

NOT FOR MEDICAL USE

A Thesis

by

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## ABSTRACT

Throughout the history of art, artists have sought ways to recreate the human form in its most perfect representation. They have studied the weight and movement of the body inside and out to show the ideal figure in its totality, which has aided in the progress of medical science. This is in the pursuit of representing beauty and has led to the human figure being idealized on the surface without embracing imperfections. This does not leave room for the exploration of the imperfect or ill body according to social standards.

One in three hundred Americans is diagnosed with a condition called postural orthostatic tachycardia syndrome and eighty percent of those are women. Changing the perception of chronic illness or disabilities can be achieved through research in disabilities studies and artists' representations of the disabled form in different art mediums. Copious research about differential treatment by gender and accounts of gender bias in the medical arts inform a feminist perspective in this research.

This body of work seeks to represent the human figure in its imperfections and bring awareness to the hidden illnesses that affect a person's body that make it different and contribute to individuality. Contemporary artists such as Marc Quinn, Diane Arbus, Kiki Smith and others have depicted their own struggles and familiarities with health issues, medical experiences, gender bias and ways in which the female form is depicted in art.

By using studies of art history in the medical context, its role in representing and shaping societal views of the human figure, and how it has affected the view point of modern and contemporary artists, this body of work will bring attention to unseen illnesses and the acceptance of the imperfections of the human form. Further research and representation through personal experiences may broaden the scope of this field of study.

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## TABLE OF CONTENTS

CONTENTS	PAGE
ABSTRACT.....	v
ACKNOWLEDGMENTS .....	vi
TABLE OF CONTENTS.....	vii
LIST OF FIGURES .....	viii
NOT FOR MEDICAL USE.....	1
FIGURES .....	20
BIBLIOGRAPHY.....	29

## LIST OF FIGURES

FIGURES	PAGE
Figure 1: I am More than the Sum of my Parts, anagama, soda, 2016 .....	20
Figure 2: The MRI Machine, MDF, masonite, Luanne wood, projection, 2017 .....	21
Figure 3: The Lady, porcelain ceramic, underglaze, glaze, 2014 .....	22
Figure 4: Spoon Theory, slip cast porcelain ceramic, oak frame, linseed oil, LEDs, 2017 .....	23
Figure 5: Ebola Cell, porcelain ceramic, underglaze, 2014 .....	24
Figure 6: Syphilis, porcelain ceramic, underglaze, 2014 .....	24
Figure 7: Heart Stone, porcelain ceramic, soda, 2014 .....	25
Figure 8: Hypotensive Premonition, stoneware, soda, tubing, pump, Arduino, LED, 2017 .....	26
Figure 9: Doily Girls, porcelain slip, cotton doilies, 2017 .....	27
Figure 10: Miss Diagnosed, clay, underglaze, Arduino, air compressor, balloon, bag, 2017 .....	27
Figure 11: All in Your Head, anagama, soda, nails, epoxy putty, acrylic paint, 2017 .....	28
Figure 12: Pile of Bones, exam bed, porcelain, white stoneware, cotton thread, 2017 .....	28

## NOT FOR MEDICAL USE

### Introduction

The representation of the body in art can be linked to a search for beauty, perfection, and certain traces of identity that define an individual as a person. The body is a container in which all our experiences are held. How a person treats themselves and how they live can be demonstrated in evidence that is engraved from the outside all the way into the core of the body and the bones. This paper is an investigation of the body through its interior, and how ideas of entropy, from a personal feminine viewpoint,<sup>1</sup> can be expressed through clay and ready-mades to create an environment in which the audience can consider chronic illness. It also seeks to assess the body's art historical depiction and the struggles people face when they are diagnosed with these health issues.

This body of work does not intend to discredit or speak negatively about my own personal medical experiences and is not just a focus on the female form. Rather, the intent behind this body of work is to raise awareness of invisible illnesses and to bring an understanding to the plight of a chronically ill person. It also intends to demonstrate ways I have interpreted my experiences in situations where I have undergone medical tests such as MRIs and surgeries, interrogating vivid memories and thought processes I have had while enduring these situations. This body of work bridges the gap between art and medical science by elucidating my experience and my research into the history of the body and anatomy and how they link art history and medicine.

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<sup>1</sup> This "personal feminine viewpoint" refers to an experience of gender bias when facing medical issues and is through the perspectives of first and third wave feminism, as shown in works mentioned later in this thesis.



Most representations of the body throughout art history have indicated a search to create the most perfect human form on a view from the outside. Artists not only used their methods of observation of live models to develop their ideas, they also used scientific methods such as dissection to further explore anatomy and how it shapes and defines form. Any representation of anatomy, outside of the Renaissance drawings, are now considered medical in nature and therefore not art and would fall into the category of medical illustration. The practice of studying medical examples and anatomical models has not dissipated; many basic level art classes tend to use skeletal models and anatomical drawings to determine how the muscles and organs exist as a rendered object.

As mentioned above, the interior of the body is normally seen in medical illustrations as the basis of research in medical practice or for depictions of the human form through the understanding of musculature and how the skin interacts with it. Painters study the workings of the inside to understand the weight of the body and how it will sit. Leonardo Da Vinci's (Italian, 1452-1519) and Andreas Vesalius' (Flemish, 1514-1564) processes of dissecting bodies<sup>2</sup> and creating detailed drawings and documentation of their findings,<sup>3</sup> which can be seen in Vesalius' anatomy text *De Humani Corporis Fabrica*, 1543, or Da Vinci's notebook originally titled *Anatomical Manuscript B*, 1507-1508, increased the understanding of how the body works and advanced medical knowledge.<sup>4</sup> I use the inside of the body not as a tool for understanding the outside but as primary subject matter.

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<sup>2</sup> Marri Lynn, "Vesalius and Body Metaphor." *publicdomainreview.org*. Accessed May 5, 2017.

<sup>3</sup> Alastair Sooke, "Leonardo da Vinci: Anatomy of an artist." *www.telegraph.co.uk*. Accessed May 5, 2017.

<sup>4</sup> Oskar Blakstad, "Renaissance Medicine and the Increase of Anatomical Knowledge." *explorable.com*. Accessed February 4, 2017.

## Methodology and Personal Perspective

In this research, I have consulted literary works such as *Gray's Anatomy for Students*, 2004, anatomy and physiology work books, and three-dimensional models to understand the morphology and colors of the inner workings of the body. Ironically, the anatomy and physiology books I consulted are coloring books used for medical science classes, which further articulates the relation between art and medicine.<sup>5</sup>

When I sculpt the organs into what I consider beautiful objects, these scientific materials help me consider the size and movement of a form. It can be disconcerting to be confronted with a human organ. Most people react in a negative way when they are facing an object that is normally inside of the body; it can cause the viewer to confront their mortality. When I am creating a visual representation of the physically internal I must consider all aesthetic qualities of the organs. Creating them in an aesthetically appealing way helps the viewer interact with and relate to the object they are observing. I think about the fact that each organ is a container for different types of fluid or gas in the body, so I try to imagine how it would act if it were to sit on a surface outside of the body. Some of the forms, such as a stomach, would have a more fluid movement, whereas something like the lungs would act more like a spongy, elastic, air-filled rubber sack.

This thought process on how the organs function as vessels correlates with ideas associated with the historical medium of clay. On a scientific level the body is a container full of containers that break down materials for energy, but also on a philosophical level, the body is a container that holds everything that makes up a person's physical and spiritual identity.

Therefore, it becomes difficult to physically or psychically disassociate oneself from an illness if

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<sup>5</sup> In these books, colored sections are used to illustrate the different parts and functions of the body.

it is in, or part of, your body. These are the aspects of our existence I have considered when making the works addressed in this thesis.

My interest in the body stems from my sixteen years of being a dancer and my quest to perfect my body in that sense, and then from my constant struggle with illnesses throughout my life. I began noticing a strangeness in my heart when I was thirteen years old. My parents and I began the long search for answers that included many doctors' appointments that would come to no conclusion. Even though I maintained an active lifestyle through dance, this cycle of doctors with no answers was repeated for a few years. I was not diagnosed with a condition until I was sixteen years old.

My diagnosis was atrial tachycardia.<sup>6</sup> At the time the specialist to whom I was sent decided I was too young for the procedure, called SVT ablation (the standard surgical treatment for the condition),<sup>7</sup> and put me on a beta blocker<sup>8</sup> instead to attempt to slow my heart rate. Thus began my struggle with being on medications that treated symptoms but did not fix the issue. Over the years, I have ingested a rough estimate of over two thousand pills for my condition whose only real effect was to lower my blood pressure to potentially dangerous levels while limiting my physical capabilities.

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<sup>6</sup> Heart.org. "Ablation for Arrhythmias." Accessed February 4, 2017. [http://www.heart.org/HEARTORG/Conditions/Arrhythmia/PreventionTreatmentofArrhythmia/Ablation-for-Arrhythmias\\_UCM\\_301991\\_Article.jsp#.V6wxZZMrKu4](http://www.heart.org/HEARTORG/Conditions/Arrhythmia/PreventionTreatmentofArrhythmia/Ablation-for-Arrhythmias_UCM_301991_Article.jsp#.V6wxZZMrKu4) "Atrial tachycardia is a supraventricular tachycardia (SVT) that does not require the atrioventricular (AV) junction, accessory pathways, or ventricular tissue for its initiation and maintenance. It occurs in persons with normal hearts and in those with structurally abnormal hearts, including individuals with congenital heart disease (particularly after surgery for repair or correction of congenital or valvar heart disease)." In my case, they found two extra nerves in my heart consistently beating at different fast rhythms.

<sup>7</sup> Ibid. Through entry in the groin area a catheter is sent through the arteries into the heart and the extra nerves are burned out with radiofrequency energy.

<sup>8</sup> MayoClinic.org. "Beta Blockers." Accessed February 4, 2017. <http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/beta-blockers/art-20044522> "Beta blockers work by blocking the effects of the hormone epinephrine, also known as adrenaline. When you take beta blockers, your heart beats more slowly and with less force, thereby reducing blood pressure. Beta blockers also help blood vessels open up to improve blood flow."

In 2015, I had reached my breaking point and decided I was through with the struggle of taking medicine that made me fatigued all the time, and sought out a specialist who performed the SVT ablation. Even though it is an outpatient procedure I was told the physical recovery time could last up to a year. I had thought this would be the end of my frustrating battle with my heart, but after returning to that doctor for a follow-up I was then diagnosed with postural orthostatic tachycardia syndrome, or POTS.<sup>9</sup> Now it appears that my struggle with my own body is not over yet. Therefore, representing my personal struggle through art and ceramics is important because not only do I find it therapeutic, but I hope it can bring someone else who is struggling with health issues some form of peace while also bringing awareness to those who are healthy.

In contemporary art, the representation of the disabled body has focused on the aesthetic value of the surface of the form. According to the English professor and disabilities studies author Tobin Siebers,

disability acquires aesthetic value because it represents for makers of art a critical resource for thinking about what a human being is... disability enlarges our vision of human variation and difference, and puts forward perspectives that test presuppositions dear to the history of aesthetics... disability contributes to the imagination of the human condition.<sup>10</sup>

While these ideas can contribute to the aesthetics of portraying invisible disabilities or illnesses, it remains focused on visible disability; there is still a divide between visual art and unseen disabilities. If they are unseen it is difficult for them to be considered within the realm of visual art and can only be represented through experiences, which are represented in my body of works discussed in this paper. Artist Dr. Ann Millett-Gallant explains, “Disability studies exhibits how

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<sup>9</sup> POTS symptoms are many and variable. Symptoms I have experienced are nausea, dizziness, brief blackouts, vertigo, migraines, tachycardia, changes in blood pressure and heartrate when changing posture, anxiety, fatigue, light and noise sensitivity, back and chest pain and more.

<sup>10</sup> Tobin Siebers, *Disability Aesthetics* (Ann Arbor: University of Michigan Press), 3-5, 10, 12, 15.

the body may serve as a site, target, and vehicle for ideology and creative expression.”<sup>11</sup> With this idea in mind, expressing the unseen illness can be interpreted and expressed visually through experiences. Other ideas of concern to disabilities studies are ableism, which entails discrimination against the disabled in favor of the able bodied. Through this idea disability studies could be used as a basis to critique how the body is interpreted visually.<sup>12</sup>

### The Abject Body

While disabilities studies can act as a mode for understanding the body and personal expression visually, there is the notion of the abject that presents an obstacle to aesthetic appreciation of the compromised body. In her seminal 1982 text *Powers of Horror*, Julia Kristeva states,

There looms, within abjection, one of those violent, dark revolts of being, directed against a threat that seems to emanate from an exorbitant outside or inside, ejected beyond the scope of the possible, the tolerable, the thinkable [...]. It beseeches, worries, and fascinates desire [...].<sup>13</sup>

The second part of this statement is what makes abjection useful as a tool in art, but only if the viewer can stay engaged with the work. According to Kristeva, the notion of abjection refers to the visceral reaction to the idea or image of the body facing decay or breaking down.<sup>14</sup> As this work outlines, abject reactions to the body’s decay provoke a barrier of sorts, between the identification of one’s body and personal identity. This idea relates directly to the pieces that are discussed below.

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<sup>11</sup> Ann Millett-Gallant, *The Disabled Body in Contemporary Art* (New York: Palgrave MacMillan), 7.

<sup>12</sup> Ibid.

<sup>13</sup> Julia Kristeva, and Leon S Roudiez, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press), 1.

<sup>14</sup> Dino Felluga, “Introduction to Julia Kristeva, Module on the Abject.” *purdue.edu*. Accessed February 5, 2017.

The artist Diane Arbus (1923-1971) used photography to document marginalized people who often had disabilities. Her photographs were not intended to document how different these people were, but to register audiences' reactions and propose that all people are foreign in this world.<sup>15</sup> These types of reactions of horror and disgust may be considered an expression of abjection.<sup>16</sup> Artist Rebecca Dann (b. 1994) also explores abject<sup>17</sup> reactions in her own photographic documentation of her scoliosis in her series, *I'm Fine*, 2016, to comment on the stigma surrounding disabilities and dating.<sup>18</sup> While these works are examples of artists using their own experiences to bring to light ableist discrimination, the issue of abject responses remains, which may further exacerbate the rift between the body's variable forms and identification with others, between the viewed and the viewer.

While I do not propose a sensational presentation of the abject body, my work *I am More Than the Sum of My Parts* (Fig. 1) might provoke this type of reaction. By creating a life-sized torso that appears emaciated with overly accentuated hip bones I encourage the viewer to face that idea of not wanting to look at a malformed human figure. The coloring of the soda glaze on the piece contributes to this effect because the calcium in the glaze creates a rotten, greenish yellow hue on the hips and particularly boney parts of the piece, drawing attention to those areas. The torso is also missing all its limbs and its head to prevent the projection of an identity. Around the torso, I have laid out the vital organs of the body. The organs are made of raku clay to further accentuate the idea of a decaying body. The raku communicates decay through the

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<sup>15</sup> Susan Sontag, "Freak Show." *www.nybooks.com*. Accessed February 5, 2017.

<sup>16</sup> Julia Kristeva, and Leon S Roudiez, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press).

<sup>17</sup> Purdue.edu. "The Abject, abjection (Kristeva)." *purdue.edu*. Accessed May 6, 2017. Abjection is defined as the condition of being servile, wretched, or contemptible.

<sup>18</sup> Heather Cichowski, "This Woman With Scoliosis Posed Topless To 'Explore The Stigma Around Disabilities When It Comes To Dating'." *aplus.com*. Accessed February 5, 2017.

surface treatments created by the carbon trapping in the glaze produced by burning paper. The colorations also originate through copper in the glazes. Some of the organs are more burned than others or are colored to appear diseased. A number of organs are included in this piece.

Considering that when a person is chronically ill it is not always one part of the body that is causing the problem; sometimes it is the sum of one's parts that work together to cause disorder and the sense that one's body is not one's own. Suffering from a condition can not only cause a disconnect with other people, but can also cause a disconnection with oneself.

It is difficult to find that balance in life where you do not feel as though the condition is what defines you. Most of my works are fueled by my own health experiences: diagnosis of a heart condition when I was eighteen that elicited symptoms when I was thirteen, taking medications for it, undergoing a procedure to circumvent taking medication, and being diagnosed with a further underlying condition. It has felt like a never-ending cycle. Other people face issues such as this on a much larger scale, so shedding light on problems that do not receive adequate recognition is critical.

### Confronting the Contemporary Body

When I think about my experiences in managing my own health problems I have had to learn to distance myself from my own body in certain situations. I must actively let my mind wander someplace else to get through whatever moment I am dealing with that is making me uncomfortable. Most of the time these thoughts become a coping mechanism and transform into creative ideas that help me express that momentary distress.

Many contemporary artists have worked to bring awareness to health issues that are personal to them or to those of a larger scale. Mona Hatoum (b. 1952) has used the medical and

clinical perspectives of the body to explore struggles with identity, depictions of beauty and health in an aesthetic way. Janine Antoni (b. 1964) has used her body as a tool for her work.

Antoni states:

The body is physically important to me as a tool for creation. In *Loving Care*, I used my body to create the entire piece, dipping my hair in ink and moving it across the floor. The most important part of this piece was the process of using my body to create the art. The artifact of the ink stained floors is interesting and visually appealing, but it is more important to see how I used my body to create the piece. Putting my body through these far-out situations emotionally connects me to the audience and hopefully can make them think about how the body can create so much.<sup>19</sup>

By using her body, Antoni transforms everyday activities such as bathing, eating, and sleeping into aestheticized art processes.<sup>20</sup> In these examples, the body can be used as a tool to deliver messages or it can be the message itself.

Marc Quinn (b. 1964), a member of the Young British Artists,<sup>21</sup> used ten pints of his own blood cast in a frozen silicone mold of his head to create self-portrait busts titled *Self*, 1991, which he re-creates every five years. Quinn suffered from what can be considered an invisible illness, alcoholism. These pieces explore notions of entropy and dependency in the sense that the artist is aging over time and the works need electricity to maintain their frozen form.<sup>22</sup> Art historian Dr. John G. Hatch states, “Entropy is more popularly formulated as the tendency of all systems to break down, to fall into disorder or chaos (which is not strictly correct); or to put it in more colloquial terms, no matter how hard one tries, things just tend to break down.”<sup>23</sup>

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<sup>19</sup> Will Lytle, “A debate with body artists Janine Antoni and Stelarc.” *Willvlytle.wordpress.com*. Accessed May 5, 2017.

<sup>20</sup> Ibid.

<sup>21</sup> TheArtStory.org, “Young British Artists.” *www.theartstory.org*. Accessed April 24, 2017.

<sup>22</sup> Marc Quinn, “Self 1991-Present.” *marcquinn.com*. Accessed January 27, 2017.

<sup>23</sup> John G. Hatch, Jr., “Nature, Entropy, and Robert Smithson’s Utopian Vision of a Culture of Decay.” In *Meanings of Abstract Art: Between Nature and Theory*, edited by Paul Crowther and Isabel Wünsche, (New York: Routledge ), 159.



Quinn also made several sculptures of disabled artist Alison Lapper (b. 1965) at seven months pregnant, which were rendered in marble and displayed in Trafalgar Square in London for two years. Lapper was born with a chromosomal disorder that resulted in her having shortened legs and no arms.<sup>24</sup> The sculpture mimics the way sculptures of heroic figures are displayed in public places and how they undergo entropic processes over time which implicate them in natural processes of birth, death and rebirth.<sup>25</sup>

In my works, I use the body as an iconic form, however the representations are not necessarily specific to my body or my experience. In my process, I use anatomy books and medical research as points of reference when I form pieces. I use the clay to create bodies and body parts and they become the medium for the messages I have in mind. Occasionally, I have used my own bodily experiences in pieces such as *The MRI Machine* (Fig. 2), wherein the personal perspective was pertinent to the work's content and functioning. Not only was the idea behind this piece birthed from the experience of having to endure an MRI, it was essential to recreating my claustrophobic experience for the viewer while keeping them in a "viewing" state, as if experiencing the visceral nature of that test. Because it was my experience I decided that obtaining the actual imaging from the test was necessary; in this case the inside of my body is a medium for creating an experience.

Ceramic artist Melissa Mencini (b. 1977) creates ceramic sculptures that, while appearing abject, focus on misconceptions of beauty and individuals who do not conform to societal norms.

She states:

The common thought and perception of beauty is often universal. Those in the world who do not fit within the commonalities are often times quickly dismissed and people with deformities are sometimes even cast-out of society. I view these

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<sup>24</sup> Emine Saner, "Alison Lapper: 'Disabled people are looked at as a drain on society, and I'm certainly not that'" *www.theguardian.com*. Accessed February 5, 2017.

<sup>25</sup> Alison Lapper, "Alison Lapper 2000-2012." *http://marcquinn.com*. Accessed February 5, 2017.

differences as beautiful. I feel that as a society, we suffer from a lack of compassion for people that do not closely resemble us. My figurative sculptures are meant to celebrate this cross section of the society we live in. The outcasts, the people who are hidden away in intuitions to eventually be “fixed”, these are the people who excite me. The difference in the way a face can be configured, to me, is like drawing a robust model, filled with curves, angles and fantastic shapes. These pieces celebrate people for who they are, for all of their differences. By drawing from the ideas of Greek and Roman busts, I give the people with disorders and anomalies a sense of beauty and importance in our culture and our lives and hopefully increase our own sense of awareness of the society we live in.<sup>26</sup>

These ideas are similar to the way Quinn portrayed Alison Lapper in Trafalgar Square and Arbus’ depiction of marginalized people, but the difference between Mencini’s work and Arbus’ is that Mencini’s proposes an alternate reading of the object which is arguably beautiful and subject to its own canon of idealization. While it appears that she is searching for and fascinated by the beauty in these imperfections, she states that, “I intend for my work to force the viewer into a challenging and sometimes uncomfortable relationship with the object and elicit a physical reaction, whether it is cringing, questioning or smiling; this allows the viewer to experience the piece.”<sup>27</sup> She uses clay in representations of tools and bodies to explore these ideas and reactions.

### Materials, Bodies and Energy

My use of ceramic clay to form parts of the body such as organs and bones is a way of therapeutically exploring my personal struggle with my own health. The repetitive heart motif that appears throughout this project, the constant shaping of these forms, becomes my outlet and coping mechanism. There is also a contrasting side to the process where the repetitive act of making acts as a constant reminder of the incessant daily struggle and lifestyle that accompanies chronic illness. I want to bring to light issues of health that are not necessarily widely understood

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<sup>26</sup> Melissa Mencini, “Melissa Mencini Ceramics.” [www.melissamencini.com](http://www.melissamencini.com). Accessed April 24, 2017.

<sup>27</sup> Ibid.

or which receive insufficient recognition. Sculpting the insides of the body out of clay creates an opportunity to present the human form and its diseases to an audience without provoking an abject reaction. The use of clay to make these pieces is important to me because of the ideas in religious texts that suggest that humankind was made from clay or dirt and water and that in the end we will return to the earth to become clay again, intricately linking aesthetics with the cycles of nature. In this sense, it feels befitting to me as an artist to create human forms from clay.

In most cases, I prefer that my works do not have faces or identifying factors. This way, a viewer can relate to the works without the imposition of a preexisting identity. I want the viewer to be able to insert themselves into the space and experience all of it, so that when they view the works they can see that it could be any person in these situations.

Disease is a force that we cannot see with our own eyes other than the effect it has on the body. There are ways to represent decay and disease from an aesthetic perspective that do not focus on their morbid and their grotesque nature. Rather than depicting disease in a literal sense that shows microorganisms, cells, decay, or rot I chose to use the physical form of the mouth. It is not just limited to the physical either; there are mental illnesses that are equally debilitating.

The mouth creatures represent all unseen forces that destroy the body or a person from within. My first set of mouth creatures that I created called *The Lady* (Fig. 3), were made from porcelain. In my response to using that clay body, I kept them as these simple white objects elevated on tiny legs. Porcelain, to me, is a clay that registers as having feminine qualities because it is considered elegant. They were different than the later mouths and convey a corresponding message that will be discussed below, but their form made me wonder how I could represent a whole body with the minimal amount of information to create one. They then morphed into the mouth-butt creatures which are composed of what little recognizable parts of

the body are needed to create a whole organism. The minimization and simplification of form became important because most diseases occur on a cellular level; one small cell can wreak havoc on a multicellular organism such as a human being. Some have been altered to provoke a feeling of threat or discomfort through the expressions of the mouths.

After I read “The Spoon Theory” by Christine Miserandino, 2003, I realized it was a concept that could explain chronic illness to a healthy person in a way that made sense.<sup>28</sup> In her theory, spoons represent a measure of energy. A chronic illness sufferer is allowed a finite number of spoons to spend on tasks each day, whereas a healthy person has a seemingly infinite amount. Everyone’s spoon type is different and the amount administered is also unknown. That energy is also fragile and could be expended sooner than expected if someone who has a chronic illness is not consistently aware of their constant state of being. My piece *Spoon Theory* (Fig. 4) is my representation of having put this theory into practice every day. For people with a chronic illness, such as POTS, they must actively be aware of how many tasks they have that day and portion out their spoons, or energy, for each one.

### The Body and its (Social) Permutations

Over the past three years my approach to my work has changed significantly. Whereas my work has had a constant focus on the body and health, its overall focus has evolved. My previous works included themes such as the colors of the chakras<sup>29</sup> as a method of healing, wherein colors used pertain specifically to a region of the body or an organ’s chakra color. From this, I explored other aspects of the physical and psychological body and how I could represent them.

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<sup>28</sup> Christine Miserandino, “The Spoon Theory.” [www.butyoudontlooksick.com](http://www.butyoudontlooksick.com). Accessed February 4, 2017.

<sup>29</sup> Mindbodygreen, “The 7 Chakras for Beginners.” [www.mindbodygreen.com](http://www.mindbodygreen.com). Accessed February 4, 2017. Chakra colors represent different zones of energy in the body. It is believed that focusing or meditating on those colors and the related area of the body can promote healing.

I then began to focus on the idea of the body and disease at the microscopic level. During this time, there had been an Ebola crisis in Africa, and here in America the idea of exposure to such a horrific disease was receiving widespread and fear-inducing media coverage. Instead of seeking methods to help those who needed it, it seemed that attention was focused on one's own personal protection and preservation. In response, I decided to coil build an abstracted giant *Ebola Cell* (Fig. 5), which I envisioned with a sense of movement and undulating curves to suggest the paranoia and instability surrounding this global health scare.

This idea of using essential forms to depict an organism continued into other pieces such as *Syphilis* (Fig. 6), which I distilled into a basic spring or spiral shape, and *Heart Stone* (Fig. 7), which was the basic shape of an anatomical heart without any of the arteries or muscular details. It was following this exploration of simplified form that I decided to focus on creating works that drew attention to invisible illnesses, this idea is addressed later in this paper.

*Hypotensive Premonition* (Fig. 8) continues my ideas of simplifying the body and combines it with my own previously mentioned chronic illness. Overall, the piece presents a feminine form, but it is missing a head, arms, a stomach, and the legs from mid-thigh down. I chose to sculpt it this way because I was thinking of the way that sculptures deteriorate over time through forces of entropy, but also through the deterioration of a body through illness and disability. Here, the body is recognizable, but incomplete and in a compromised, semi-functional physical state. The viewer can project an identity of their choosing onto the works because the form is simplified and lacks a predetermined identity.

Recent political events have caused me to reflect on possible feminist perspectives in my work and to decipher why they are important to me and why I should express them. My works are not overtly feminist, but address overlapping issues commonly discussed in various waves of

feminism<sup>30</sup> in regard to my medical experience facing gender bias.<sup>31</sup> My previously mentioned piece, *The Lady*, represents the idea of a “perfect woman.” She has her mouth open as if to say something but the expression of the mouth seems to be sexual. She could be yelling or speaking, but she does not make a sound. My investigation into these notions were in response to the projected reformations of the Affordable Care Act and defunding of women’s health programs, such as Planned Parenthood.<sup>32</sup> It seemed as if the female voice was being silenced or ignored and the female body was no longer important beyond the context of a sexual object. This drives me to investigate further aesthetic representations of the ideas of how a woman should be portrayed.

This idea of being nothing but a sexual object can be linked to my other piece *Doily Girls* (Fig. 9), which is a set of matching crocheted doilies that were painted with porcelain casting slip and then molded around balloons. As the slip was firming up and drying I then peeled back the edges to create a vaginal shape. Both works deal with some of my experiences during my diagnoses and treatment where it felt as though I was viewed as nothing more than a reproductive object. For artist Kiki Smith (b. 1954) the body is no more than a shell that assists in the understanding of gender.<sup>33</sup> Her piece *Train*, 1993, deals with the social constructs surrounding the function of a female body. The body trails red strings behind it that reference

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<sup>30</sup> Ariadne Nichol, “Simone de Beauvoir: Freedom for Women.” *Stanfordfreedomproject.com*. Accessed May 6, 2017. Second wave feminism took place in the 1960s and 70s and focused on eliminating work place inequality and gender discrimination. Simone de Beauvoir sought to change the projected notion that women must act like men to be equal and should embrace the identity of being both woman and a human being. These ideas received further development in later waves of Feminism.

<sup>31</sup> Cristen Conger, “How Feminism Works.” *howstuffworks.com*. Accessed April 24, 2017. First wave feminism focused more on suffrage movements and searches for equality with ideas that the female body was different than a man’s but not inferior.

<sup>32</sup> Danielle Kurtzleben, “Here’s What GOP Bill Would (And Wouldn’t) Change For Women’s Health Care.” *www.npr.org*. Accessed May 6, 2017.

<sup>33</sup> Jill Kestenber, “Bounded by our Bodies: A Theoretical Essay on Female Identity and Gender Deconstruction.” *cujah.org*. Accessed April 24, 2017.

blood. Her piece causes the viewer to confront the reproductive functions of the female body. It demands acceptance of these functions.

I find that as a woman it can be difficult to get a doctor to take your medical situation seriously. Out of all the doctors I have seen regarding the diagnosis and treatment of my condition, all have been male and only about four of them have listened to me and taken me seriously. Out of those four, two of them were heart specialists, one of whom openly admitted he did not know how to treat my POTS after diagnoses.

All the other doctors were heart specialists who wanted to just medicate me and send me on my way or told me it was all in my head. They also said that because I am a woman in my twenties and am on birth control, I will have a baby eventually, so I should stop taking my heart medication for the sake of my unborn children. Most of my medical issues have been prejudged by medical professionals whose treatment of my illness has felt dismissive and condescending.

It is frustrating to not be taken seriously when it comes to your health, especially by doctors who assume that because you are female that your only goal in life is to reproduce, therefore your personal treatment hinges on the fact that you might carry a child in you at any point in time. I tend to receive a lot of opinions about my reproductive health from heart specialists who cannot even answer the question, “Well do you think my birth control could be contributing to my tachycardia?” A gender bias is inexcusable in the medical world. Everyone should be able to receive the right treatment and never be treated from a solely gendered perspective when seeking help.

On average one in three hundred Americans is diagnosed with POTS every year.<sup>34</sup> It is the most common syndrome we have never heard of. Eighty percent of people diagnosed with

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<sup>34</sup> Dysautonomia International. “Postural Orthostatic Tachycardia Syndrome.” [www.dysautonomiainternational.org](http://www.dysautonomiainternational.org). Accessed February 4, 2017.

POTS are women between the ages of fifteen and fifty.<sup>35</sup> Out of those successfully diagnosed, most are misdiagnosed with anxiety or sent to see psychologists because their doctors do not believe it exists or have no knowledge of it. The feminist and political activist Simone de Beauvoir (1908-1986) stated that “social discrimination produces in women moral and intellectual effects so profound that they appear to be caused by nature.”<sup>36</sup> Many of those suffering from POTS are told that it is just in their head and that therapy is what they need.

Anxiety is a common misdiagnosis and my piece *Miss Diagnosed* (Fig. 10) focuses on this subject. The most common depictions of a person having an anxiety or panic attack are ones where they are commonly huddled up in the fetal position in a corner or breathing into a paper bag to prevent hyperventilation. In this piece, I continued the idea of a simple body by reusing the form of the mouth creatures. In this instance, however, instead of just representing a defective body or disease, this piece represents the person. The creature form, the person, now is the one having the panic or anxiety attack which is made possible through the use of Arduinos controlling an air compressor to inflate and deflate a paper bag. I think that by not depicting a specific human form it becomes easier for a viewer to put themselves or someone they know in the place of the creature.

*All in Your Head* (Fig. 11) continues as a comment on diagnosing and treating a symptom rather than the cause. This piece, which is a brain being penetrated by nails, represents many forms of symptoms caused by one problem. Because of POTS I tend to suffer from bouts of migraines and even suffered from one for a year straight without any medical test capable of determining the cause. Now with the knowledge and proper diagnosis, while treatments are still

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<sup>35</sup> Christine Miserandino, "The Spoon Theory." [www.butyoudontlooksick.com](http://www.butyoudontlooksick.com). Accessed February 4, 2017.

<sup>36</sup> Richard Greene, and Rachel Robinson-Greene, *Girls and Philosophy: This book isn't a metaphor for anything* (Chicago: Open Court), 176.



few and far between, I have an understanding that POTS can cause migraines due to lack of blood to the brain and the entire dysfunction of the autonomic nervous system. So technically, since a nervous system is not working properly, it is “in my head,” but not in the way medical professionals suggested. Misdiagnosis can be just as harmful as the illness someone is fighting. When this happens, it is the first part of a problem that needs to be cured before the rest can even be diagnosed.

Without proper diagnosis, the piece *Pile of Bones* (Fig. 12) becomes a living truth for people with chronic illnesses. The skeleton lying on the doctor’s office bed being held down by strings connected to the mouth creatures, or disease, becomes a constant experience. There have been times when I am going from one doctor to the next trying to be properly diagnosed or searching for a treatment that works and this has happened so often that I have begun to feel like an object on a table rather than a person looking for help. This experience has the potential to be universal to people of any race or gender who experience a struggle with invisible illness.

## Conclusion

The importance of the human body in art, historically, has had a constant presence in aesthetic endeavor. Images of the body are a method of representation to which a viewer can react or relate, but the representation of the disabled or sick body, I feel, has been misrepresented for those whose illness is not apparent. Having a chronic illness, disability, or health issues that are less visible can be a daily struggle that is difficult to navigate, especially when the illness is less well known and difficult to diagnose. There is a stigma behind what is a disability and what is not. If it is not immediately visible to a healthy person, it does not seem real and one is constantly confronted with the suggestion that "you don't look sick." This stems from a lack of

understanding and the fact that most understanding of disability or chronic illness is based on the visual.

If you are not missing limbs, are disfigured, or your appearance does not trigger that visceral reaction in people, then you must not truly be ill. This idea extends into the medical field and treatment of my disease. Constant misdiagnosis and gender bias from medical professionals hinders the progress of understanding and research into illnesses like mine. Disabilities studies could help bridge the gap in communication between the chronically ill and the healthy.

This body of work seeks to work as a mode of representation for those with an invisible illness to relay their experiences to the viewer. Each piece represents an individual medical occurrence that I have either experienced myself or learned of from someone who deals with the same struggles as I do. By creating works that exist together to build an atmosphere for the viewer to experience, I have provided a way for a healthy person to relate to these experiences and to understand that what is considered a disability may not be immediately apparent.

## FIGURES

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3.



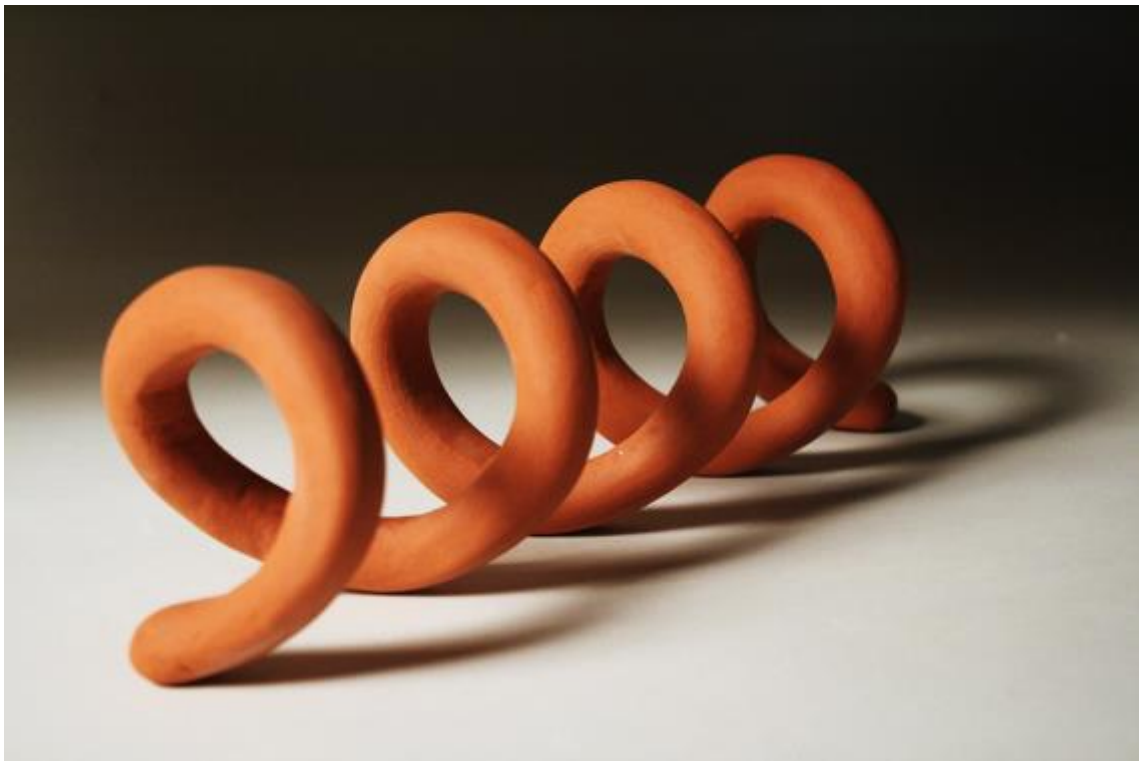
4.



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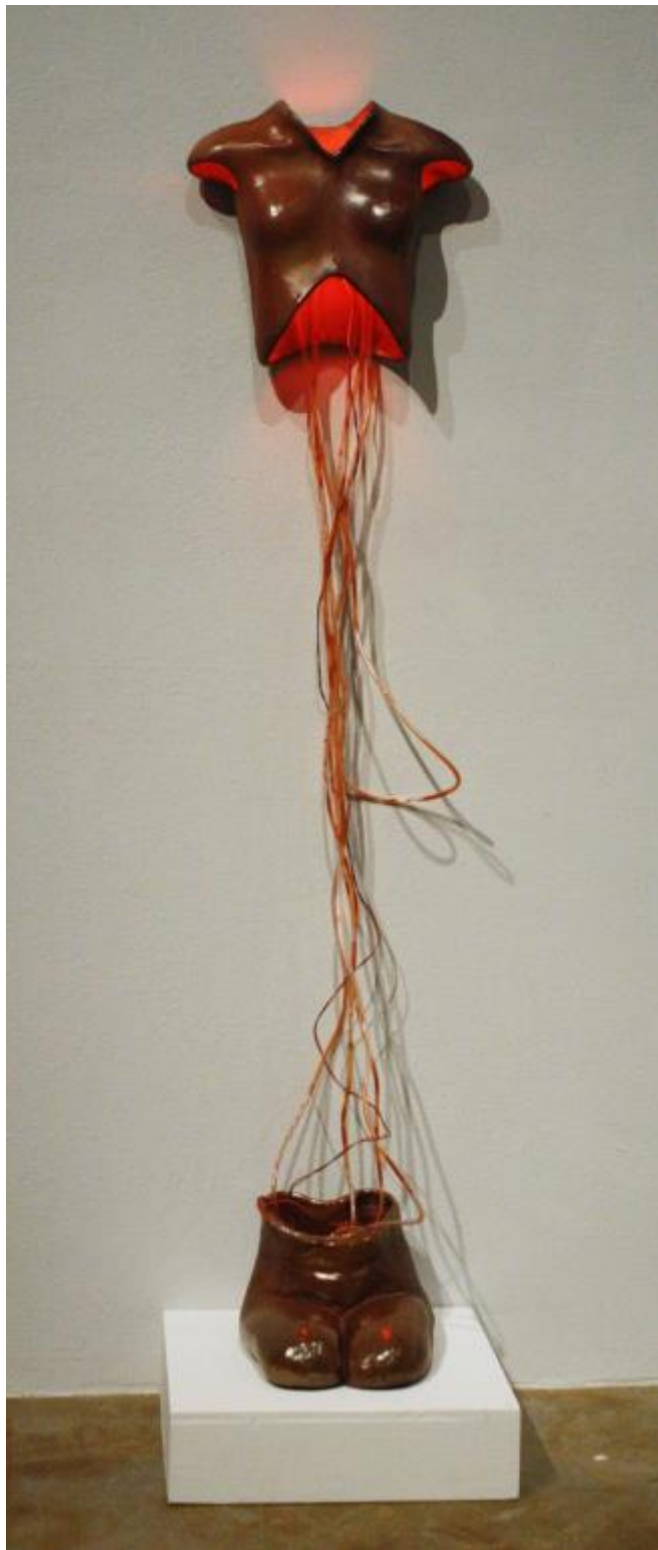


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