

SICK?: ARTISTS IN MEDICINE

Visiting Hours was a site-related installation made by artist Bob Flanagan in collaboration with his partner Sheree Rose. The work was shown at the Santa Monica Museum of Art in 1992-3, the New Museum in New York City in 1994 and the Museum of Fine Arts in Boston in 1995. The piece transformed the museum space(s) into a hospital ward, complete with waiting room, medical x-rays and, at the heart of the piece, the ill body of Bob Flanagan himself, in a hospital bed.

Bob Flanagan suffered from Cystic Fibrosis, a heredity disease that affects the glands and lungs and makes breathing and digestion particularly difficult. In speaking of Bob's death in 1996 Sheree Rose commented that he "literally drowned" due to the fluid on his lungs. Flanagan spent a lot of his life in and out of hospital and his experience of his own ill body shaped his life and work.

Barilan states that:

"Flanagan's art confronts the failure of contemporary corrective medicine to cure his slowly fatal illness by offering alternative medical agendas" 11.

Flanagan's alternative agenda was to "fight sickness with sickness" and he identified himself as a 'supermasochist' engaging in extreme actions including inflicting pain on himself through.

Like his other works, *Visiting Hours* included S/M material with the climax seeing Bob winched out of his bed by the ankles and suspended above the audience's heads by his partner, and dominatrix Sheree Rose. *Visiting Hours* then can be seen to trouble the conventional clinical environment and its representations!!! Kauffman describes the work as 'Sadomedicine' in that it "fuses medicine with sadomasochism to problematize the relationships between the social and the psychic, between disease and desire" (31).

Flanagan was very upfront about how his masochistic explorations sought to experiment with his body's pain threshold and control the pain that he experienced. His artwork used autobiographical material as a starting point and his own body as a 'canvas' and demonstrated a desire to make meaning from the chaotic experience of his illness.

Flanagan's work can be seen to play with the role of patient. He is compliant, in fact he plays compliance in an excessive manner, yet he is also difficult in that he refuses to contain his suffering to the niche allotted to him. Indeed, he might be identified by over-stretched medics as an attention seeker as his suffering is certainly dramatic, extreme and, to quote from current theatre criticism, "in-yer-face".

Unlike in-yer-face theatre, however, the pain that Flanagan presents is real and, as such, can be seen to question the spectator's ideas about art and transcendence. It may also serve to question medicine too. *Visiting Hours*

certainly turned spectators into active participants as they negotiate the medical scene. They were encouraged to interact with equipment and images and were invited to see them as props that stage the sick body as well as reflecting upon how agents of healing may actually inflict pain.

Flanagan is amongst a number of contemporary performance artists who engage with medical themes, employing their own bodies as sights/sites of public debate. 'Carnal artist' Orlan is another practitioner who opens up the performance of medicine. Orlan's most celebrated work is a series of cosmetic surgeries entitled: *The Reincarnation of Saint Orlan* (Orlan announced herself as a Saint in 1971). Orlan's artistic programme takes the notion of an operating *theatre* literally and stages a series of surgeries intended to reconstruct the artist's face in the likeness of representations of the feminine taken from celebrated works of art which she saw as upholding a dominant ideology of beauty. Orlan describes the operating theatre as her artist's studio and, as well as the main event that is the action of the operation itself (often relayed to an audience via satellite), she also produces paintings in her blood during the procedures and 'reliqueries' of body tissue for sale after the event (Madonna has one).

Orlan's work engages with the theatricality of the operating theatre. Studies by medical sociologists such as Fox, *The Social Meaning of Surgery*, carry out a detailed examination of the ritual practices of the operating theatre and considers special clothing, organisation of space etc as performative structures. Orlan's work can be seen to highlight these elements through the use of costume

by designers such as Paco Rabanne, the painting of the walls and the use of ridiculous props such as plastic lobsters etc. The painting of the walls and costuming of medical staff can also be seen to disrupt the usual scripting of roles as, in this context, the patient can be seen to be controlling the space – rather than being wheeled in and acted upon. Orlan's deconstruction of the operating theatre is also the impulse behind her screening of events and making public that which is normally hidden.

Within her work Orlan takes up the central position of the patient whose body is opened up for inspection and intervention yet, like Flanagan, she resists the traditional passive role. Throughout her surgeries Orlan has insisted on only being administered local anaesthetics so that she can remain a conscious and active participant throughout. In so doing she looks to challenge what Foucault terms the spacialisation of the body by medicine. In *The Birth of the Clinic*, Foucault argues that the practice of anatomy is part of the supporting apparatus of the visual conquest of the body by clinical discourse. Orlan can be seen to be 'returning the gaze' as she takes an active role in the operating theatre, reading from critical material and providing a commentary on the action.

Flanagan too returns the gaze - he confronts visitors with their own voyeurism by turning the tables from within the heart of the installation. Kauffman notes "He, after all, is propped up in bed, watching you watch him". 35 kauffman

It appears that the spectators are aware of Flanagan's position as witness and, within the events, visitors interacted with the artist sharing stories of their own experiences of illness in an almost confessional mode so that the artwork can be seen to open up a discursive space.

Orlan states that the impression she hopes to create is that of an "autopsied corpse that continues to speak" (1996: 90) and the work of carnal/body artists can be seen to reference the tradition of the Early Modern anatomy theatre where the body was displayed for public consumption. Phillippe Aries comments on the combination of forces which made anatomy theatres so popular. He suggests:

The almost fashionable success of anatomy cannot be attributed solely to scientific curiosity. It is not hard to understand; it corresponds to an attraction to certain ill-defined things at the outer limits of life and death, sexuality and pain (quoted in Sawday, 1995: 43).

The concern with 'ill-defined' things can certainly be seen to be at the core of Orlan and Flanagan's work and it has proved to have a particular appeal – although it has not been without criticism.

In November 1989 Senator Jesse Helms wrote to the Chairman of the National Endowment of the Arts (NEA) in America. He wanted to know whether particular

artists had received funding from the organisation (and would later pressure for funding to be withdrawn). Helms was writing on behalf of the Christian Action Network a pressure group who had particular concerns about what they termed 'obscene art' which displayed the body in a graphic manner. One artist Helms was concerned to find out about was: "Bob F (sic)". Helms did see Bob Flanagan's work as sick.

Peggy Phelan comments on the outcry over NEA funding and notes that the concern seemed to be that that works of art would contaminate and infect their viewers who will imitate what they see in performance (1997: 32). So, for the governing forces, the 'obscene' is that which is viewed as risky and infectious. We might understand this in terms of Kristeva's notion of the abject. Kristeva differentiates between the 'clean and proper body' and the abject – that which is removed in order to maintain the integrity of the clean and proper. Kristeva terms the abject:

"true theater, without make-up or masks", where bodily fluids, refuse and corpses...display to the audience what they "permanently thrust aside in order to live" (Kristeva, 1982, 3).

The work of artists such as Flanagan and Orlan can therefore be seen to present the abject (that which is seen as troubling the clean and proper body of society) in order that it may be recognized and understood within the context of social taboo – Kristeva talks about the way taboo grows up around the abject. So, for

example, Barilan notes that Flanagan's performances refuse to accept the standards of normality and a "tyranny of health" and his work self-reflexively opens up a discussion about what it means to be perceived as 'sick'.¹¹ Orlan's work also present 'taboo' images about the damage caused by cosmetic surgery.

Yi-Fu Tuan talks about the possibilities of performance practice:

IMAGE

"The hospital as theatre? That would seem to be a frivolous idea. Yet the operating room is often called the theater. Space there is charged with tension and high drama".

The work of Flanagan and Orlan – alongside other carnal artists – is challenging and problematic on a number of levels – personally most particularly in terms of ethics – and it may, indeed, be viewed by some as frivolous and others as obscene. But I would suggest that it is worth exploring as a practice which foregrounds the public space of the hospital setting as a means to address the private dramas of human experience. It highlights the coded nature of the clinical space and gives permission to look at that which may usually be hidden and may even prove a useful starting point for a discussion of what constitutes art and medicine itself.

Marco Marcon notes: "Art and medicine are discursive forms which share a common concern for the human body" (Unhealable Wounds: Art, medicine and

the sublime) the difference in the disciplines may be defined by the way in which that body is interrogated and interpreted. Flanagan's work can be seen to question modern medicine's search for rational explanation and scientific reductionism and, by re-creating the clinical environment as an artist's studio, Flanagan seeks to critique the medical management of illness while opening up space to explore alternatives. Orlan's project appears to speak of the suffering undergone by the torn and opened body. Rather than seeking modes of understanding or healing for that body, I would suggest that Orlan's invitation is simply to "be with" and witness the pain and suffering.

Arthur Frank in *The Wounded Storyteller*, identifies the importance of the wounded storyteller's stories as a means to create a bond between the one who is injured and the rest of the community. Thus art-work may be a way into understanding the range of human experience – and to touch base with 'ill-defined' things.