British artist Sadie Lee combines clothes, hairstyle, posture, and facial expression to paint stereotypically butch-looking woman in vivid oil, challenging preconceived notions of lesbianism. In *La Butch en Chemise* (1992), for example, a woman wearing a sleeveless button-up jean vest with short-cropped, greased hair and exaggerated features stares out aggressively from a bright blue, almost garish background. The large canvas (60 x 48") makes the "butch" appear daunting, as if assertively challenging her viewers. The subject performs an almost masculine toughness that is constructed in part by her clothes and hair, cultural signifiers that are taken to mark a woman's sexuality and gendered identity. As

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[256] Lord, *The Summer of Her Baldness*, 34.

a middle-aged lesbian in a culture that identifies and stigmatizes women's queer sexuality according to these signifiers, Lord is propelled into a system of signification that marks her as "butch," even if her short-cropped hair is performed in response to cancer treatment and not as a form of identity politics. Her mannish haircut—not unlike those depicted by Lee—identifies her as belonging to a community or subculture with which, even as she is part of, she does not necessarily choose to visually align herself.[257] For Lord then, cutting her hair and wearing Her Baldness not only marks her as a woman with cancer, but as a middle-aged *lesbian* with cancer.

As she progresses through treatment and the various stages of hair loss it imposes, Lord is forced to continually negotiate her subject position, sexuality, and gendered identity as a constantly shifting performance. As her hair begins to change texture and fall out, the disembodied strands covering clothes, bed pillows, sofa cushions, the bathtub, and even the floor like dirt, she notes the estrangement she feels from herself—"my hair has become not MY hair but someone else's hair." As it is expelled from her body, it produces a kind of abjection, evoking horror. Lord recounts: "I woke up choking. When I turned on the light, my hair was all over the pillow. I was spitting my own hair out of my mouth. Even if the top of my head was still covered with hair, the hair had turned into dirt. I was my own horror film."[258] Caught in this liminal zone between starting to losing her hair and having not yet fully lost it—when the horror of loss of bodily control sets in—Lord takes another performative action, shaving

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[257] While at first, Lord is forced to adopt a stereotypically "butch" haircut, as she progresses through treatment, she begins to willingly adopt her butch appearance.

[258] Lord, *The Summer of Her Baldness*, 35.

her remaining hair with the help of her partner.[259] Trying to maintain some sense of control, she writes:

> Better to stage the experience yourself, no matter how painful, than to have the experience stage you. Maybe if there were less hair, its own weight wouldn't drag it out of the follicles. Maybe a buzz cut would buy me a few days. We began with the top of my head. When Kim let me look in the mirror, it was Marine Corps with dollar-sized shiny patches of bald. Mangy, said I. Auschwitz, said Kim.[260]

With a fully shaved head rather than short-cropped hair, she is propelled even further into socially inscribed signifiers of identity and gender performance. As her comments suggest, she is all too aware of the multiple meanings her bald head publicly signifies: shame, lost sexuality, weakness, criminality, masculinity, butchness, disease, suffering, oppression, and so forth. Although there is visually little difference between going bald from chemotherapy and shaving her head bald, the act of shaving her head defuses some of her dread and gives her a false sense of control over its representation.

As a visual signifier, the bald or shaved head condenses a stunning array of cultural and political sites and meanings into one image.[261] These range from the brute force of military men, the transgression of prisoners and outlaws, the asceticism of monks, the disgrace of female wartime collaborators, the oppression of concentration camp detainees, the unpredictability of mental patients, the suffering of diseased bodies, and the white supremacy of skinheads to the protests of popular cultural icons

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[259] Artist couple Annie Sprinkle and Elizabeth Stephens similarly, but more explicitly, explore hair loss and baldness within the context of a lesbian relationship. When Sprinkle was diagnosed with breast cancer in 2005 and underwent surgical and chemotherapy treatment, they made a series of works as part of their on-going *Love Art Laboratory* project. In "Hairotica," a series of black and white photographs document the couple "making scissorly love" as they cut each other's hair and shave their heads bald, posing nude and bald for a new genre of erotica they call "cancer erotica." For documentation and a full description of the project, see http://loveartlab.org.

[260] Lord, *The Summer of Her Baldness*, 35.

[261] Kristine Stiles, "Shaved Heads and Marked Bodies: Representations from Cultures of Trauma," in *Talking Gender: Public Images, Personal Journeys, and Political Critiques*, ed. Jean O'Barr, Nancy Hewitt, and Nancy Rosebaugh (Chapel Hill: University of North Carolina Press, 1996), 36-64.

like Sinead O'Connor; from historical and cultural memories of war, oppression, and colonization to contemporary celebrations of freedom of expression, strength, and honour. Of the diverse range of cultural meanings associated with the shaved or bald head, I want to briefly examine two within the context of contemporary visual art—male masculinity characterized by the skinhead or military official, and female masculinity characterized by the stereotypical image of the "dyke"—as a way to situate Lord's performance of Her Baldness. In contemporary culture, the shaved head is appropriated and performed by groups as diverse as skinheads, punk rockers, protesters, lesbians, athletes, and ageing men, among others, producing a range of meanings even though it is often perceived as a sign of aggression or transgression. Within this larger cultural framework, Canadian artist Attila Richard Lukacs explores skinheads, military cadets, and other male figures as symbols of masculinity and power—signified primarily by shaved heads and articles of clothing such as black army surplus combat boots—in his monumental paintings. But rather than simply reiterating gender norms and reproducing strong images of masculine power, Lukacs complicates the performance of gender. He often depicts his closely shaved, male figures engaged in sexually ambiguous poses or activities, embedding homoerotic subtexts in among easily readable signifiers of male supremacy and power. In doing so, he troubles the legibility of these signifiers as straightforward symbols or representations of masculinity. The closely shaved head, then, does not simply denote brute force or strength, nor is it strictly "masculine."

American artist Catherine Opie similarly explores the construction of female masculinities around visual signifiers, challenging viewer expectations in a series of photographic portraits of lesbian and transgender communities.[262] While she engages a variety of signifiers and performances of gender, one photograph in particular addresses the image of the shaved head. From her photographic series *Portraits*, *Dyke* (1993) (fig. 24) depicts the naked back of what is presumably a woman's torso, set against an ornate purple studio backdrop. The figure's head is closely shaved with the word *DYKE* tattooed in gothic script just below the neckline. While the tattoo inscribes the body and characterizes the subject as a lesbian, the composition of the photograph with the subject's back to the viewer denies a visible "femaleness," opening up a space for shifting gender identifications. Rather than constructing the figure's gender as ambiguous—as neither male nor female—the photograph legitimates the shaved head as a symbol of female masculinity, upsetting heterosexual norms of identity and sexuality. Even if it has become a stereotypical symbol of lesbianism, the shaved head belongs as much to the "dyke" as it does to the overtly masculine and virile male, not as a straightforward visual signifier, but as a testament to the fluidity, complexity, and performance of gender.

While I have perhaps diverged from Lord's account of her chemotherapy-induced hair loss, it is to situate Her Baldness within a larger context of performances and visual representations of baldness, shaved heads, and female masculinity—especially as they relate to gender and sexuality. The bald head of the cancer patient—whether female or male—is not an isolated incident of baldness, nor does it have only one "look," but participates in and even borrows from varied and mutable cultural

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[262] For more on the notion of female masculinity and the social construction of femininity and masculinity, see Judith Halberstam, *Female Masculinity* (Durham: Duke University Press, 1998).

meanings.[263] It can be perceived by onlookers as a sign of weakness, shame, disgrace, aggression, and transgression on the one hand, or as a sign of oppression, (female) masculinity, strength, or toughness on the other. As Her Baldness demonstrates, the cancer patient constantly negotiates these shifting meanings, both privately and publicly. Even Her Baldness is not a stable construction or straightforward depiction, but presents multiple personalities and mixed feelings around what it means to be female, bald, and ill. She simultaneously exposes and conceals, attracts and repels. As Lord puts it, she is "a contradiction in terms, a loudmouth and a smokescreen, an avatar and a mask."[264] Her initial feelings of fear and shame are replaced by those of strength, honour, and sheer curiosity about her bald head, yet in moments throughout her treatment she reverts back to feeling vulnerable, expressing unease at her excessively "bald" exposure. Without being able to identify the moment at which she arrived at the decision, she realizes that even as she is always already marked by her baldness, it is a mark she wants and even chooses to bear. "I want to be marked by baldness as a woman with cancer undergoing chemo," she admits, "as a woman confronting her mortality.... Something has been knifed inside me, and I do not want to lose the external sign of that wound."[265] She continues:

> Baldness is a scar. I want my scar. I want to be able to put my hands on it and have the wind touch it, to rub comfrey salve into it and to feel the rises and hollows of my skull without hair scratching and skidding under my fingertips. I don't want to shop to cover my scar, which will at any rate fade and heal, just as the ones on my breast and under my right arm are doing. I do not want to pass. I do not

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[263] While there are subtle differences between the various stages of chemotherapy-induced hair loss (shaved head, chemo fuzz, new growth, etc.), they all signify "baldness" and very little distinction is made between them when referring to or identifying cancer patients. Thus the "bald" head of the cancer patient can signify early, mid- or post-treatment and either imminent death or recovery, with little visible distinction between them.

[264] Lord, *The Summer of Her Baldness*, 4.

[265] Lord, *The Summer of Her Baldness*, 44.

> want to go gently back into the world of people who are afraid of looking into the eyes of someone whose chances of dying in the near future are better than theirs by a long shot, or so they need to believe. Baldness becomes me, in a literal sort of way, a hell of a lot better than a pink ribbon....[266]

While she prefers her bald head over impersonal symbols for cancer, she nevertheless has to constantly negotiate and lay claim to her baldness, deciding whether she should reveal or conceal it and in what contexts. Reflecting on issues of gender signifiers and sexuality, she grudgingly asks why men get to own bald: "How come men OWN not only dicks but bald?" she exclaims. "How does a dyke lay claim to bald outside her own house?"[267] In one instance, she recounts being mistaken for a "sir" while travelling with her partner Kim, musing on how easily Her Baldness passes from the category of "sick female" to that of "white male." She characterizes the case of gender misidentification and social construction of gender as follows:

> The problem of female baldness has found a solution: disappear female. If bald isn't female, bald is fine. If bald isn't female, bald isn't grotesque. Out there among the clueless heteros, it's easier to see a straight couple than a queer one. The luscious lipstick lesbian, blonde, good haircut, loaded with signifiers of femme (an identity Kim emphatically rejects) is disappeared into straight woman. The skinny tortured pale butch (an identity to which I, on the other hand, aspire) is disappeared into straight man.[268]

While she enjoys her temporary position of "male privilege" in being mistaken for a sir, Lord constantly falls back into the "grotesquerie" of female baldness, where she continues to interrogate her "difference" and pressure dominant discourses.

Despite wanting to possess her baldness as a scar and actively constructing a bald identity through the online performance of Her Baldness, Lord often expresses unease at its public exposure, even within the "privacy" of her own home. Noting the

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[266] Lord, *The Summer of Her Baldness*, 44.
[267] Lord, *The Summer of Her Baldness*, 41.
[268] Lord, *The Summer of Her Baldness*, 117-18.

collapse of distinction between public and private that such a visible sign of cancer entails, she insists that the space she occupies as a sick person is unremittingly public. She constantly has to negotiate "the grotesquerie of being excessively vulnerable in public space, even if that public space is inside your own private house."[269] For as she stresses, even "the mirror in a middle-aged woman's bathroom is not a private place. It is irrevocably and inexorably a social setting."[270] At every encounter she is either already marked by or must actively perform her illness. In this respect, she compares having cancer and looking sick to "coming out of the closet" as a lesbian: "You don't just do it once, and once you've done it you can never stop. It's an act to be repeated again and again in different contexts. Cancer is a disease I can't just have, or be—that would be far too humane—but an identity I must state, or choose not to state, at every encounter."[271] Whether she chooses to state and expose her baldness or to conceal it, she engages in performative acts to signify her state of health and gendered identity. As I have already argued, the act of concealing chemotherapy-induced hair loss contributes to the *picture* of normative femininity and good health, reinforcing the notion that femininity and femaleness are dependent on repeated acts and gestures of gender performance. While the act of revealing hair loss disrupts these dominant discourses, it too is a performance, an active statement of disease or ill health, strength, and defiance. And of course, Her Baldness is the ultimate performance, performed not to reiterate cultural norms, nor to entirely defuse them, but to challenge expectations and open up a critical space in which women living with cancer can be both beautiful and not "look good," can express a mix of fear and courage, weakness and strength, defeat and

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[269] Lord, *The Summer of Her Baldness*, 71.
[270] Lord, *The Summer of Her Baldness*, 36.
[271] Lord, *The Summer of Her Baldness*, 18.

resilience. What I find most striking and powerful about Her Baldness is that she continually shifts between these subject positions, emphasizing that there is no stable construction as a cancer patient and that it too is a constant performance, or series of performances. If the disease “cancer” is marked by a fundamental uncertainty, so too is her “cancer identity,” especially if it is based on indeterminate visual signs. Baldness is not a stable signifier of the disease or the plight of the cancer patient. Women who chose to publicly display or wear their baldness do so within a complex set of shifting cultural signifiers and expectations that inscribe it with culturally-determined meanings. As bold as she may be, Her Baldness admits that even she does not always have the strength to combat these expectations. At one point, in her characteristic irascible tone, she laments: “I do not have the strength to repel the stares. Why am I embarrassed? Who gives a fuck? Why is it so hard to see the scalp of a middle aged woman?”[272]

Raising these and other critical questions, Lord’s performative mode perfectly enacts the fluidity of both gender and cancer identities. More than simply documenting or chronicling her hair loss, she performs Her Baldness through its various stages and transitions. To summarize: she begins with a short-cropped “lesbian” haircut as her first performative action against impending hair loss. Once her hair begins to uncontrollably fall out and she faces the horror of her own disembodied strands of hair, she performs a second act in an almost futile attempt to maintain some sense of control, shaving her head bald. Gradually, the remaining little flecks of stubble give way to chemo fuzz, or to what she describes as her stubble-free and silky pate. But even once she has acquired her pate and is fully “bald,” Her Baldness expresses confusion: “My hair follicles seem not to know whether they are in the middle of living or dying. My pate is a mixture of

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[272] Lord, *The Summer of Her Baldness*, 73.

black stubble frozen in time, smooth skin, and, though very sparse, the finest and blondest of downy hair growing wild like lupine after a forest fire."[273] And finally, after she has completed chemotherapy treatment, her hair slowly grows from fine baby fuzz to the density of a buzz cut. The full gamut of hair loss and "pateness" that Lord recounts signifies cancer treatment and the cancerous body in representation as transitory, suggesting that there is no one "bald" or "cancer identity." Where she perceives subtle nuances and sees sprouts of new hair growth, for example, others do not differentiate between the various stages of chemotherapy-induced hair loss, but still see BALD.[274] This grouping of the range of the experience of hair loss into one image is likely a result of the unfamiliarity of the bald head of the female cancer patient in representation, where it is conventionally concealed beneath wigs and headdresses and sterilized of its abject, material realities and inconsistencies. While the degree or state of hair loss and baldness might not itself be all that significant, what is significant is the way in which the painful transitions, contradictions, and incoherence inherent in hair loss and baldness are denied by popular representations.

As a third-person honorific, who she can also use as a mask to displace her fear of mortality, Her Baldness enables Lord to externalize her suffering and speak openly about her experiences of breast cancer and hair loss to directly confront conventions of appropriate feminine display. Like Wilke, she constructs a critical space for the re-presentation of bald, cancerous female bodies, inventing Her Baldness as both a narrative and performative device "to speak about what nobody wants to say."[275] She describes her as "the pink triangle strategy: seize the negative stereotype, turn it

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[273] Lord, *The Summer of Her Baldness*, 71.
[274] Lord, *The Summer of Her Baldness*, 105.
[275] Lord, *The Summer of Her Baldness*, 58.

around, use it proudly," inviting us to reconsider our own typically stigmatizing perceptions of disease.[276] But Lord also admits that Her Baldness embarrasses her. "You spoke too loudly," she writes in retrospect two years after finishing treatment, "as if speaking loudly and with all possible elegance would make valid the invalid.... You pontificated. You patronized. You were bossy. You were prone to rage. You were greedy. You snarled."[277] While these "too loud" characteristics might embarrass Lord, they also attest to the mix of feelings women undergoing medical treatment for cancer actually experience, the not-so-pretty realities that popular representations and image programs typically suppress. Her Baldness is blatantly honest and unforgiving. She does not apologize for the things she says or the way she feels. Her Baldness, whose entire persona is based on boldly and proudly wearing one's chemotherapy-induced hair loss, openly and visually defies the cultural imperative placed on women to normatively conceal their marks of cancer treatment. Refuting the injunction that "no woman who has cancer should have to look it," she puts into language and visual representation the ugly underside of cancer diagnosis and treatment.[278] But Her Baldness is also contingent on Lord's baldness, a temporary side effect of cancer treatment and a temporary performance whose very existence requires the absence of hair. As Lord's hair grows back and she recovers from cancer treatment, Her Baldness begins to fade. She gradually disappears. But even as Lord's hair grows back, her health improves, and she returns to her daily life, she lives with constant uncertainty. Writing two years later, she can hardly remember Her Baldness; but no longer trusting her body and its indeterminate visual signs of cancer, she insists that life without her is equally as

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[276] Lord, *The Summer of Her Baldness*, 233.

[277] Lord, *The Summer of Her Baldness*, 236.

[278] LGFB slogan qtd. in Kendrick, "'Normalizing' Female Cancer Patients," 264.

uncertain as it was with her. At best, Her Baldness is a temporary signifier of her "cancer" identity, one that fails to differentiate her from others once her hair grows back. In remission, she looks "normal" to others and no longer visibly belongs to a cancer community; yet living with constant uncertainty, vulnerability, and risk of a recurrence, she can never fully return to the category of "healthy." This liminal, corporeal zone points to the limits of baldness as a visual sign for cancer and the difficulties of representing or speaking about the disease. At the same time, however, boundaries between healthy and diseased bodies are only temporary, provisional, and culturally constructed—just like Her Baldness.

"Well then, I will be headstrong": Chantal duPont Transforms her Bald Head into a Site for Creative Exploration[279]

This temporality and tension between revealing and concealing, courage and fear, strength and weakness, humour and suffering is beautifully and poignantly explored by Canadian artist Chantal duPont. When she was diagnosed with cancer in 1999, duPont kept a video diary to record her thoughts and emotions as well as the effects of medical treatment on her body—focusing particularly on her hair loss caused by radiotherapy—which she used as raw material to produce a self-portrait video work, *Du front tout le tour de la tête* (Headstrong) (2000), as well as a series of photographs that grew out of the video work, *Toujours plus haut* (Always Higher) (2002) (fig. 25).[280] Refusing to be simply "subjected to" medical science or to cultural expectations of how she should manage her hair loss, the artist not only boldly exposes her baldness, but

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[279] In response to being told she risks losing all her hair, even her eyebrows and eyelashes, Chantal duPont writes: "Eh bien, j'en aurai du front...." Chantal duPont and Jocelyne Lupien, *Du front tout le tour de la tête, s'envisager* (Montréal: Éditions Graff, 2000), n.p.

[280] Dupont's project, including a video excerpt of *Du front tout le tour de la tête*, is documented and available to view online as part of the "Science in Art" virtual exhibit by Galerie de l'UQAM for the Virtual Museum of Canada (VMC), http://www.museevirtuel-virtualmuseum.ca.

playfully transforms her bald head into a site for creative exploration, similarly marking it as an unstable site of identification. She charts her illness, plays out her emotions, and externalizes her suffering *on* her head, performing her hair loss and continually shifting identity as a bald woman with cancer. Set to a soundtrack of deep breathing, strange noises, and voiceovers reciting poetic verses and childhood stories in French, *Du front tout le tour de la tête* constructs a multifaceted, multilayered portrait around one woman's constantly changing bald head, where baldness never only signifies one thing.

Like Wilke and Lord, duPont similarly expresses the need to engage in performative action against cancer's invisibility, uncertainty, and the physical effects of its treatment on her body, or as Lord characterizes it, "to stage the experience yourself."[281] In an artist statement, she writes: "As an artist, I preferred acting to being acted upon. I filmed my head in all its states for close to nine months. Instead of waiting for my hair to fall out, I grabbed hold of it and, blowing on my fingers the way you would blow someone a kiss, laid my head bare. This became a ritual, one that took the form of a gift, a work to be shared with the public."[282] Taking action against her radiation-induced hair loss, in a long, slow video sequence at the beginning of *Du front tout le tour de la tête*, she rubs her hands across her head as if to lather it, gathering her remaining strands of hair in her hands. She then lifts her hands to the camera and gently blows the wisps of hair, almost as an offering, laying her head bare. This intimate sequence performed using her own body is coupled with shots of her similarly blowing fluffy white dandelion seeds, or "dandelion snow," from the stems that she holds in her hands. Here, and elsewhere throughout the video, she incorporates natural materials to draw a

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[281] Lord, *The Summer of Her Baldness*, 35.

[282] Chantal duPont, "Artist Statement," Science in Art, http://www.museevirtuel.ca/Exhibitions/Science/English/dupont-texte.html. Excerpt from Chantal duPont, "Du front tout le tour de la tête: Une artiste au front," *La Revue du REIQS* 7, no. 1 (2001), trans. Donald McGrath.

comparison between her own transformation—both physical and emotional—and that of nature. Confronted with the accelerated transformation of her body, she accentuates these changes or “metamorphoses” by adorning her head with natural ornaments that mark the passages of the seasons, using them in some instances as masks, performed less to conceal her identity than to transform or complicate it. She holds a branch up to her bald head, for example, crunching its dried leaves with her hand as if to re-enact the process of losing her hair, while in other sequences she playfully covers her bald head with seaweed and other organic materials to compensate for her lack of hair and to give herself a new identity—one that neither fully substantiates nor denies her affliction with cancer, but makes her bald head appear remarkably beautiful.

After this performative ritual of laying her head bare, re-enacting her hair loss, and employing strange substitutes for her missing hair, duPont stages a variety of miniature performances on her bald head, using it as a playground. Unlike Wilke and Lord, then, she not only chronicles the process of losing her hair, theorizes hair(loss), and visualizes her baldness, but actively frames her bald head as the primary site for her artistic exploration of cancer by literally performing on it. She directly confronts her baldness not by simply laying her head bare, but by re-presenting and using it as an inscribing surface in new and exciting ways to counter dominant constructions and expectations. Amidst the seriousness of the subject and her often unforgiving expression towards the camera, she inserts notions of play into her self-representations—not unlike Ellsworth and Takemoto’s playful use of bazooka chewing gum in *Hair and Gum* (1993), or Alistair Skinner’s imaginative use of cherries and jelly to visualize his cancer tumours and cells. But rather than simply using playful materials or visualizations, she employs play as a strategy of representation, engaging childhood memories, stories, and games as metaphors for her battle with cancer and to reflect on the uncertainty of its outcome. She tells stories throughout *Du front tout le tour de la tête* in the form of a voiceover, some of which are retold in print in the artist's book accompanying the exhibition of the work at Galerie Graff in Montréal in December, 2000, a collaborative project between duPont and art historian Jocelyne Lupien. Exploring the ambiguity and invisibility of the disease, she likens her relationship with cancer to a childhood game of hide and seek with a partner she can neither fully locate, nor which she can easily evade. She writes: "Je joue encore à cache-cache, mais avec qui? L'ennemi est sournois. Comment le reconnaître avec tous ses masques? Il s'installe sans crier gare; il prend toute la place."[283] Against this indeterminacy and relentless search for her "cancer," which she can never actually see or fully detect, she plays out her emotions on her bald head—the primary visual sign of her cancer—in attempt to make it visible and accessible to others. But she also makes a game out of it, not only in the way she theorizes the disease, but in the mini performances she stages on her head. As if actually playing a game of hide and seek, in a series of sequences she marks and measures her head and shoulders, endlessly searching for tangible proof of her cancer and trying to make sense of all the numbers and figures she is given by physicians, oncologists, and radiologists.[284] This act of marking and measuring also parodies the ritual undergone by cancer patients as they prepare for radiation therapy. Radiation technicians must precisely measure and mark the location of the tumour in the body and determine the radiation angle, isolating the cancer from the rest of the body to

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[283] "I am playing hide and seek again, but with whom? The enemy is unpredictable. How does one recognize it beneath all of its masks? It sets in without warning, taking up all the space." My translation. Dupont and Lupien, *Du front tout le tour de la tête, s'envisager*, n.p.

[284] She writes: "Je me noie dans tous ces chiffres." "I am drowning in all these figures." My translation. Dupont and Lupien, *Du front tout le tour de la tête, s'envisager*, n.p.

target it with carcinogenic rays. But in her playful re-enactment of this procedure, duPont frustrates medical science's ability to adequately locate her cancer and tattoo its location onto her body. Despite her own reiterative attempts, she is herself unable to fully detect the disease or make it visible.

While this playfulness is visible throughout *Du front tout le tour de la tête*, it is most pronounced in the sequence of performances that comprise the photographic stills in *Toujours plus haut*. With her back to the camera, duPont slowly pulls a small toy red wagon carrying various miniature objects—a lamp, a chair, a cactus, a watermelon, a letter 'A', an orange, a stack of pebbles, a ball—one at a time, from the base of her neck to the top of her head, where it reaches the highest point before falling off, out of view. Taken from this performance, each photograph in *Toujours plus haut* features four stills of two of the miniature objects in the toy wagon, arranged in a grid.[285] Here, her bald head becomes a canvas or inscribable surface for the display of miniature objects, her identity or personhood virtually disappearing. The focus is entirely on her bald head, photographed from behind in a strict head and shoulders composition, and the strange objects that adorn it—any identifiable features of the artist are hidden from view. While she shows both the front and back of her bald head—and thus her face—throughout *Du front tout le tour de la tête*, she nevertheless consistently frames her self-portrait, whether moving or still, in a conventional head and shoulders composition, eliminating the rest of her body from the frame. As Lupien describes, "Toute mon attention est donc centrée sur ton crâne, ton front, tes yeux, ta bouche, tes oreilles et tes mains sans bijoux.... De ton corps, je ne vois que ton visage, tes mains, l'arrière de la tête, tes

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[285] The individual titles of each of the four digital prints are as follows: *Toujours plus haut: une lampe, une chaise* (Always Higher: a Lamp, a Chair); *Toujours plus haut: un cactus, un melon* (Always Higher: a Cactus, a Melon); *Toujours plus haut: un « A », une clémentine* (Always Higher: an "A", a Clementine); *Toujours plus haut: des galets, une boule* (Always Higher: a Pebble, a Ball).

épaules. Ton corps, jamais visible dans son entièreté, est condensé théâtralement dans ta belle tête nue....”[286] In this way, she objectifies her bald head for herself, and by extension for her viewers, as a way to visualize cancer. Set against a stark white, depthless background that references neither the medical nor private domains, duPont constructs a third, neutral space, reiteratively forcing her bald head into view. Consistently framing it and pushing it up to the surface of the screen, she directly addresses her viewers with her baldness, her exposed flesh dominating the images, issuing an almost silent plea for viewers to reconsider their assumptions about the body in representation. While she playfully adorns her bald head with a variety of strange objects, however, they never quite compensate for her lack of hair. Intended less to conceal her identity than to emphasize its unknowability and unfixability, or to playfully transform it, the objects boldly contrast with the stark exposure of her bald head. However strange and seemingly out of place they may be, they pale in comparison to her baldness. Amidst the moving images and photographic stills, her bald head is the only constant subject/object of representation. Even when partially concealed beneath adornments, it never fully disappears from view. She reiteratively performs and offers her bald head up to viewers; and yet, her baldness cannot adequately convey her identity or make visible the cancer within her body.

In a catalogue essay addressed like a letter to duPont, Lupien writes of her frustration with being unable to fully locate the artist in the photographic images, but also of their power to keep her coming back, haunted by what she describes as the

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[286] “All of my attention is focused on your bald head, your forehead, your eyes, your mouth, your ears, and your unadorned hands.... Of your body, I can only see your face, your hands, the back of your head, and your shoulders. Your body, never visible in its entirety, is theatrically condensed into your beautiful naked head....” My translation. Dupont and Lupien, *Du front tout le tour de la tête, s’envisager*, n.p.

artist's many faces or appearances. Despite knowing that the photographs are indeed of duPont—she recognizes her eyes and mouth, for example—she endlessly searches her face and bald head for other familiar signs, finding new and shifting identities in place of olds and familiar ones. She reflects:

> Mais en dépit de cette certitude, de ce savoir, ces visages photographiques échappent constamment à toute tentative de les cerner, de te cerner, de te saisir et de te fixer définitivement. Il y a quelque chose comme un non coïncidence entre ces icons de toi et l'image mentale que j'ai de toi, comme si ces photographies, privées de ta parole et de ton regard animé, parvenaient à exprimer une identité autre, plus essentielle. Ces visages seraient-ils plus vrais que le visage que je te connais, plus proches de ce que tu es véritablement? Est-ce possible? ...Notre visage nous rend-il vraiment visible?[287]

Questioning the ability of visual representations to express a single, stable identity, Lupien insists that even as the video footage and photographs of duPont display a diverse range of features and expressions, they do not provide her with a definitive account of duPont's identity or of the "Chantal" that she knows. Given the artist's varied use of algae, branches, flowers, and colourful objects as adornments for her bald head, she notes that she sometimes forgets that the images she is looking at are in fact of duPont. In place of a single, recognizable identity, Lupien considers duPont's diverse and playful self-representations as alternate versions of her self, "others" within her, or alter egos that blur rather than clarify her identity. As she argues, duPont's unexpected cancer diagnosis prompted her not only to acknowledge the fragility of existence, but also to question the certainty and stability of identity, exploring shifting boundaries

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[287] "But despite this certainty, this knowledge, these photographic faces constantly escape any attempt to determine them, to determine you, to grasp you and permanently fix you. There is something of a lack of correlation between these icons and the images I have of you in my head, as if these photographs, deprived of your words and your lively look, manage to express another, more essential identity. Are these faces more real than the face I know, closer to what you truly are? Is this possible? ...Do our faces really make us visible?" My translation. Dupont and Lupien, *Du front tout le tour de la tête, s'envisager*, n.p.

between self and other.[288] Lupien insists that duPont searches for and attempts to reveal “others” inside her as multiple versions of herself or shifting identities, but also, I would argue, as an attempt to make her cancer as an unknown “other” visible. If duPont makes herself “other” using both organic and inorganic objects, as Lupien suggests, then it is performed in an attempt to identify, understand, and make visible her cancer as much as it is an attempt to express diverse and often conflicting emotions and perceptions of her self. In doing so, she complicates any clear separation between her cancer and her body/self, but also denies a full identification of her self with her cancer. In her ten-month search for visual signs of her difference, of what marks her body as cancerous, the artist discovers that these signs are themselves arbitrary and shifting—or at least this is the account that *Du front tout le tour de la tête* seems to put forth. Neither her self nor her cancer can be fixed in representation.

For Lupien, *Du front tout le tour de la tête* explores the process of self-formation through the physical transformation of the body—in this case brought on by cancer—which duPont willingly embraces, rather than denies or tries to conceal. While she applies masks and adornments, they are intended not to disguise the effects of illness or mark a return to “normalcy” like conventional wigs, but are performed as exaggerations to highlight the experience of hair loss, expose the reality of baldness, and explore its effect on personal identity. Without directly confronting dominant discourses of normative femininity constructed around chemotherapy- or radiotherapy-induced hair loss, or even explicitly addressing the cultural context in which female baldness is conventionally viewed, duPont provocatively and poetically constructs a critical space for its reception, reiteratively asserting her bald presence. By performing rather than

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[288] Dupont and Lupien, *Du front tout le tour de la tête, s’envisager*, n.p.

merely accepting or trying to conceal the changes in appearance caused by treatment for cancer—particularly its imposed hair loss—the artist attempts to take control over its representation. She addresses the camera/viewer with a brutal yet playful honesty, inviting us to openly look at her bald head in both its beauties and horrors. Like Lord, and even Wilke, she fearlessly "shares her experience of her illness with us, bringing us face to face with a host of dualities: the worlds of strength and weakness; of humour and suffering; of courage and fear; of life and death."[289] She refuses to be only one thing, but negotiates her shifting emotions, corporeal states, and identities, emphasizing their mutability. So while she can never directly or even adequately image her cancer, she can frame her baldness imposed by orthodox cancer treatment in new, playful, and explicit ways that invite—if not compel—a reconsideration of the bald female cancer patient.

Last Strands

"The language of the self," art historian Marina Warner writes, "would be stripped of one if its richest resources without hair: and like the faculty of laughter, or the use of tools, the dressing of hair in itself constitutes a mark of the human."[290] Yet even in its absence, hair continues to signify in profound, shifting, and unsettling ways. Baldness—Wilke, Lord, and duPont demonstrate—produces its own kind of visual language and multiplicity of meanings, for as Lord aptly puts it, "bald is bigger than the absence of hair."[291] Rather than passively accepting their hair loss as an uncontrollable side effect of cancer treatment that always already marks them in culturally-determined

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[289] Galerie de l'UQAM, "Description," Science in Art, http://www.museevirtuel.ca/Exhibitions/Science/English/dupont-description.html

[290] Warner, "Bush Natural," 6.

[291] Lord, *The Summer of Her Baldness*, 239.

ways, all three artists performatively transform their bald heads into shifting modes of signification to destabilize dominant representations of cancer constructed by both medical and non-medical communities. By reiteratively performing their chemotherapy-induced hair loss differently, they deliberately transgress normative expectations of bodily display and challenge the disappearance of material evidence of cancer and its treatment, opening up gaps and fissures for new constructions of embodiment. In doing so, even as they mobilize hair loss and baldness as a bodily language to put the inexpressible ravages of cancer into explicit representation, they also demonstrate the visual indeterminacy of cancer and frame the cancerous body as an unstable visual site of struggle around what is perhaps the most shifting of all its visual signifiers—the bald head of the (female) cancer patient. The question, then, is bigger than one of cosmetic cover-up and wigs versus baldness. Moving beyond this simple binary, through various modes of performance Wilke, Lord, and duPont provocatively unveil the in-between—the dismal moments, the slow and painful transformations, the various and often intensive stages of hair loss, the simultaneous horror and beauty of disembodied strands of hair, the indeterminacy between imminent death and recovery—that neither wigs nor unadorned baldness as the opposing alternative to wigs adequately convey. Baldness, then, is not simply an unstable, shifting signifier, but one that these artists *perform* as unstable and shifting by engaging the material process of chemotherapy-induced hair loss—the material and abject realities that cosmetic cover-ups implicitly deny and that generate dis-ease in viewers. As a transitory, malleable, and indeterminate side effect of treatment for cancer that can never be made to represent only one thing, hair loss and baldness as its final outcome are both materially and discursively unstable, neither fully substantiating nor denying “cancer.” While this indeterminacy makes baldness problematic as a visual sign of cancer, it is also effective in conveying the utter incoherence of the cancerous body and the crisis of meaning it imposes.

By deconstructing the dominant discourse of femininity around chemotherapy-induced hair loss and encouraging the incitement of new norms through its bold (or "bald") exposure, I am not calling for a simple resistance to the cultural imperatives imposed on women to publicly conceal their hair loss and other physical side effects of medical treatment for cancer, nor do I denounce some women's decisions to wear wigs or other cosmetic devices. Rather, I am arguing for a critical recognition of possible subject positions outside those tacitly generated by popular representations and image programs, for non-normative modes of display that make visible the ugly underside and material realities of cancer and its treatment. For as anthropologist Sarah Lochlann Jain puts it in her queer analysis of the cultures and politics of breast cancer, "the point is not simply to eradicate the shame that has for centuries accompanied the disease, but also to acknowledge the ugliness of the disease and of the suffering it causes and to let that suffering e okay, not because it is okay but because this is what we have." [292] While surely "a lot of things beside hair [are] worth considering," as a highly visible and inexorably public side effect of cancer treatment with an immediate visual impact, re-presentations of hair loss and baldness have the subversive potential to re-inscribe the cancerous body, reconfigure cancer identities, and renegotiate public perceptions.[293] Writing of counterpublics and the revolutionary potential of making private acts public in the context of HIV/AIDS and gay activism, social theorist Michael Warner observes: "It is often thought, especially by outsiders, that the public display of private matters is a

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[292] Sarah Lochlann Jain, "Cancer Butch," *Cultural Anthropology* 22, no.4 (November 2008): 506.
[293] Lord, *The Summer of Her Baldness*, 229.

debased narcissism, a collapse of decorum, expressivity gone amok, the erosion of any distinction between public and private."[294] But such display of experiences of embodiment normatively constructed as private can also transform perceptions and the public in which they are reiteratively performed. Acutely, if not painfully, aware of their marginalization, stigmatization, and unruliness as "bad" cancer patients, Wilke, Lord, duPont, and other women who openly wear their baldness as wounds of both cancer treatment and female objectification actively construct alternative discourses and counter-visibilities.[295] They transform their baldness from a cause for shame into a cause for performative action and display, not as a call *for* attention, as Lochlann Jain characterizes her own public display of her mastectomy scars, "but *to* attention: a call to notice and a call to consider cancer as a communal event."[296] In doing so, they complicate distinctions between public and private, self and other, normal and abnormal, countering conventional expectations and the marginalization of diseased subjects in representation. No matter how painful or unsettling—or even surprisingly beautiful—Wilke and duPont reiteratively impose their baldness as a visual sign for cancer on viewers, making them complicit in their objectification, while Lord, writing candidly about shame and fear to her listserv audience, constructs her own cancer community around her identity as a bald female and lesbian cancer patient. By implicating others in the construction and performance of their cancer identities and placing responsibility with the viewer, they not only demonstrate how visual signs of cancer function in inexorably social settings, but also activate the "not yet" potential of the self-portrait image that Jones describes. Continually open to future acts of

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[294] Michael Warner, *Publics and Counterpublics* (New York: Zone Books, 2005), 62.

[295] Lochlann Jain writes: "Not wearing the wig, for example, results not only in being a bad cancer patient but also gets coded as aggression." "Cancer Butch," 521.

[296] Lochlann Jain, "Cancer Butch," 516. My emphasis.

interpretation, these performative self-representations of hair loss and baldness can effectively produce a counterpublic or counter-visibility in which the bald head of the female cancer patient is no longer shocking or stigmatizing, but a legitimate expression of disease and the dualities of courage and fear, pride and shame, humour and suffering, and life and death that it evokes.

CONCLUSION

Throughout this thesis, I have maintained that cancer poses a crisis of representation for embodied subjects attempting to articulate a subjective experience of disease. Unable to directly figure the disease or themselves even “see” it, contemporary artists can only visualize their cancer through the marks left on their bodies by medical intervention and treatment, or what I have often referred to as cancer’s “material realities”—Spence’s lumpectomy scar and surgical inscriptions; Skinner’s Hickman line; Ellsworth’s biopsy scar and blown veins; Wilke’s bloated and bruised body, bald head, and disembodied strands of hair; and Lord’s and duPont’s baldness. All these visual signs are marks of medical treatment for cancer and not of the disease itself, calling into question the visual status of cancer as well as how cancer comes to mean in representation. Even as artists contest medical conventions of representation and attempt to make visible the inexpressible ravages of cancer, they can only do so within medicine’s inscribing discourses. While this paradox might seem to constrict their representational strategies and deconstructive efforts, or even render them futile, I have argued instead that it opens them to resignification and reconfiguration. These artists intervene in medicine’s inscribing discourses, popular conventions of representation, practices of regulation, and signifying processes not to somehow disengage their hold, but to expose their underlying structures, opening up gaps and fissures for embodied representations that confound normative boundaries and expectations. If they are triumphant, it is not because they win their battles, reclaim their health, or return to normative expectations of appropriate bodily display—in fact, in many cases they do not—but because they succeed in critically exposing the unspoken imaginary of cancer to view, challenging the cultural “disappearance” of the material realities of cancer diagnosis, treatment, and recovery. They insist on their *otherness*, not as a category of individuals to be safely contained on the other side of some imaginary border, skin, or screen separating self from other, but as an appeal for recognition both of their bodily particularities and of what marks them as different. This recognition of difference, however, is also grounded on a sameness—a shared embodiment or intercorporeality that troubles distinctions between self and other, healthy and diseased.

By way of conclusion, I want to return to Kaja Silverman's ethics of viewing and Lisa Cartwright's notion of "moral spectatorship" to further explore the relationship between the cancerous body in representation and the viewing subject, as well as its implications for our cultural understanding of cancer. Both Silverman and Cartwright articulate models of affective or empathetic identification with (the bodies of) others in visual representations and moving images. Rearticulating the terms of the self/image or self/other relationship, Silverman argues for an "ethics of the look": "Instead of assimilating what is desirable about the other to the self, and exteriorizing what is despised in the self as the other, the subject whose look I am here describing struggles to see the otherness of the desired self, and the familiarity of the despised other. He or she attempts, that is, [...] to recognize him- or herself precisely within those others to whom he or she would otherwise respond with revulsion and avoidance" (such as Spence, whose disfigured body is marked as "monstrous"; or Takemoto with her "leaky" veins, which of course, are not really leaking at all; or Wilke, who, unruly and bald, defies our expectations of her "beautiful" body).[297] Such a recognition both asserts the differentiation of the image/other and the viewing subject from one another, and also

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[297] Kaja Silverman, *The Threshold of the Visible World* (New York and London: Routledge, 1996), 170.

brings them into relation, blurring the boundaries between them. Cartwright reiterates this impossibility of the direct equivalence between but also a co-implication of self and other when she suggests that we do not necessarily imagine ourselves in the place of the other on the image/screen, but recognize their alterity, allowing us to identity with them as both subject/object—I feel that I "know how you feel" and am even moved to "feel for you," without actually "feeling as you feel."[298] This model of viewing permits an ethical recognition of both the excess of difference, but also of a kind of sameness—a continuity between self and other, subject and object in the "flesh of the world."

The meaning of visual representations is thus activated in an encounter between the object—which in the works I have examined throughout this thesis, is also another body/self—and the viewer as two distinct entities who nevertheless share a bodily condition or ethical relation. Performing their cancerous bodies as actively creative subjects rather than passive objects of the medical gaze, all the artists whose works I have examined anticipate and thus directly address a viewer, inviting us to bear witness to their suffering, unruliness, and stigmatization. Through various strategies, they provoke viewers to situate and even reconstitute themselves in relation to their un-idealized cancerous bodies. They not only invite us to respond to their appeals, challenging and even overturning our expectations of the diseased body in representation, but they also enliven our sense of the possibility that what the other's bodily contingencies have imposed on it might also exist as possibilities for our own bodies. For cancer, this intercorporeal, ethical relation bears material consequences. As the most prevalent disease in the Western world with steadily increasing diagnoses and death rates, cancer exists as a potentiality within all bodies, even if it has not yet

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[298] Lisa Cartwright, *Moral Spectatorship: Technologies of Voice and Affect in Postwar Representations of the Child* (Durham: Duke University Press, 2008), 2, 34.

manifested as existing ailments or produced any visible signs. While the images of cancer that I have examined re-present marks of medical intervention and not visual evidence of the disease itself, they nevertheless provide bodily ways of imagining the disease and thus have the potential to increase “cancer” awareness. In this way, I hope that the bodily interpretations of visual works I have offered here, even if over-invested, are not only theoretically productive, but also culturally pragmatic. By making visible the abject, material realities of cancer and its treatments—from surgical scars to chemotherapy-induced hair loss—these artists do more than intervene in medical and popular conventions of representations and confound normative expectations to transform our typically stigmatizing perceptions of disease. They also bring cancer into critical representation in a culture that represses or denies its material realities, encouraging us to admit the *otherness* within ourselves—and thereby to imagine and articulate cancer in and across our own bodies. This re-imagining of cancer will not necessarily bring us closer to a “cure” for the disease, but it can help us learn how to live with it.

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FIGURES

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http://www.beautyoutofdamage.com/StaticHome2.html

Figure 1. Matuschka, *Beauty Out of Damage*, 1993. Published on the cover of the Sunday Magazine section of the New York Times on August 13, 1993.

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To view, please visit the following link:

http://jenniferwillet.com/home/archives/imagining-the-self

Figure 2. Jennifer Willet, *Imagining the Self*, 2001. Image/text essay.

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http://jenniferwillet.com/home/archives/imagining-the-self

Figure 3. Jennifer Willet, *Imagining the Self*, 2001. Image/text essay (detail).

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Figure 4. Jo Spence. *Untitled* (Mammogram), 1982.
From *The Picture of Health?*, 1982-86.

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Figure 5. Jo Spence, *Marked Up for Amputation*, 1982.
From *The Picture of Health?*, 1982-86.

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Figure 6. Jo Spence and Rosy Martin, *Infantilization* 1984.
From *The Picture of Health?*, 1982-86.

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Figure 7. Jo Spence and Terry Dennett, *The Property of Jo Spence*, 1982.
From *The Picture of Health?*, 1982-86.

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Figure 8. Jo Spence and Tim Sheard, *Exiled*, 1989. From *Narratives of Dis-ease*, 1989.

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Figure 9. Jo Spence and Terry Dennett, *15th October, 1984*, 1984.
From *The Cancer Project*. Jo Spence Memorial Archive.

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Figure 10. Jo Spence and John Roberts, *Write or Be Written Off*, 1988.

Image not available due to copyright restrictions.

Figure 11. Jo Spence, *Trying to Fight Leukaemia*. From *The Final Project*, 1991-92.
Jo Spence Memorial Archive.

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Figure 12. Jo Spence and Terry Dennett, *Decay Project/15th October, 1984*.
From *The Final Project*, 1991-92. Jo Spence Memorial Archive.

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To view, please visit the following link:

http://www.luxonline.org.uk/artists/katharine_meynell/its_inside.html

Figure 13. Alistair Skinner and Katharine Meynell, *It's Inside*, 2005.
Video Stills. Café Gallery, Southwark, London.

Figure 14. Angela Ellsworth and Tina Takemoto, *Neck marks*, 1994.
From *Her/She Senses Imag(in)ed Malady*, 1993-on-going.

Figure 15. Angela Ellsworth and Tina Takemoto, *Blown Veins/Jelly Hands*, 1994.
From *Her/She Senses Imag(in)ed Malady*, 1993-on-going.

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To view, please visit the following link:

http://www.hannahwilke.com/id5.html

Figure 16. Hannah Wilke, *Portrait of the Artist with Her Mother, Selma Butter*. From the *So Help Me Hannah Series*, 1978-81. Ronald Feldman Fine Arts, New York.

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Figure 17. Hannah Wilke, *Intra-Venus Series No.2, December 27, 1991*, 1991. Ronald Feldman Fine Arts, New York.

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To view, please visit the following link:

http://www.feldmangallery.com/pages/artistsrffa/artwil01.html

Figure 18. Hannah Wilke, *Intra-Venus Series No.6, February 19, 1992*, 1992.
Ronald Feldman Fine Arts, New York.

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To view, please visit the following link:

http://www.moma.org/collection/browse_results.php?criteria=O%3AAD%3AE%3A18539&page_number=19&template_id=1&sort_order=1

Figure 19. Hannah Wilke, *Brushstrokes No.6, January 19, 1992*, 1992.
Artist's hair on paper, 30 x 22 1/4". Museum of Modern Art, New York.

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Figure 20. Hannah Wilke, *Intra-Venus Series No.3, August 9, 1992*, 1992.
Ronald Feldman Fine Arts, New York.

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Figure 21. Hannah Wilke, *Intra-Venus Series No.10, June 22, 1992*, 1992.
Ronald Feldman Fine Arts, New York.

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Figure 22. Hannah Wilke, *Intra-Venus Series No.7, August 18, 1992*, 1992.
Ronald Feldman Fine Arts, New York.

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To view, please visit the following link:

http://www.sadielee.f9.co.uk/gallery_three.htm

Figure 23. Sadie Lee, *La Butch en Chemise*, 1992.
Oil on canvas. From *Tomboys and Crossdressers*, 1991-96.

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To view, please visit the following link:

http://www.guggenheim.org/new-york/collections/collection-online/show-full/piece/?search=Dyke&page=&f=Title&object=2003.69

Figure 24. Catherine Opie, *Dyke*, 1993. Solomon R. Guggenheim Museum, New York.

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To view, please visit the following link:

http://www.museevirtuel.ca/Exhibitions/Science/English/dupont.html

Figure 25. Chantal duPont, *Toujours plus haut*, 2002.
Photographic polyptych. Digital color prints on paper, 122 x 90.5 cm each.
Galerie de L'UQAM, Montreal, Quebec.