

The Body Beautiful

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As the contemporary rallying cry to be screened as a means of 'prevention' against life threatening diseases and ailments gets ever louder, my research addresses the intricate processes of imaging the body in today's climate. Artists have risen to the challenge of portraying the somatic using these complex technologies and offered up alternative visions to those mostly demanded and processed through scientific methodologies. More often than not, an artist is compelled to work with the medical profession to achieve the required portrayals. But as much of the medical science community are dubious about the contribution that artists make in the field, it seems to be time to investigate exactly what participation they do have, however subtly. Hence, the core problematic that this project addresses is how much creativity is incorporated into the so-called 'objective' view of an imaging technology, which is placed at the very epicentre of our social understanding of the healthy body?

Background

To say that the image as produced by X-Ray, CT, MRI or any other contemporary medical imaging technology, is an image of objectivity, can no longer be claimed – if indeed it ever could. These images, mostly seen in the auspices of a medical environment, and delivered by the authoritative character in the starched white coat, are highly complicated and politically charged. This projection of the state of our bodies does not just stop at the machine.

In the form of documentation and/or representation, the body portrayed and projected, is revealed not so much as the body in itself but as the framed body, both literally and culturally. In most areas of what we call the 'civilized' world, from ancient India to China, through the mountain ranges of the Caucasus, the body and medicine have involved complex drawings that reveal what the medical profession of the day and culture were looking for – the elements, the chi, the muscles and sinews, the flow of blood and so forth.

In the realm of contemporary western art, especially since the arrival of photography, the Cartesian dialectic dividing the body and the mind, appears to have become increasingly pronounced.

Notable thinkers in the field of cultural and visual studies, for example Betty Holtzmann Kevles (1997) have written on how imaging of the body through various technologies has, through the ages endangered and compromised social relationships by privileging the health of some and not others. There has also been considerable work done, especially by Lisa Cartwright (1995), on how the enthusiasm to use these more elaborate technologies coincides with increased dissemination of these images in the creative and popular culture worlds of visual art and cinema, as well as perhaps more controversially, in advertising and marketing.

The shift from 'reading' the state of the body to screening the 'image' of our bodies is subtle, but suggests that the visceral entity might once again be rendered unsavoury and distasteful as Foucault (1973) points out in his seminal publication, *The Birth of the Clinic*:

"Instrumental mediation outside the body authorizes a withdrawal that measures the moral distance involved; the prohibition of physical contact makes it possible to fix the virtual image of what is

occurring well below the visible area. For the hidden, the distance of shame is a projection screen. What one cannot see is shown in the distance from what one must not see".

We can see, from early and diversely originating illustrations (Fig. 1) that as well as being sources of information for the practice of medicine and anatomy, they were also laden with metaphors and cultural meanings that were particular to the peoples for which it was serving. In other words, the images themselves spoke volumes about the cultural practice of looking at the body being 'enworlded'. They therefore appear as representations of the model or ideal body imbued with cultural meanings, with the authority of the image being given by the necessary surrounding written texts.

References

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Foucault, M. 1973. *The Birth of the Clinic*. (trans A. M Sheridan Smith). London: Tavistock.

Flotzinger, K. 2007. *Stripped to the Bone: New Bodies with No Guts*. Johns Hopkins University Press.

Strange, P. 2007. *Open Body: A multi-media performance* (2005), one can draw connections and disconnections regarding how these parameters work, and how each artist has dealt with what visually is a very similar in style-image produced by two different models of endoscope. The first point of interest here is the difference in models. In the eleven years that elapsed between these two works, the technology providing endoscopic views of the body had of course got more palatable, literally and certainly more user friendly as it has become increasingly self-contained. These different tools already speak volumes about how these works are to be engaged with. In an email I received as part of a discussion with Warnell, he explains: "Capsule endoscopy provides a very different view of the interior body than does television

endoscopy, as used by Hatoum. The capsule endoscope gathers two frames per second at low resolution, which essentially become an assembled, animated view (the speed of which can be controlled by the clinician during post procedure consultation.) [...] the GI (or gastro intestinal) tract consumes and devours anything that comes its way, seeming as much a shaped and contorting aperture as a canal or passage. Its extraordinary display of muscularity, contraction and peristaltic propulsion (witnessed by the pill and the spectator by proxy) is in opposition to the tele-visual view provided by an endoscopic arm. In endoscopy, real time, high definition images are prioritised, dominating the interior space, providing a very active image, one of techno-visual flexibility and controlled regulated perspectives. It is the image that is active in endoscopy. In capsule endoscopy, it is the organism that is active".

This deliberation regarding the activity of being viewed, offers some central problems and questions about agency and the distancing that makes possible the practice of objectification. My research delves into this quandary further, driven largely by popular imagining of the power of screening and personal experience (Figs 2 & 3). It will examine the job that the image and representation of the body, has to do in the contemporary medical field. My questions revolve around the potentiality of the aestheticized body, as it is perceived through fundamentally reductionist technologies, and examine the changing methodologies in medical practices, which inspire and have been necessitated through these processes.

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