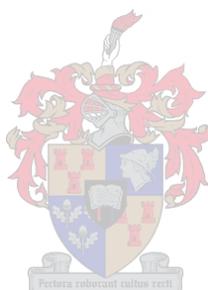


# **The Female Body as Spectacle in Nineteenth- and Twentieth-Century Western Art**

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## **Declaration**

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

## **Abstract**

A spectacle denotes an impressive or deplorable sight, and necessarily involves the power and politics of viewing. The female body exists as a sexualised object of these processes of looking within Western culture, not only in high art, but also in discourses such as medicine and science. In both art and medicine the female body has been treated as a passive object to be studied, analysed and classified. Power relations and patriarchal ideologies have played a great part in the resulting objectifying representations, firmly locating images of the female body within the realm of the spectacle.

Bodily perceptions, in terms of the female body, have changed much, particularly through the reinterpretation of sexuality through feminist theory. Modern culture and technology have opened up many new possibilities for the redefinition and understanding of the body. Modern bodies seem to be under as much close surveillance and scrutiny as their nineteenth century counterparts. This study explores these ideas through a wide range of examples from painting, photography and performance art, and non-art objects such as anatomical objects and medical illustrations.

Central to the construction of the body as spectacle, are issues of looking and viewing. Chapter 1 examines ideas around the gaze; the politics and processes of vision, objectification and fetishisation are explored in relation to the functioning of the medical and aesthetic gaze. The concept of spectacle is also elaborated upon in terms of ideas around the nineteenth century carnival and freak show, and in terms of societal taboos and transgression.

Aspects of aesthetic and medical discourse focus on the display and scrutiny of the female body. Chapter 2 examines the way in which these discourses attempted to

reveal the female body by rendering it in highly visual terms. The dominant ideologies informing both discourses played an instrumental role and resulted in representations that defined the female body in normative standards and ideals of beauty and health. Pornography is considered as a modern discourse in which the female body is defined and displayed as an object of scrutiny. Feminist theory challenged exclusively male representations of the female body and the subversion of traditional forms of representation of women is studied by examining the work of Annie Sprinkle and Cindy Sherman.

Many representations of the female body by feminist artists are considered highly disturbing and transgressive, precisely because they traverse traditional and acceptable representations of it. The idealised nude forms the epitome of contained ideals of health and beauty, and the work of Orlan and Cindy Sherman is examined within these terms in Chapter 3. These artists' representations of the female body are in direct opposition to such norms, rather settling for an open-ended, unconfined and abject representation. However, such transgressive cultural images produced by women artists are often regarded as pathological acts, and dismissed in terms of deplorable spectacle.

The research concludes with a commentary on the candidate's practical work, which in dealing with the representation of the human body explores some issues of visuality, spectacle and fragmentation.

## Opsomming

'n Spektakel kan op 'n indrukwekkende of betreurenswaardige skouspel dui; gevolglik betrek dit die politiese en magseienskappe van besigtiging. Die vroulike liggaam bestaan as 'n seksuele objek van só 'n proses van besigtiging binne die Westerse kultuur – nie net in kuns nie, maar ook in diskoerse soos geneeskunde en die wetenskap. In beide kuns en geneeskunde, is die vroulike liggaam beskou as 'n passiewe objek vir bestudering, analisering en klassifisering. Magsverhoudinge en ideologieë het gevolglik 'n groot rol gespeel in die uiteindelijke objektifiserende representasies, en gevolglik is die uitbeelding van die vroulike liggaam in terme van spektakel vasgelê.

Liggaamlike persepsies, veral in terme van die vroulike figuur, het noemenswaardige veranderinge ondergaan – veral deur die hervertolking van seksualiteit deur feministiese teorie. Moderne kultuur en tegnologie bied verdere moontlikhede vir die herdefiniëring en begrip van die liggaam. Die moderne liggaam word onder streng bewaking en betragting geplaas – net soos sy negentiende-eeuse ewebeeld. Hierdie studie ondersoek dié idees deur die bestudering van 'n verskeidenheid voorbeelde vanuit skilderkuns, fotografie en 'performance'-kuns, asook objekte soos anatomiese objekte en mediese illustrasies.

Kwessies van besigtiging is sentraal tot die konstruksie van die liggaam as spektakel. Hoofstuk 1 ondersoek dus idees rondom besigtiging – onder andere die politiese en magseienskappe, en die gevolglike objektifiserende effek daarvan – in verhouding tot die funksionering van die mediese en die estetiese blik. Die konsep van spektakel word verder uitgebrei in terme van die negentiende-eeuse karnaval, asook in terme van taboes en sosiale oortreding.

Sekere aspekte van estetiese en mediese diskoerse fokus op die vertoning en besigtiging van die vroulike liggaam. Hoofstuk 2 ondersoek die wyse waarop hierdie diskoerse die vroulike liggaam in hoogs visuele terme uitgebeeld het. Beide diskoerse is gemotiveer deur dominante ideologieë, wat gevolglik 'n instrumentele rol gespeel het in die uitbeelding van die vroulike liggaam. Sulke uitbeeldings is dikwels gemotiveer deur standarde en ideale van skoonheid. Gevolglik word pornografie in hierdie hoofstuk bespreek as 'n moderne diskoers wat georganiseer is rondom die vertoning en besigtiging van die vroulike liggaam. Feministiese teorie skep 'n positiewe ruimte waarin sulke eksklusiewe, manlike definisies en uitbeeldings van die vroulike liggaam uitgedaag kan word. Die omverwerping van tradisionele metodes van uitbeelding word hier ondersoek deur die werk van Annie Sprinkle en Cindy Sherman te bespreek.

Die herdefiniëring van die vroulike liggaam deur feministiese kunstenaars word dikwels beskou as onstellend; waarskynlik omdat dit tradisionele en aanvaarbare uitbeeldings van die liggaam oortree. Die werk van Orlan en Cindy Sherman word in terme van sosiale oortreding in Hoofstuk 3 ondersoek. Die klassieke naakfiguur stel die ideale van skoonheid en stabiliteit voor. Hierdie kunstenaars se uitbeeldings toon egter 'n doelbewuste verontagsaming van sulke ideale, deurdat hulle eerder 'n oop, onstabiele en gefragmenteerde figuur uitbeeld. Oortredings van kulturele norme deur vrouekunstenaars word dikwels beskou as patologiese aksies; en dit word dus maklik afgekeur as 'n spektakel.

Die navorsing word afgesluit met 'n bespreking van die kandidaat se praktiese werk, wat die uitbeelding van die menslike liggaam ondersoek. Gevolglik word kwessies van besigtiging, spektakel en fragmentasie verder ondersoek.

## **Acknowledgements**

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## Introduction

During the seventeenth and eighteenth centuries in Europe, a number of strange looking, three-dimensional, life-sized anatomical models of the human body were produced. Originally intended for medical study and as teaching aids, these objects were also displayed to the public, and regarded as ‘great sights’ (Gilman 1989: 189). The female models often had removable outer parts which, when removed, exposed the internal organs and reproductive capacities, thus inviting the gaze of the curious viewer (Figure 1).<sup>1</sup> In this situation, the female body becomes an object to be studied and scrutinised, thereby literally *embodying* the idea of the female body as spectacle.

A spectacle denotes an object of sight, especially of public attention; an impressive or ridiculous sight; or a public show (Oxford English Dictionary). It necessarily involves the process of looking and, by implication, the politics of vision. This study explores the idea of the female body as a sexualised object of sight, particularly of the male gaze. Attention is also given to the negative implications of spectacle. The expression ‘she is making a spectacle of herself’ implies the transgression of certain norms of acceptable behaviour and taboos, which control and regulate the female body. Thus the concept of ‘spectacle’ becomes a complex intersection between passivity and activity, and of judgement rendered by those in power on the powerless.

In social life the female body is an object of continual display. Western visual culture is suffused with the image of the female body, whether in high art (as represented by the female nude) or in popular culture (as in advertising or pornography). Indeed,

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<sup>1</sup> The models are discussed in Chapter 2.

femininity seems to be associated, even equated with imagery. Teresa de Lauretis argues that the

representation of woman as image (as spectacle, as an object to be looked at, a vision of beauty and the concurrent representation of the female body as locus of sexuality, as site of visual pleasure, or lure of the gaze) is pervasive in our culture; it constitutes the starting point for any understanding of sexual difference and its ideological effects in the construction of social subjects and its presence in all forms of subjectivity (De Lauretis in Bronfen 1992: 110).

Seemingly closed systems of representation (such as medical or anatomical illustrations) incongruously abound with sexualised images of the female form, specifically during the nineteenth century. Lynda Nead (1992: 61) states that there is a historical alliance between the discourses of art and medicine as they produced definitions of health and beauty in terms of the female body. These definitions of health were further extended to include distinctions of normality and abnormality or pathology and, during the nineteenth century, the body was a charged site for the articulation of highly politicised concerns, ranging from class and sexual to racial distinctions. Such distinctions were mobilised and manipulated, especially by the sciences. So-called popular 'sciences' such as phrenology, physiognomy and pathonomy (Figure 2) each proclaimed authoritative scientific objectivity and placed great emphasis on the classification and analysis of visual information. The politics of vision is, therefore, central to the formation of scientific and medical knowledge and the power that was – and is – exercised in the regulation, objectification and sexualisation of the female body.

The body does not exist in isolation, but in constant interaction with a plethora of discourses and ideologies. It is 'a historically specific entity, invested in an ideology and not a biological construct' (Adler and Pointon 1993: 128). Rosemary Betterton (1996: 14; 15) states that the body itself becomes the site of political and social inscription; ideas about masculinity and femininity are imposed onto bodies according to socially and culturally prescribed norms. When discussing the female body, it is

impossible to ignore the production and functioning of discourses that produce specific cultural and social meanings about the body.

The nineteenth century saw a proliferation of discourses on sexuality; it became an issue of political and social importance in a constant process of definition and regulation. These discourses were produced by historical agents with varying degrees and sources of power, having great influence in the organisation of sexuality (Nead 1988: 4). Nineteenth century disciplines such as medicine and science, psychiatry and criminal justice all produced discourses on sexuality, and, according to Foucault, these were all firmly implicated in the exercise of power relations (Foucault in Nead 1988: 3). Power in these cases operated through the production of specific fields of specialised knowledge. Not only did discourses exercise power; they often had a firm institutional basis from which to function (Weedon 1987: 109), resulting in guaranteed authority.

These discursive sites radiated definitions of acceptable and unacceptable sexual behaviour (Nead 1988: 3), and were often unquestioningly accepted. Medicine and science, controlled by men, held privileged epistemological positions, mainly because their methods and findings appeared to be rooted in empirically based knowledge, truth and scientific objectivity (Jordanova 1989: 24). Gilman suggests that because of this 'natural' authority, and its connotations of truth and reality, the conventions of medicine could easily infiltrate other apparently closed representational systems (Gilman 1985: 28), such as high art. Nead (1988: 26) suggests that through the operations of science and culture, a specific historical construction of femininity was made to appear natural, inevitable and universal. Western femininity was deemed respectable, normal and healthy through a conflation of biological and scientific knowledge and morality, thereby firmly establishing the function of female sexuality as exclusively procreative. Any behaviour other than the norm (such as prostitution) would be considered deviant, transgressive, excessive and threatening to a patriarchal social order. The result of this construction was the aligning of femininity with nature, whereas the cultural and rational were inscribed as masculine.

With an abundance of theories on female physiology and sexuality came a proliferation in the representation of the female nude in nineteenth century European art (Nead 1992: 47). This interest in the female body was not far removed from the authoritative definitions of female sexuality and femininity made in science and medicine. Indeed, medicine and art both rely on close visual observation for the production of medical and aesthetic imagery.

The gaze<sup>2</sup> acts as a synonym for mental representation and understanding, and is, according to Rosi Braidotti (1991: 148), a constant presence in the construction of Western culture. She further suggests that, given the primacy of sight in our culture, it exists as the site of legitimisation of knowledge. The scientific gaze is one that purports to be characterised by detached observation, which creates an idea of objectivity and neutrality. However, a body that is open to scrutiny and observation is one that can be manipulated (Braidotti 1991: 141). The scientific gaze – like its aesthetic counterpart - is highly selective, and is only as objective as the observer can be.

Lynda Nead (1992: 48) states that, in examining the female body both internally and externally, medicine and art offered a thorough surveillance of the female form resulting in a regulation of femininity through cultural definitions of health and beauty. Not only is the act of looking central to the production of both discourses, but they rely on the same politics of vision in that the female body is treated as a passive, displayed object or spectacle to be observed, analysed and classified.

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<sup>2</sup> According to Norman Bryson, vision can be divided in two aspects: one that is vigilant, masterful or 'spiritual'; and the other which is subversive, random or disorderly (Bryson 1983: 93). He defines the activity of 'the gaze' as 'prolonged, contemplative, yet regarding the field of vision with a certain aloofness and disengagement across a tranquil interval'. This differs from 'the glance', which is described as a 'furtive or sideways look whose attention is always elsewhere, which shifts to conceal its own existence, and which is capable of carrying unofficial, *sub rosa* messages of hostility, collusion, rebellion and lust' (Bryson 1983: 94).

The construction of sexuality and sexual difference is profoundly implicated in the act of looking. Peggy Phelan (1993: 4) states that '[the] politics of imagined and actual exchange of the gaze are most clearly exposed in relation to sexual difference'. The gaze is about looking – it concerns knowledge and pleasure, and places these issues in the service of issues of power, manipulation and desire (Nelson and Shiff 1996: 209). The sexual politics of looking, which are discussed in detail in Chapter 1, are centred on a set of dichotomies; viewer/viewed, subject/object, activity/passivity; and are employed in the construction and legitimisation of sexual difference. Such binaries further assist in the production of cultural stereotypes. Men look; women are looked at. Woman is conflated with image and spectacle, mastered by the male gaze. The act of looking affords a certain degree of power and visual pleasure, permitting voyeuristic and fetishistic looking. As such, both voyeuristic and fetishistic looking function to divide subject from object. It does this by empowering the viewer (who is defined as masculine) and disempowering the object of the look (defined as feminine) (Meskimmon 1996: 106). Woman is thus objectified as eroticised image, reduced to fetishised fragments and parts. It would seem that the female body is under constant appraisal and judgement – the gaze of the medic defines it either as diseased or healthy, whereas the gaze of the connoisseur defines it in terms of beauty (Nead 1992: 81).

These types of gazes highlight yet another binary, which seems to preoccupy nineteenth century social and cultural practices namely the contrast between the ideal or idealised body and the pathological<sup>3</sup> (or real) body. Defining the body in these terms raises pervasive ideas of acceptable and unacceptable social and sexual behaviour. In this case, the body of woman is not only constituted as the object of a sexualised male gaze, but as a sign of masculine difference (Callen 1995: 137). The masculine, particularly the white, male, European body, is constructed as the norm; anything else is construed as other and deviant.

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<sup>3</sup> Within this context, the 'pathological' body does not refer exclusively to the diseased body, but rather to a body that deviates in any way from the idealised norm.

According to Anette Kuhn (1985: 19), ‘most cultural representations of women are readable in connoting “otherness” or difference to the norm of patriarchy.’ Woman is constructed as other to culture, and the female body is regarded as a curious object to be explored, dissected, domesticated and controlled (Bronfen 1992: 65). The discourses of medicine and art both succeed in controlling and defining the body. Anthea Callen states that ‘in order to define the normal,<sup>4</sup> both it and the abnormal must be identified and classified – a social process requiring an emphasis on the gathering of empirical data and on the scientific scrutiny of its human subjects’ (Callen 1995: 87). Indeed, nineteenth century medical science was intent on revealing ‘true’ female nature through intense scrutiny and dissection and thus legitimising the female body and biology as exclusively reproductive, emotional and unstable. This could be rationalised because visual evidence of female anatomy showed the female body as intrinsically different and diametrically opposed to the male body, and therefore pathological.

During the nineteenth century, the condition of hysteria enjoyed great public and medical attention. Prevailing medical views and notions proposed that hysteria – a concept originating in the Greek word for womb - was grounded in female biology and linked to the functioning of the reproductive system. Rosemary Betterton states that, given the public attention and debates centring on hysteria, it entered public consciousness as exclusively linked to female pathology (Betterton 1996: 67). She goes on to say that hysteria became an explanation easily related to any and every deviation from acceptable female behaviour (Betterton 1996: 68).<sup>5</sup>

The medical gaze thus produced specific ideas on the female body and, accordingly, so did the artistic gaze in representing the female body. Nead (1992: 2) suggests that the female nude proposes certain definitions of the female body; the representation of the female body can be seen as a discourse in itself, central to Western aesthetics. She

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<sup>4</sup> The terms ‘normality’ and ‘abnormality’ are here applied to sexuality.

also argues (1992: 6) that the principle goal of the nude has been to contain and regulate female sexuality. She states that '[if] the female body has been regarded as unformed, undifferentiated matter, then the procedures and conventions of high art are one way of controlling this unruly body and placing it within the securing boundaries of aesthetic discourse' (Nead 1992: 2).

Through the intervention of the aesthetic gaze (which is defined as masculine and active), the female body is transformed from nature to culture and alters its identity to become the nude. The nude functions as an icon of cultural production, bearing definitions of ideal and idealised beauty. Nineteenth century sciences such as physiognomics relied on the meticulous measurement and appraisal of features to arrive at some conclusion of human character. Given the popularity of this science, it is not surprising that nineteenth century representations of the female nude also relied on the compilation of measurements and appraisal to reach an ideal of perfect, physical beauty (Figure 3).<sup>6</sup> Nead proposes that beauty is an ideal that is only reached through the definition of norms and deviations (Nead 1992: 70). During this period, such ideals of beauty were mainly produced by male artists<sup>7</sup>. These forms and images of the female nude were stylised and idealised, prescribed by particular definitions of normality, desirability and beauty, and sadly had very little to do with actual female bodies.

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<sup>5</sup> Pathological notions of the female body do not only apply to hysterical female behaviour. Nineteenth century pathological definitions of female sexuality were extended to include ideas on prostitution (regarded as transgressive sexual behaviour) and racial sexuality (usually defined as excessive).

<sup>6</sup> Cabanel's *Birth of Venus* (1863), oil on canvas, 130 x 225 cm, Musée d'Orsay, Paris, exemplifies 'typical' nineteenth century Salon painting, especially in its pseudo-classical composition. This work is implicitly erotic, like so many other Salon paintings, and was produced mainly for male consumption.

<sup>7</sup> Linda Nochlin (1989: 158) states that in the period from the Renaissance to the late nineteenth century, the 'study of the nude model was essential to the training of every young artist, to the production of any work with pretensions to grandeur, and to the very essence of History Painting, generally accepted as the highest category of art'. During this time, individual (male) artists and private academies employed the nude model (both male and female) extensively. However, aspiring women artists were denied this privilege, and had to contend with the complete unavailability of *any* nude models. Nochlin (1989: 159, 160) further states that 'to be deprived of this ultimate stage of training meant, in effect to be deprived from the possibility of creating major art works'. Most women painters restricted themselves to the 'minor' fields of portraiture, genre, landscape or still life.

Normative definitions of the female body in terms of health and beauty are not limited to representations of the nineteenth century – rather, these definitions of the female body have persisted well into the twentieth century, and continue to influence ways in which the female body is considered. Modern bodies are under as much scrutiny as their nineteenth century counterparts. New medical technologies and new visualisation techniques<sup>8</sup> have intensified the medical gaze, and bodies are subjected to an intense, penetrative scrutiny. The effect of new technologies on social relations of sexuality and reproduction is described by Donna J. Haraway in her ‘Cyborg Manifesto’ as follows: ‘[t]hese sociobiological stories depend on a high-tech view of the body as biotic component or cybernetic communications system...women’s bodies have boundaries newly permeable both to “visualisation” and “intervention”’ (Haraway in Petherbridge and Jordanova 1997: 64). Through the use of new interventive medical technologies such as reproductive technology and cosmetic surgery in particular, the female body is a spectacle placed under constant surveillance – the body is fractured and fragmented into isolated parts to be studied and examined. Anne Balsamo states that these technologies and techniques are articulated through traditional and ideological beliefs about gender – ‘an articulation that keeps the female positioned as a privileged object of a normative gaze that is not simply a medicalised (the clinical eye) but also a technologised view’ (Balsamo 1996: 57).

New technologies such as cosmetic surgery rely on culturally determined ideals of feminine beauty. As with any medical science, cosmetic surgery functions from a position of knowledge and power, within a framework where the female body is constructed as pathological and unruly (Balsamo 1996: 56). In offering to redesign or reinvent the female body according to changing notions of feminine beauty, cosmetic surgery is implicated in processes of idealisation and manipulation and the female body is subject to a medical, technologised gaze, which objectifies and fragments the body, effectively containing and regulating it.

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<sup>8</sup> New visualisation techniques refer to the wide variety of digital technology available in visualising the human body, such as computed tomography (CT), x-ray imaging, position emission tomography

Modern technology and modes of production have given rise to many discourses regarding the body. In discussing the objectification of the female body, it is impossible to disregard pornography. It exists quintessentially as a discourse of the spectacular display of the female body in the twentieth century. Susanne Kappeler states that pornography is not a special type of sexuality; it is a form of representation (Kappeler 1986: 2) with its own conventions of naturalism, realism and fragmentation. Pornography concerns the female body, it is characterised by 'the relentless display of sexual difference and the sexualised female body' (Nead 1992: 97). Within pornography the female body is constructed as a spectacle for the male gaze;<sup>9</sup> objectified through the codes and conventions of pornographic representation. In pornography, sexual difference is all-pervasive. Femininity is conflated with female sexuality, reducing it to bodily parts culturally inscribed as feminine which can then be subjected to pleasurable male looking. Pornography attempts to render visible sexual difference. Nead states that in pornography's quest for 'objectivity, clarity and disclosure'; it invokes an 'alterior sense' of the female body as mysterious (Nead 1992: 99). In this instance, the objectives of pornography seem not far removed from late nineteenth century medicine's surveillance, examination and scrutiny of the female body. Indeed, both discourses rely on constructing the female body as a passive object of an investigative gaze, intent on revealing the 'true nature' of femininity, and relying on realism and objectivity to legitimise their respective representations.

Representation of the female body is a complex issue. Western culture and society abound with representations of the female body as determined by male institutions. With the emergence of feminist theory, the representation of the female body became a political issue. By politicising questions of sexual difference, feminist theory

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(PET), magnetic resonance imaging (MRI) and ultrasound (Stafford 1993: 26). New medical technologies would include cosmetic surgery and reproductive technologies.

<sup>9</sup> For the purposes of this study, I will concentrate on pornographic images of the female body intended for the male spectator. By no means is pornography produced exclusively for men; pornography is also produced for the female, gay and lesbian gaze.

confronts a longstanding tradition in which 'the female body is positioned as a binary term of difference' (Betterton 1996: 14). Feminist theory and politics have questioned patriarchal notions of sexuality and sexual difference, and resultant power relations; and, by so doing, have redirected our interpretation of the construction of sexuality, gender and gender roles.

One of the main aims of feminist theory has, however, been to reclaim and reposition the female body. Feminist art has aimed to counter popular representational stereotypes of women through the reclamation of the female body. Nead notes that the early feminist art of the 1970's was characterised by an insistence on representing aspects of the female body, and it was the product of women usually not represented within mainstream visual culture (Nead 1992: 66). Rosemary Betterton states that by using their own bodies in representation, women artists potentially liberated the image from 'stereotypical patterns of looking' (Betterton 1996: 103) generated by the objectification of the female body. However, representing the female body from a feminine or feminist point of view has its problems and ambiguities. Mary Kelly states that '[to] use the body of woman, her image or person, is not impossible, but problematic for feminism' (Kelly in Nead 1992: 76). As Kelly proposes, it is not only images of the body that can be problematic; female performance or body art also have their ambiguities<sup>10</sup>.

David Lomas (in Adler and Pointon 1993: 2) observes that the female artist's body may appear to be the only viable, if problematic, medium for her art – 'it exists as the metaphor for merging life and art'. It would appear that performance or body art creates a favourable aesthetic space for women to challenge the implications of the social and historical construction of female sexuality, and thereby reclaim power over their bodies. Performance art claimed to break with conventional sexualised viewing

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<sup>10</sup> Female performance or body art - like traditional representations of the female body - can be misappropriated by the viewer in terms other than intended by the artist. Although body art challenges many of the conventions of traditional representation, it is not entirely free of the 'patriarchal structuring of voyeurism and exhibitionism' precisely because it centres on the display of the often naked female body (Nead 1992: 76).

structures, as it ‘disrupts the aesthetic and voyeuristic containment of the female body’ (Nead 1992: 68). As with any form of representation, performance art has its problems. It has potential in constructing new ideas about the female body by subverting the male gaze and initiating women as speaking subjects. However, precisely because it employs the (often naked) female body, it risks perpetuating ‘woman’ in terms of patriarchal spectacle, as object of the look (Nead 1992: 68). Betterton (1996: 10) states that body art often ironically reflects the focus of discourses such as medicine and pornography, namely the sexual female body. These discourses have grounded femininity in sexual biology, equating femaleness with sexual anatomy. Female performance or body artists exploring the body within these terms, inevitably run the risk of subscribing to the same equation.<sup>11</sup>

Early feminist and performance art’s subversive use of the body was a politically and socially subversive endeavour (Nead 1992: 69). Much of the art of this period (1970’s)<sup>12</sup> aimed to create visibility for aspects of the female body by using so-called vaginal ‘iconology’.<sup>13</sup> Although this imagery acknowledged the existence of the production of women’s representations of sexuality and of the body, it also generated a lot of criticism – accusations of biological determinism and essentialism were levelled against such imagery as once again, feminine identity was linked to biological sexuality.

The celebratory notion of the female body was replaced during the 1980s by an exploration of what Lynda Nead terms the ‘obscene body’ and ‘transgressive acts or

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<sup>11</sup> An excellent example of this ambiguity would be Judy Chicago’s *The Dinner Party* (1979), multimedia installation, 1463 x 1463 x 1463 cm. *The Dinner Party* attempted to question the social and aesthetic exclusion of female sexuality from the public sphere, by celebrating female historical figures. Chicago visualised these women in terms of ‘vaginal iconology’, reducing the concepts and identity of femininity to vaginal or vulvic forms and claiming that this type of imagery was a natural and innate language for female expression. The nineteenth century male scientific establishment however, used the appeal of the ‘natural’ to legitimise the sexual identity and roles of women as biologically determined. In celebrating women’s sexuality within these terms, Chicago ran the risk of perpetuating the patriarchal definition of woman as biologically determined (Nead 1992: 65).

<sup>12</sup> Feminist theory and politics of this period was characterised by the claim ‘our bodies, our selves’ (Nead 1992: 64).

<sup>13</sup> ‘Vaginal iconology’ refers to imagery that is drawn from forms of female genitalia.

aspects of female sexuality' (Nead 1992: 69). Here, the boundaries of acceptability and unacceptability were explored and challenged by imagery that represented taboo issues.<sup>14</sup> Many of these works can be seen as deliberate reactions to the contained and regulated female body, as represented by the fine art nude. They acknowledge the female body that ages, eats and excretes. Betterton links ideas of this grotesque and monstrous female body with theories of abjection, stating that women artists appropriate the abject through a 'variety of transgressive forms which range from symbolic disintegration, sado-masochistic imagery and actual bodily mutilation' (Betterton 1996: 35). Nead however, warns against the use of such violent imagery: 'An aesthetic that is based on transgression, "of breaking open the boundaries" of the dominant discourse, can only have a limited viability for feminist politics of the body' (Nead in Betterton 1996: 137). Janet Wolff echoes the same sentiments in saying that 'reinstating corporeality' is a contradictory enterprise for women (Wolff in Betterton 1996: 137). Aspects of feminine corporeality have been effectively repressed by bourgeois culture, by defining the female body in terms of acceptable and unacceptable behaviour. Nineteenth century society ascribed certain values to health, beauty and normality in terms of the female body, and transgression of these values and boundaries, which are still in place and functioning, is all too often punished. Women who transgress these bodily 'restrictions' are easily dismissed in terms of pathology, or considered to be 'making a spectacle of themselves'.

Nineteenth and twentieth century perceptions of the female body differ greatly, as they are motivated by different historical, technological and social distinctions and ideas, as well as by different states of self-consciousness. Representations of the female body are, by implication, influenced by these distinctions and advances – the body functions as a site of inscription for such distinctions. Inescapable to both centuries, is the centrality of the female body in cultural representations. Both periods

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<sup>14</sup> These artworks challenged the aestheticisation and sanitation of the female body, and represented it in terms of matter and process. Judy Chicago's *Red Flag* (1971, photo lithograph, dimensions unknown) uses the confrontational strategy and imagery of a taboo subject, namely menstruation. On the other hand, representations of the diseased female body by artists such as Hannah Wilke and Jo Spence challenge the notions and representations of the ideal and healthy stereotyped female body.

saw the evaluation of sexual difference in highly visual terms. The disciplining medical gaze of the nineteenth century was replaced with a digitalised, technologised view in the late twentieth century. This technologised view is not necessarily different in its representation of the female body to its nineteenth century counterpart as it still relies on many of the constructions of vision, sexual difference and power central to nineteenth century discourses. This study therefore, includes a wide range of images in examining the female body as spectacle.

Any representation is inscribed with more than mere ‘representing’ – cultural values and norms, political and social considerations and sexual politics are all involved in its construction. Examples discussed in this study are, therefore, drawn from painting, photography and performance art, and other non-art forms of representation, such as medical illustration and medical or anatomical sculpture and objects. In Chapter 1, I establish theoretical constructs informing further arguments; central to the construction of the female body as spectacle are issues of looking and viewing. Ideas around the gaze – the politics and processes of vision, the objectification and fetishisation of the body through the gaze and its subversion – are explored, and medical and aesthetic modes of vision are discussed in terms of their construction of particular perceptions of the female body, notably the contrast between the ideal and pathological or actual body. The concept of spectacle in terms of the pathological or obscene body is investigated in the nineteenth century carnival or freak show, and in terms of the transgression of cultural and societal taboos.

Chapter 2 centres on the representation of the female body as an object revealed by the male gaze. Grouped here are images of the nineteenth century medicalisation of the female body, such as anatomical models and anatomical illustration, and photography dealing with the representation of hysteria. Modern representations of the female body continue to rely on the fragmentation of the female body. Pornography, in particular, allows for the construction of the female body as an object to be revealed, not unlike medical representations. This chapter also introduces the subversion of traditional forms of female representation by examining feminist art and

female performance art, with particular reference to the work of Annie Sprinkle and Cindy Sherman.

Aspects of representational transgression by female artists are discussed in Chapter 3 where ideas of the abject, the pathological and the grotesque are considered. Pathological distinctions within the body rely on the construction of it as anatomical deviation from the norm, which in this case, is the construction of the ideal nude body. In the twentieth century plastic surgery emerges as a technology allowing the reinvention of the self, and making the ideals of Western beauty more and easily attainable. This issue underlies the work of French performance artist Orlan, who employs plastic surgery as a strategy not to attain these ideals, but rather to criticise the construction of beauty. By using the body in such a disruptive way, she transgresses on many levels, and is easily labelled as making a spectacle of herself. Orlan's work, because of its disturbing nature, can be discussed in terms of the abject, the monstrous feminine and the grotesque body, while Cindy Sherman employs strategies of the grotesque and carnivalesque to produce her photographs. The research concludes with a discussion of the candidate's practical work, which in dealing with the representation of the human body explores some issues of spectacle, fragmentation and visuality.

The female body is represented and displayed in most aspects of our culture, albeit for a variety of different reasons. However, the fact remains that it is a powerful discursive site, constantly producing complex meanings and shifting perceptions in terms of what it is. This study examines some of these changed and changing notions, and reveals some of the 'impossibility' of representing the female body, especially when the task is undertaken by women female artists.

## **Chapter One**

### **Regarding the Spectacle: Examining the Processes of Looking**

Chris Jenks suggests that empirical theories of knowing, rooted in sight and vision, characterised modernity – ‘a period that might be described as the “opening” of vision’ (Jenks 1990: 3). Issues of vision and visibility became increasingly important within urban modernity, marked by leisure, money, consumption and spectacle (Pollock 1988: 52). Vision was mobilised to include social and political distinctions and issues of sexual difference, and these ideas were in turn reflected in cultural representations of the female body. By studying the politics of vision, the implicitly gendered nature of viewing is revealed through the conflation of the female body with spectacle and image.

Griselda Pollock (in Kendall and Pollock 1991: 107) suggests that the ideology of gender was mapped onto the social spaces of the modern city by the bourgeoisie in the nineteenth century. The result was the division of the city into sexually defined spaces of public and private, and inscribed with social identity. Domestic and interior spaces were associated with femininity, whereas masculinity was associated with public spaces and freedom of movement and gaze. Pollock (1988: 66) states that:

The spaces of femininity are those from which femininity is lived as a positionality in discourse and social practice. They are the products of a lived sense of social locatedness, mobility and visibility, in the social relations of

seeing and being seen. Shaped within the sexual politics of looking, they demarcate a particular social organisation of the gaze, which itself works back to secure a particular social ordering of sexual difference.

The sexual politics of looking function around a system of binary terms – activity/passivity, subject/object, looking/being seen (Pollock 1988: 87), and this structuring of the gaze, combined with the social ordering of sexuality, places masculinity in firm control of the look, with women at the receiving end.

The *flâneur* emerged in the nineteenth century as the embodiment of the gaze of modernity. Pollock defines the *flâneur* as follows: ‘The flâneur symbolises the privilege or freedom to move about the public arenas of the city, observing but never interacting, consuming sights through a controlling but rarely acknowledged gaze’ (Pollock 1988: 68). The position of the *flâneur*<sup>1</sup> was exclusively male, as public spaces were defined in terms of masculine needs. Men were placed in firm control of an observing and mastering gaze. There could be no female version of the *flâneur*, as women were relegated to domestic and private spaces. Furthermore, looking was an activity discouraged in women (Callen 1995: 89) – a female gaze was linked to pathology and deviancy.<sup>2</sup> According to Baudelaire, ‘women do not look; they are positioned as the *object* of the *flâneur*’s gaze’ (Baudelaire in Pollock 1988: 72). Within this construction, masculinity is identified with the gaze – men have the right and power to look. Through the operation of binary terms of difference, stereotypical ways of looking are produced. The female body is constructed as the passive object of a male gaze – a spectacle to be scrutinised and examined without the power to meet, answer or challenge in return.

The gaze is therefore, as much about looking as it is about the deployment of power and it is not surprising that the gaze was implicated in legitimising sexual difference,

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<sup>1</sup> The gaze of the *flâneur* can be equated with the gaze of the medic or the modern artist. The *flâneur* was regarded as the ‘objective’ recorder of modern life - spectacular urban sites and sights. Baudelaire first discussed the behaviour of the flâneur.

<sup>2</sup> Women moving within public spaces were associated with atavism and pathology, and classed as prostitutes or fallen women.

as it was at the centre of scientific and medical discourses. Stephen Heath notes that 'where a discourse appeals directly to an image, to an immediacy of seeing, one can be sure that all difference is being eluded, that the unity of some accepted vision is being reproduced' (Heath in Gilman 1985: 27). This 'accepted vision', according to Gilman, is the stereotypical representation of the Other (Gilman 1985: 27). Indeed, most cultural representations of women can be seen as connoting difference or 'otherness' to the norm of patriarchy (Kuhn 1985: 19). This conception of 'otherness' was further extended in the nineteenth century to include not only female sexuality, but also theories of racial difference in anthropological studies. As a result, representations of the female body were infused with political and social attitudes of sexual difference, thereby legitimising the status quo.

The nineteenth century can be understood as a period of medical and aesthetic objectification of the female body. There appears to be an alliance between the discourses of medicine and art in the definition of femininity - a definition that is produced in terms of health and beauty (Nead 1992: 61). The project of nineteenth century medicine was the construction of sexual difference and the legitimisation of gender roles. This was achieved through a thorough, controlling surveillance of the female form, resulting in a growing sexualisation and medicalisation of the female body. Ludmilla Jordanova (1989: 3) suggests that the process by which medical knowledge is acquired can be regarded as deeply sexual. Within the discourses of medicine and science, the object of study was traditionally constructed as feminine (Jacobus, Fox Keller and Shuttleworth 1990: 6), and subjected to a masculine scientific gaze<sup>3</sup>.

This construction was achieved through the identification of femininity with nature, as opposed to the masculine rationality of culture. Epitomising the personification of

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<sup>3</sup> During the nineteenth century, the medical establishment was dominated by men and accordingly, it was a male gaze that was imposed on female patients and corpses. Elizabeth Blackwell (1821 – 1910) became the world's first trained and registered woman doctor when she graduated from the Geneva Medical College in the state of New York in 1849. Blackwell's entry into this professional sphere, which was thus far monopolised by men, was of great significance for feminism (Forster 1986: 55, 68).

woman as nature or an object to be examined, is L. E. Barrias' sculpture *La Nature se Devoilent Devant la Science* (Nature Revealing herself before Science) (1899, Dimensions unknown, Musee d'Orsay, Paris), which was originally displayed at the Paris medical faculty. It depicts the figure of a woman removing layers of clothing to expose herself to the 'medical' gaze. The female body was thus posited as an object to be revealed, unveiled and penetrated by the objective and authentic medical gaze. Anatomical dissection can be viewed in these terms, as it is about the successive removal of bodily layers, of bodily tissue (Jordanova 1989: 55). Such successive removal of layers, is best represented by so-called flap anatomies (Figure 4), which constituted the female body as a spectacle to be unveiled and exposed by the viewer.

Nineteenth century medicine, in its construction of femininity as different to the norm of masculinity, was intent on revealing the 'otherness' of woman, particularly as located in her reproductive physiology which was accordingly visualised, thus satisfying a widespread curiosity about the female body. In the strict medical sense, the removal of bodily tissues or unveiling, is gender neutral (Jordanova 1989: 110). However, Jordanova suggests that the supposedly objective penetrative revealing of the female body became infused with implicitly sexual terms of viewing. She states (1989: 96) that 'women can be "unveiled" in a way men cannot be' (Jordanova 1989: 96). Vision in this case, becomes saturated with fantasies of masculine desire, excitement and visual pleasure, carrying with them notions of visual and erotic undressing and possession.

The sexualised male gaze was also employed in the aesthetic objectification of the female body. Aesthetic discourse constructed femininity not only as an object of vision, but also as an object of desire. Nineteenth century Salon art saw a proliferation of the female nude, which was related to complementary shifts in the definition of femininity and female sexuality during this period (Nead 1992: 47). Not unlike its behaviour in the discourse of medicine, the masculine gaze could transform nature (the female body) into culture (the female nude). Consequently, the discourse of the nude installed masculinity as both creator and consumer of representations of the

female body (Nead 1992: 13). Linda Nochlin links this male consumption of the female body with eroticism. Traditionally the nude has erotic implications as it involves the body, and images of women (Nochlin 1989: 137). She states that ‘the imagery of sexual delight or provocation has always been created *about* women for men’s enjoyment, by men’ (Nochlin 1989: 138). The nude therefore, can be seen as the ‘address to a male spectator, made explicit through the way in which the body is displayed, posed and formed for his aesthetic and erotic enjoyment’ (Betterton 1987: 204). The result of the objectification of the female body as the nude was stylisation and idealisation. Here, the female body was equated with classical ideals of beauty, and had very little to do with real female bodies. In constructing the passive female body as a marker of male fantasy and pleasure, the female nude legitimises voyeurism and fetishism while regulating and controlling female sexuality through idealising and fetishising of the female body so that it conforms to masculine definitions of femininity.

Woman is still defined as image and constructed as spectacle and symptom and she still serves as the object of a male gaze in art and popular cultural forms including film and pornography. In her highly influential publication ‘Visual Pleasure and Narrative Cinema’ (1973), Laura Mulvey<sup>4</sup> states that cinema ‘derives from and reproduces a structure of male looking and female to-be-looked-at-ness’, thereby replicating unequal gendered power relations (Mulvey in Gamman and Marshment 1988: 5). The spectator’s look in this case is the definitive look, and these are circumstances in which looking itself could be a source of pleasure (Mulvey 1989: 16).

Cinema exists as an advanced representational system – studying it examines the nature of vision, questioning the way in which the unconscious structures ways of

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<sup>4</sup> Mulvey’s ‘Visual Pleasure and Narrative Cinema’ (1973) was influential in revealing the gendered processes of viewing at work in mainstream Hollywood cinema. However, I think that pornographic film can be included in this discussion, as it often relies on the same gendered constructions of Hollywood cinema, and such conventions as lighting, props and narrative. Mulvey’s theories on the

seeing and pleasure in looking (Mulvey 1989: 15). Cinematic viewing (Nelson and Shiff 1996: 211) is structured as voyeuristic and fetishistic – the female body is made into an object of eroticised looking (Krauss 1993: 48). As a result, cinematic viewing offers pleasure in looking. Mulvey's theories of viewing rely on psychoanalytic theory. Freud associated scopophilia, or pleasure in looking, with objectification through a controlling and curious gaze (Mulvey 1989: 16, 17). Within cinema and pornography, the female body is styled or coded for strong visual or erotic impact. The image of the female body is displayed, connoting 'to-be-looked-at-ness', and the 'determining gaze projects its fantasy onto the female body' (Mulvey 1989: 19). According to Mulvey (1989: 25), cinema, and by implication pornography, 'builds the way [in which the female body] is to be looked at, into the spectacle itself.'

Betterton (1996: 11) states that Mulvey's appropriation of the concepts of voyeurism and fetishism has given 'further cogency to the binary division between women as passive objects of the look, and men as subjects of their own desires'<sup>5</sup>. Mulvey's theories have indeed drawn attention to the voyeuristic and objectifying nature of the male gaze in representing the female body as a spectacle, revealing the gendered power and pleasure functioning in this construction. The politics and processes of looking are central to the concept of spectacle, and are, therefore, inherent in the construction of femininity as patriarchal spectacle. Spectacle sets up specific constructions of display and spectatorship and historically, these spectacular constructions of the female body have been made exclusively by men for men

The concept of spectacle is not limited to its definition as an impressive object of sight; it also connotes a deplorable sight. In defining spectacle in these terms, norms

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male gaze proved to be influential in feminist theory and its examination of patriarchal structures of looking.

<sup>5</sup> Psychoanalysis or psychoanalytic theory have been used politically by many feminist theorists like Mulvey, in order to examine patriarchal structures, both within the individual subject and the social formations that have moulded him. Within this structuring, woman stands as 'signifier for the male other, bound by a symbolic order in which man can live out his fantasies and obsessions through linguistic command by imposing them on the silent image of woman still tied to her place as bearer, not maker, of meaning' (Mulvey 1989: 15). These socially established interpretations of sexual difference controlling images, erotic ways of looking and spectacle, could thus be examined and questioned.

of respectable and unrespectable behaviour are involved, as produced by nineteenth century discourses such as medicine, science, and law. These distinctions were motivated by a strong morality, intent on justifying sexual difference and ‘appropriate’ social and sexual behaviour, which was in turn dependent upon the construction of societal taboos. By transgressing such taboos, one would be transgressing the boundaries of normality and easily defined or dismissed as making a spectacle of oneself. Such a definition relies on constructions of ‘otherness’ – deviations from the norm that are infused with ideas of pathology.

Illustrating a conflation of ideas about spectacle and transgression is the nineteenth century carnival. Stallybrass and White (1986: 7, 8) define the carnival not only as a ritual of spectacles characterised by exuberance and excess, but also as a form of cultural analysis and criticism centring on symbolic inversion. Babcock defines this symbolic inversion as ‘any act of expressive behaviour which inverts, contradicts, abrogates, or in some fashion presents an alternative to commonly held cultural codes, values and norms, be they linguistic, literary or artistic, religious, social or political’ (Babcock in Stallybrass and White 1986: 17) – in other words, the transgression of societal taboos or boundaries. The carnival depended on the construction of ‘other’ in its representation of the body and, in contrast to the classical and idealised body represented within high culture, the carnival celebrated the low and grotesque body and its discursive norms of impurity, disproportion and heterogeneity (Stallybrass and White 1986: 22, 23). Thus the carnival offered the representation of deviant and pathological bodies deemed as unrepresentable by high culture.

Indeed, the nineteenth century exploited the human body that deviated from the anatomical norm. William Ewing points to the popularity of collecting and trading of photographs representing the abnormal or obscene body – representations of the ‘other’ or of anatomical difference (Ewing 1994: 239). Such displays of ‘abnormality’ were not restricted to photographic representations; bodies deviating from anatomical norms were displayed at fairs, circuses and freak shows for public titillation (Arnold

1996: 25). Saartje Baartman<sup>6</sup> or the ‘Hottentot Venus’ as she became known, is an example of such a body defined in terms of spectacle (Figures 5 and 6). According to Sander Gilman, the black female body became a stereotyped icon of deviant and pathological sexuality in the nineteenth century, existing as a collection of sexual parts to be observed and examined (Gilman 1985: 83, 84). The spectacle of Saartje Baartman was a sensationalised, objectifying display of a female body, focusing on her protruding or distended buttocks, a condition otherwise known as steatopygia. However, such spectacular displays of the human body are not limited to the nineteenth century.

The existence of freak shows,<sup>7</sup> even in the twentieth century, attests to our curiosity with so-called deviant, abnormal or pathological bodies<sup>8</sup>. The freak show appears to be the modern, marginalised version of the carnival, in that it shows abnormal and excessive bodies in terms of spectacle. However, our recognition of these bodies as strange and grotesque continues to rely on constructions of difference and normality formed in the nineteenth century. In spite of these connections with deviancy or pathology, the carnival or carnivalesque offers a model of subversion in that it concentrates on a ‘real’ body rather than a classical, idealised body. This would appear to be a particularly helpful model in challenging representations of the female body as an idealised, harmoniously proportioned and hermetically sealed construction, by concentrating on an alternative, real and lived-in female body.

Well-known and widely publicised examples of spectacle within the late nineteenth and early twentieth century, are the images created for the women’s suffrage

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<sup>6</sup> Saartje Baartman was brought to Europe in 1810 by Alexander Dunlop and subsequently displayed publicly in London, Bath and later in Paris where she died in 1815. Her body parts were autopsied and preserved, and are displayed in the Musee de l’Homme in Paris (Arnold 1996: 25).

<sup>7</sup> The Jim Rose Circus Side Show, formed in 1990, exists as a modern example of a well-publicised, sensationalised freak show representing ‘abnormal’ bodies in terms of spectacle. It features bizarre characters such as The Enigma, Mr Lifo and the Armenian Rubberman, and sports spectacular acts such as Women Sumo Wrestling and Mexican Transvestite Wrestling.

<sup>8</sup> The photographer Diane Arbus sought out models at freak shows for many of her obsessive photographs – works which revealed and proclaimed bodily abnormality, and made ‘a spectacle’ of them.

campaign<sup>9</sup>. The campaigns of the early 1900s promoted their cause through highly visual actions, such as organised marches and demonstrations. Rosemary Betterton (1996: 50) states that physical appearances were used as an index of femininity, and mobilised ideologically by the suffragists and those who criticised them. The popular negative image of suffragists represented them as the 'shrieking sisterhood', and was thus reflected in many representations of anti-suffragist propaganda (Figure 7). Lisa Tickner suggests that anti-suffragist propaganda characterised the suffragettes as either 'excessively female (hysterical) or as masculine (lesbian) in appearance' (Tickner in Betterton 1996: 51). In both these characterisations, suffrage supporters were represented as transgressing the boundaries of 'normal' or respectable femininity, which was contained through prescriptions of passivity and domesticity that controlled the appearance and behaviour of women. The suffragettes deviated from this containment and, as a result, were defined in terms of female pathology and spectacle.

Modern visual culture has created a 'society of the spectacle', often reliant on sensationalism. Our visual culture seems to find new ways of constructing spectacle and the emergence of new visualisation technologies; virtual reality and the Internet have been particularly useful. The female body is constructed as a sensational image that sells products within consumer culture and objectified representations of the female body permeate visual spectacles such as beauty pageants, striptease, pornographic representations and pornographic films. The female body cannot escape these constructions of image and spectacle. Contemporary feminist art has aimed to create images and representations of the female body that do not reduce the body to these terms. Many such images do not conform to idealised conceptions of the female body; indeed, they subvert idealisation by representing real and lived-in bodies. The real female body is not unaffected by age or disease; many feminist representations accordingly visualise it in these terms. However, transgressions of the norms of

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<sup>9</sup> The WSPU (Women's Social and Political Union) organised highly militant campaigns during 1911-1914 in order to secure votes for women, the emancipation of women and the modernisation of women's roles (Tickner: 1987 and Betterton 1996: 46, 50).

beauty and health may not be viable options in constructing alternative female bodily representations. Norms of acceptability and normality are pervasive in popular cultural representations of the female body; the transgression of them often results in dismissal as 'deplorable spectacle'.

## **Chapter 2**

### **Revealing Hidden Truths: Scrutinising the Female Body**

The process of anatomical dissection is one of opening and revealing; it is about making visible the inner, invisible body. The metaphor of uncovering is a powerful one for anatomical dissection, as it relies on revealing hidden interiors. This is achieved through an invasive exploration by an intense, penetrative gaze that fragments. Through this intervention, the body literally becomes a text to be read as a collection of symptoms by the detached medical gaze. Modern medical visualisation technologies continue this reading and visualisation of the hidden interior of the body through non-invasive techniques such as x-ray imaging, ultrasound and various other computer generated imaging techniques. Visibility and visualisation, therefore, are central to scientific and medical representations of the human body in attempting to understand it (Braidotti 1991: 144).

According to Evelyn Fox Keller, the scientific position in general is one of ‘detached observation’, producing connotations of neutrality and objectivity (Fox Keller in Braidotti 1991: 148). However, Fox Keller (in Braidotti 1991: 148) suggests that this neutral and objective stance is only available to ‘individuals who are socially and culturally constructed as normal’. Viewed within the nineteenth century construction of sexual difference, standards of normality were associated with masculinity, as represented by a European, white, male rationality. Evolutionary theory was influential in postulating woman as inferior to man, and consequently, femininity was aligned with nature, thereby disqualifying it from a capacity to ‘achieve adequate

neutrality' (Braidotti 1991: 148). As a result, medical science came to regard the female body as an object of intense curiosity – it was a body that was to be examined, dissected and revealed. In viewing the gendered nature of the politics of vision, and the inherently sexual quality of the gaze, it is not surprising that medical representations of the female body became infused with sexual implication.

This sense of sexualisation within medical anatomy and medical representations of the female body is conveyed by the three-dimensional wax anatomical models produced mainly in Florence during the late eighteenth century.<sup>1</sup> Both male and female models were produced, with considerable differences in display. Male models were usually upright or in a position of motion, and were used to illustrate musculature or physiological systems. The female models, on the other hand, were usually recumbent and could be opened to display and reveal the viscera and reproductive systems (see Figures 8 and 9). As a result, the female models foreground a penetrative process of looking through the removal of successive layers of organs and bodily tissues. They contain visual evidence of sex, and may be understood in terms of the sexual resonances of seeing and knowing (Jordanova 1989: 45).

The anatomical models function on many levels, simultaneously employing the discourses of science and aesthetics. On a purely visual level, these wax anatomical models are realistic. Through the use of wax, a high degree of naturalism could be achieved, because wax emulated the colour and texture of human tissue. Further heightening the verisimilitude is the naturalistic colouring of anatomical parts, and the addition of meticulously rendered detail such as hair, eyebrows and eyelashes. As additions they are rather incongruous since they are not of any anatomical importance (Jordanova 1989: 45). Within medical imagery, 'realism' is motivated by increasing accuracy and precision. This in turn relies on impartiality, impassivity and objectivity

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<sup>1</sup> Guiseppe Ferrini, Guiseppe Galetti and Giulio Zumbo were involved with the production of these wax models in Italy. These wax modellers were responsible for producing most of the wax models currently housed in The Imperial-Royal Museum for Physics and Natural History, also known as La Specola, in Florence. A ceroplastics workshop was initiated in 1771 at La Specola, and continued to produce

(Nochlin 1971: 43). However, the anatomical models were not restricted to purely accurate and objective medical representations of the female body, particularly in view of the manner in which they were displayed. According to Ludmilla Jordanova, the female wax models were referred to as ‘Venuses’, and usually displayed in recumbent or sexually inviting poses on silk or velvet cushions (Jordanova in MacCormack and Strathern 1980: 54) thereby recalling traditional representations of the nude in high art (compare Figure 3). Indeed, the representation and display of the anatomical models seemed to rely on and reflect the aesthetic traditions of the nude in constructing the female body as an erotic object of the male gaze. Notions of classical beauty seem to permeate medical discourse and representation in this case, resulting in an idealisation and fetishisation of the surfaces of the female body.

The female anatomical models therefore constitute highly sexualised representations of the female body within an apparently closed and objective discourse. The female wax models are ‘knowingly erotic’ (Jordanova 1989: 50), as they invite and emphasise a male, penetrative gaze by virtue of their passive and suggestive poses, fetishised surfaces and removable, penetrable abdomens. The high degree of verisimilitude ensured that the viewer would respond to the model as a female body, eliciting pleasurable looking and sexual thoughts, and thereby positing the female body as an object of male scopic vision. The erotic nature inherent to the viewing of the anatomical models centred on the ‘unveiling’ of the female body. Here, unveiling is not restricted to the medical and anatomical sense of the removal of bodily tissues, but involves the ‘undressing’ of a female body in erotic terms; consequently mastering it in terms of seeing and knowing. Knowledge, in terms of the anatomical waxes, was equated with looking deeply into the body, thereby revealing and emphasising the sexual and reproductive capacity of the female body. In this case, medical science assumed the right and responsibility of ‘divining the truth of the female body’, by making visible the invisible and doing so in explicitly sexual terms (Doane in Balsamo 1996: 57).

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anatomical models well into the nineteenth century (Von Düring, Didi Huberman and Poggesi 1999: 6, 12).

The idea of unveiling was extended to medical and anatomical illustrations. The so-called flap-anatomies (Figure 4) appeared to be illustrated versions of the anatomical models, relying on the same principles of sexualised unveiling. These illustrations also constructed the female body as an object to be revealed and unveiled by the medical and male gaze. By removing the flaps, the definitive nature and structure of the female body could be assessed as being purely reproductive or procreative. Such illustrations, drawing on the theme of unveiling, were infused with connotations of eroticism and voyeurism, in that they explicitly invite the gaze and participation of the viewer. Ludmilla Jordanova states that most anatomical illustrations of the interior of the body carried with them a suggestion of voyeurism or the forbidden, even extending to violence (Jordanova in Petherbridge and Jordanova 1997: 104).

In 1774, William Hunter produced his *Anatomy of the Human Gravid Uterus*, which was to be a major contribution to medical practice, specifically to obstetrics (Gilman 1989: 174). Medical texts and illustrations from this period are extremely explicit due to increasing scrutiny, intense realism and sanctioned medical voyeurism (Jordanova 1989: 61). Hunter's images do indeed foreground an obsession with accuracy and precision, concentrating on portraying maternal and foetal tissue as naturalistically as possible (see Figures 10 and 11<sup>2</sup>). Hunter's realism pursues objective truth; it avoids 'idealisation and generalisation, being dedicated to capturing particularities accurately' (Jordanova 1989: 48). Significantly, Hunter treated the process of dissection as one of unveiling, leaving the different layers of bodily tissue pushed back, but intact to reveal the interior of the female body in his representations (Figure 10). According to Ludmilla Jordanova, 'veiling' and 'unveiling' are ideas particularly associated with women and female sexuality, carrying with them connotations of either modesty or eroticism (Jordanova 1989: 89). The inclusion of the cloth draping the legs in this illustration, is a very intentional inclusion, as it extends and makes

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<sup>2</sup> This engraving of a foetus in utero illustrates a case of *placenta praevia*, where the placenta covers the cervix, resulting in the death of both mother and child (Roberts and Tomlinson 1992: 470).

explicit the idea of unveiling. It is literally a 'veil' that has been drawn back to reveal the genitalia.

The naturalistic visual evidence of unveiling or the dismantling of the body in these images is disturbing and often violent. Ludmilla Jordanova (1989: 61, 62) points out that this form of 'hyperrealism' – that is a relentless verisimilitude – can generate into forms of representational violence, possibly because of its extreme scrutiny. In the images of Hunter's obstetrical atlas, the female body is subjected to both actual and representational violence; actual violence being the literal violence associated with the process of dissection (Jordanova 1989: 60). Theresa de Lauretis contends that 'violence is engendered in representation' – representational violence is inseparable from notions of gender (De Lauretis 1987: 33). The meaning that is assumed by a certain representation of violence depends on the gender of the violated object (Bronfen 1992: 50) – which in this case is feminine. In these obstetrical images, the female body is constructed as a passive object for the medical gaze, which designates it as a body to be opened, dissected and unveiled. Many of these images can further be interpreted as violent in the amputation of the 'unimportant' parts of the female body, reducing it to signs of sexual difference, and reproductive and sexual body parts (Figure 10). Vision therefore controls the meaning produced by such images of the female body through amputation and fragmentation.

Medical and anatomical illustration clearly and firmly positioned the female body as patriarchal spectacle – it was regarded as a body to be opened and unveiled by the exclusively male medical gaze<sup>3</sup>. Many illustrations are violent in their amputation and

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Hunter's work was characterised not only by ruthless representational accuracy, but also portrayed violent medical conditions such as these.

<sup>3</sup> Central to the formation of medical and scientific knowledge are specific modes of vision, visual acuteness, and the correct interpretation of visual signs. Medicine creates a specific privileged relationship between the viewer and the viewed. This relationship, and issues of spectacle, are evident in the work of Thomas Eakins (1844 – 1916), particularly in his work *The Agnew Clinic* (Thomas Eakins, *The Agnew Clinic* (c 1870's) Medium and measurements unknown. Collection: University of Pennsylvania School of Medicine). This painting documents a mastectomy performed on a young woman, viewed by an auditorium of male medical students, and represents woman as the object of an authoritative medical (as well as artistic) gaze and study.

fragmentation of the female body, reducing it to sexual and reproductive parts and giving prominence to the representation of the uterus (Poovey in Lacqueur 1987: 145). Indeed, this was the 'hidden truth' of the female body, made visible through penetrative medical viewing processes, dissection and representation. Medical representations thus emphasised the reproductive capacity of the female body, aligning 'normal' femininity with procreation. Vision, within medical discourse, was implicitly gendered despite its claims objectivity; it became saturated with sanctioned voyeurism and visual pleasure, resulting in the sexualised representation of the female body.

In the nineteenth century, sexualised representations of the female body are by no means limited to anatomical illustration. Hysteria emerged forcibly during the nineteenth century as a form of excessive female behaviour, and was defined exclusively in terms of female pathology. Berriot-Salvadore (in Duby 1993: 348, 349) states that through the fragmentation of anatomical illustration, the concept of woman as incomplete was established. She notes that woman was either seen as the incomplete male (according to Aristotle, 384 – 322 BC) or meant to be singularly associated with the uterus (according to the authoritative writings of Galen c. 130 – 200 AD). The results of these hypotheses have been longstanding, resulting in many stereotypes of femininity, notably that of hysteria. Hysteria was diagnosed as 'uterine furors' (Duby 1993: 361) and woman, supposedly governed by the uterus would therefore be more susceptible to hysteria. Dixon (1995: 14) states that it was only in the late nineteenth century and early twentieth century that hysteria was investigated in medical terms, notably by Sigmund Freud, and viewed as a purely psychiatric disorder that could afflict both sexes.

In the construction of hysteria as a powerful discourse, the female body was once again made the object of pathological scrutiny, to be 'deciphered through the male gaze and speech' (Pollock 1988: 189). Foucault describes this 'hysteriasation' of the female body as follows:

[It was] a three-fold process whereby the feminine body was analysed – qualified and disqualified – as being thoroughly saturated with sexuality, whereby it was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it; whereby; finally, it was placed in organic communication with the social body, the family space, and the life of children (Foucault in Meskimmon 1996: 166).

The hysteriasation of the female body entailed the construction of specific forms of knowledge regarding the female body, a construction that once again centred on the importance of vision and visibility. The visualisation of hysteria relied on photographic representations and documentation, based on the intensive scrutiny of particular female subjects. As a result, representations of hysteria not only constructed the female body in terms of spectacle, but also in highly sexualised terms.

Hysteria emerged as a profoundly visual phenomenon during the late nineteenth century. The neurologist, Jean Martin Charcot (1825-1893) was influential in the visualisation of hysteria, in that he initiated the representation of hysteria, mainly through photographic documentation at La Salpêtrière in Paris (Showalter 1997: 30).<sup>4</sup> Charcot's approach to the representation of hysteria was visual and imagistic – he relied on photography<sup>5</sup> as an 'absolute purveyor of truth' in producing objective records of hysterical female bodies (Ewing 1994: 15), regarding it as an extension of his own objective vision (see Figures 12 and 13). Ironically, Charcot's representation of the various stages of hysteria, referred to as *attitudes passionelles*<sup>6</sup> became infused with increasingly sexual and erotic terms, objectifying the pathological female body as a spectacle to be enjoyed and mastered by a male gaze.

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<sup>4</sup> Charcot's descriptions of hysteria appeared together with photographs, sketches and drawings of female hysterical patients in three volumes, the *L'Iconographie de la Salpêtrière* (1880). In 1888, Charcot founded the periodical *Nouvelle Iconographie de la Salpêtrière*, which continued to produce medical photographs and documentation of female hysterics and the insane (Callen 1995: 50).

<sup>5</sup> Albert Londe, head of the photographic studio at La Salpêtrière, was responsible for the production of these photographs (Callen 1995: 50).

<sup>6</sup> The photographs depicting these various stages were, rather incongruously and suggestively titled in erotic terms, for example: Amorous Supplication, Eroticism and Ecstasy (Showalter 1987: 150).

According to Anthea Callen, the success of Charcot's project depended not only on the photographic record of hysteria, but also on public demonstrations or performances in which 'hypnotised women were put on spectacular show before a crowd of curiosity seekers – a show that involved the systematic degradation (tricking, mocking and humiliation) of the women involved' (Showalter in Callen 1996: 56) (Figure 14). Pierre Janet, a contemporary of Charcot, noted that 'everything in his lectures was designed to attract attention, and to captivate the audience by means of visual and auditory impressions' (Janet in Showalter 1977: 31). Charcot's demonstrations and lectures can, therefore, be understood as carefully orchestrated performances which succeeded in constructing the female body as a public and visual spectacle to be viewed in terms of sensationalism. The objectivity and detachedness of Charcot's representations of the female hysterical body remains questionable. Callen (1995: 54) comments:

In creating a pattern by which the stages of the newly fashionable disease could be described in detail, they found a disease that lent itself to being recorded in still photographs. Their classificatory system was fictive, as were the actions of their 'pet' patients who quickly learnt to act out the stages of hysteria expected by the head of the hospital and were then photographed.

These photographs were indeed specifically constructed, even stereotypical, representations of the female body, sanctioning a voyeuristic gaze that was legitimised by medicine's pursuit of 'truth' in terms of the female body.

The medical gaze thus affords interesting representations of the female body that are based on an intense process of scrutiny. By revealing the normative reproductive and pathological truths of the female body through surveillance, medical and scientific discourse could effectively control the female body. In the production of these forms of knowledge, the female body has been displayed, scrutinised, objectified, eroticised and fragmented through the operation of an exclusively male gaze.

Another form of female representation within these terms, for the male gaze, is pornography<sup>7</sup> – Rosemary Betterton refers to it as the ‘paradigm for all male representations of the female body’ (Betterton 1996: 10).<sup>8</sup> Many definitions of pornography exist. Susan Gubar, defines pornography as ‘a gender specific genre produced primarily for men, but focused obsessively on the female figure and is distinguished by its dehumanising effect’ (Gubar in Church-Gibson and Gibson 1993: 124). Pornography can be seen as an attempt to portray and perpetuate the deployment of male power over the female body through objectifying representation (Kappeler in Church-Gibson and Gibson 1993: 125). As such, pornography is purely an outcome of the cultural dominance of other forms of objectification in representations of the female body (Kuhn 1982: 6). Pornography is grounded in cultural constructions of the ideal female body as represented by images of the female nude, which designates the female body as an object of a pleasurable gaze. Anette Kuhn states that within the representational conventions of pornography, the female body is constructed as a spectacle: ‘the mise-en-scene of representations of women’s bodies [are] coded in various ways as both to be looked at by the spectator and, in the same process to evoke sexual arousal’ (Kuhn 1982: 113). Vision and visibility, as in medical images, are central to pornographic representations.

Characteristic of pornographic representations, is the display of both sexual difference and the sexualised female body (Nead 1992: 97). According to Lynda Nead, pornography can be interpreted as restructuring sexuality into a visual form, centring on the sexual difference (Nead 1992: 98). As a result, the female body and female sexuality are regarded as objects of repetitive examination and investigation in highly visual and visible terms. Pornography attempts to divulge the hidden ‘truths’ of the female body and female sexuality to the male spectator, and in much the same way as

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<sup>7</sup> Pornography is a complex discursive sight, generating many debates as to its visualisation of the female body, particularly in terms of censorship. I do not intend to discuss the issue and viability of pornographic censorship, but rather to concentrate on pornography as a form of visual representation centering on the portrayal of the female body, and to examine some of the conventions governing pornographic representation.

medical science seeks to reveal and justify the true function of female sexuality. Within this construction, pornography conflates femininity with female sexuality, and female sexuality with particular anatomical parts, rendered visible by the conventions of pornographic representation (Kuhn 1985: 40). In pornography, seeing is everything; it is therefore hardly surprising that pornography should utilise photography in its representations of the female body. Photography is commonly (but erroneously) considered a form of unmediated representation, both in terms of its production and consumption. Pornography utilises this equation of visibility and truth in its rendering of the sexualised female body, not only to make visible female sexual difference as represented by sexual anatomy, but also to legitimise it.

Pornography is about making visible the invisible, relying on various representational conventions. Two distinct forms of pornographic representation can be identified as a result, namely so-called soft-core and hard-core pornography. Soft-core pornography draws on and transforms the conventions through which the female nude is represented within high art, relying on the display, objectification and fetishisation of the female body. It constructs the female body as a spectacle that is to be examined and investigated through a scrutiny of its visible marks of sexual difference. According to Kuhn, the project of soft-core pornography, or the pin-up, is 'to construct sexual difference in representation by defining it in terms of, even reducing it to, bodily parts marked culturally...as feminine' (Kuhn 1985: 38). As a result, soft-core pornography fragments the female body into fetishised parts thereby eliciting voyeurism and scopophilia through the implication of coy invitational strategies. Hard-core pornography on the other hand, does away with these strategies and narratives. According to Linda Williams, hard-core pornography is an obsessive and progressive attempt to uncover the visible truth of female pleasure (Williams in Nead 1992: 97). It concentrates on revealing the female genitals as a sign of 'otherness', deploying close-ups and specific lighting to ensure maximum visibility (Nead 1992:

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<sup>8</sup> Another important 'male' representation of the female body, specifically during the nineteenth century, is the representation of the female nude in high art. Issues surrounding the discourse of the female nude will be examined and elaborated upon in Chapter 3.

98). Hard-core pornography offers a violent objectification of the female body in representations that appear to be unmediated by 'respectable' narratives. Within hard-core, voyeuristic desire is directly connected to processes of investigation and scrutiny – it seeks to show female sexuality through relentless visualisation and representation of the sexualised female body, reducing it to sexual anatomy. However, all pornography, regardless of its conventions, is re-presentation – it is about artificial constructions and representations of the female body, despite its apparent truthfulness implied through the use of photography.

Like the discourses of anatomy and medical science, pornography seeks to know the elusive truth of the female body through a process of 'revealing'. As Linda Williams notes, pornography is informed by a nineteenth century, almost obsessive, will to knowledge – a 'frenzy of the visible' (Williams in Jones 1996: 188). Curiously, pornography employs the same quest for objectivity, clarity and disclosure, as does medical science, in its representation of the female body – in both cases representations are created through the operation of a privileged male gaze. In contrast to medical representations, pornography directly acknowledges and plays on the erotic desire and fantasy of the male spectator; representations are constructed in accordance with representational conventions to heighten implicit eroticism and increase pleasure in looking. Both forms of representation, however, in relying on the centrality of vision in producing specific forms of knowledge pertaining to the female body, involve complex gendered organisations of spectator and object of the gaze. Significantly, this results in a combination of observation and objectification in terms of the female body, thereby controlling it through knowledge and vision. The female body was, as a result, effectively confined to spectacular objecthood and disqualified from producing any significant meaning.

In her analysis of the representation of the female body, Lynda Nead defines the discourse of the nude as a 'progressive display of the body of woman', a tradition of 'exclusions as much as it is about inclusions' (Nead 1992: 60). Indeed, the discourses of medicine and pornography, for instance, can be understood to function in much the

same way, as they produce specific meanings and definitions of the female body in their various ways of representation – meanings and definitions that effectively excluded and denied the legitimacy of female experiences and perspectives. Feminist art emerged as a mode of production in which the female body and female sexual identity could be articulated by women as ‘speaking subjects’. Through the use of strategies such as vaginal iconology, performance work, the body and the representation of taboo subjects, images and aspects that were normally excluded or hidden from mainstream culture could be revealed or made visible (Nead 1992: 63). Performance and body art emerged as a way in which conventional viewing structures implicating the voyeuristic and aesthetic containment of the female body could be disrupted (Nead 1992: 68), enabling female artists to produce meaning, rather than exist only as sexualised objects.

Performance art claimed to create new ideas and possibilities around the issue of spectatorship. Lynda Nead states that the mobility of the performance artist prevented the colonisation and containment of the female body - the performance artist controlled the way in which her body was to be observed and experienced (Nead 1992: 68, 69). This forms a stark contrast with aesthetic and pornographic representation, where the viewer can determine the length and nature of the observation. However, despite its claims of the subversion of the male gaze, performance art remains problematic in that it can be reappropriated in terms of patriarchal spectacle and can collude with (and apparently endorse) male voyeurism. Lucy Lippard summarises the problem as follows:

A woman using her face and body, has the right to do what she will with them; but it is a subtle abyss that separates men’s use of women for sexual titillation from women’s use of women to expose that insult. (Lippard in Nead 1992: 67).

As with any representation, the interpretation of performances is not entirely in the hands of the performer and it can easily be appropriated for meanings other than intended, and in terms of spectacle.

According to Nead, the use of the female body in performance art has, since the 1970s, been conceived of as a politically and socially subversive enterprise, becoming more emphatic during the 1980s and concentrating on transgressive aspects of female sexuality (Nead 1992: 69). A performance artist (and pornographer) using her body in sexually transgressive and problematic performances, is Annie Sprinkle<sup>9</sup>. Sprinkle's work occupies the often uncomfortable space *between* art and pornography, in that she combines the conventions of aesthetic and pornographic discourse in her performances and in representing herself. Generally, her 'art *and* pornography'<sup>10</sup> is of a celebratory nature centring on the representation of an active female sexuality and female sexual pleasure (Williams in Church-Gibson and Gibson 1993: 177). Sprinkle's work reveals a female sexuality hidden to mainstream culture, one that is often dismissed in terms of pornography and obscenity. In *Anatomy of a Pin-up Photo* (1991) (see Figure 15), Sprinkle confronts and seeks to subvert stereotyped masculine representations of the female body. Here, she concentrates on the fetishised female body, and attempts to subvert voyeuristic pleasure by revealing how the eroticising and fetishising effects were achieved. However, this representation relies on the objectification and observation of the female body, and it is an implicitly sexualised representation placing the female body within the realm of the spectacle, despite being produced from a female perspective. Although Sprinkle's image is intended to be parodic and subversive, its interpretation can function beyond her control and, as a result, it is open to misappropriation. Instead of subverting stereotyped representations of the female body, such representations succeed in further objectifying the female body.

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<sup>9</sup> There are many other female performance artists engaging in performance in order to subvert the traditional objectification and representation of the female body. Carolee Schneeman's *Interior Scroll* (first performed in 1975, New York) examined ideas about sexual liberation, the body, vaginal iconology and the position of the female artist in patriarchal society (Nead 1992: 67). Despite its importance as a transgressive female performance piece, the use of her naked body remains highly problematic in that it can easily be reappropriated in terms of spectacle. Other female performance artists reclaiming the body in transgressive ways include Karen Finley, Adrian Piper, Gina Pane and Orlan.

<sup>10</sup> During the 1990's, Annie Sprinkle performed *Post-Post Porn Modernist*, which was a parodic show-and-tell of her experiences as a sexual performer, inviting the audience to view her cervix. This performance piece problematised the distinction between art and obscenity; it was subsequently

The misappropriation of representations of the female body is not exclusively restricted to the discourse of performance or body art. It would appear that any image of the female body is problematic, as it can be understood in terms of spectacle, as an object to be looked at. The early work of Cindy Sherman<sup>11</sup> centres on the stereotypical representation and display of the female body. She uses the self-portrait to investigate and reveal the 'foundational otherness' of women in contemporary Western representation in a varied performance of disguise and masquerade (Phelan 1993: 60) (Figure 16). Sherman supplies the viewer with a vast range of representations of the female body that elicit observation, examination and scrutiny, similar in many ways to the representational strategies of medical and pornographic modes of production. However, there is no definitive 'truth' to be revealed in her works. These works are not about Sherman, but are self-consciously produced positions or situations reflecting culturally clichéd female types. According to Marsha Meskimmon, these works play on the various ways in which femininity is represented by popular visual culture, subverting the male gaze by acknowledging and revealing the constructed nature of such representations (Meskimmon 1996: 90).

Sherman's involvement in these images is critical to the construction and interpretation of their meaning. She subverts traditional representational strategies in using her own body as image. Despite this intervention, her images are open to reappropriation by male scopical vision. Laura Mulvey states that Sherman's work can be understood as capturing 'the female body in a parody of different voyeurisms' (Mulvey in Krauss and Bryson 1993: 52), precisely because it relies on a fetishistic representation of the female body that can easily be further eroticised by an objectifying gaze. The success of Sherman's subversive intentions appears to depend on spectators informed of her specific representational constructions and strategies to prevent their exploitation.

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subjected to censorship, whereas there was no injunction on her performing live sex shows (Williams in Church-Gibson and Gibson 1993: 176).

<sup>11</sup> Early work here refers to the *Untitled Film Stills* produced from roughly 1980 to 1990.

In Sherman's work the image of the female body is, therefore, highly problematic, both in terms of its representation and in the viewing. Phelan (1993: 60) notes the contradictory notion of the female body's representability, stating that the female body is 'unrepresentable, and yet everywhere imaged'. Our visual culture abounds with discourses and images centring on the female body, each based on a thorough investigative scrutiny of the female body and proclaiming its objective authority in defining it. Particular definitions of the female body have come into existence through a conflation of femininity and image, in terms of visual spectacle. Discourses such as medicine, hysteria and pornography have in the past relied on male models of production and representation in defining female sexual identity. The straightforward appropriation or subversion of such models are not particularly viable options for creating a female mode of production since they inevitably lead to misappropriation. As a result, the representation or imaging of the female body is a highly complex and problematic endeavour, undergoing constant change and redefinition and the revelation of 'hidden' truths about the female body is fraught with difficult negotiations.

## Chapter 3

### Transgressing the Boundaries: Representations of the Grotesque Spectacle

In anatomical representations of the body, the dividing line or skin between the exterior and the interior falls away, revealing the spectacle of a disjointed, fragmented and grotesque body (see Figures 17 and 18).<sup>1</sup> Medieval anatomical illustrations, in an attempt to extract some sense of order from a dissected body, often used the convention of a linear outline of the body in which the internal anatomy was represented diagrammatically (Petherbridge and Jordanova 1996: 43). The figural outline convention was sustained in subsequent anatomical representations and, as a result, many modern anatomical atlases continue to rely upon this convention in containing and controlling the obscene, anatomised body.

According to Lynda Nead, the obscene body is a body without borders or containment; it is an unsettling and disturbing body (Nead 1992: 2). She states that outlines, frames and margins are all procedures and forms that regulate the way in which the body is represented, and to some extent shaping the response of the viewer (Nead 1992: 5). Nineteenth century medical and aesthetic discourse attempted to control and regulate the female body by producing very specific definitions of the female body. Medical discourse succeeded in defining the female body as an unstable

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<sup>1</sup> These Islamic anatomical illustrations date respectively from the fifteenth and eighteenth centuries, showing linear diagrammatic representations of the body. Figure 17 represents the skeletal system of the human body as seen from the back; muscles are not drawn but indicated by script. A later version,

and unruly pathological entity, which needed to be controlled socially and politically. Similarly, the female nude can be understood as containing and regulating the female body and female sexuality within the authoritative conventions of artistic representation. According to Michelle Hirschhorn, Western art ‘effectively “framed” the female sexual body within the nude, by sealing all orifices and preventing marginal matter from transgressing the boundary of representation’ (Hirschhorn in Pollock 1996: 115). The female body is the borderline between art and obscenity (Nead 1992: 25) – the ‘natural’, unstructured female body, normally beyond representation, could be contained and rendered into a cultural object of beauty and value through a process of appraisal and idealisation.

The representation of idealised and ideal female bodies is not restricted to forms of aesthetic discourse; popular culture circulates and displays images of the female body in terms of an ideal of perfectibility. Constructions of the ideal and desirable female body depend in turn, on authoritative and normative definitions of health and beauty. Images of the female body that do not conform to these ideals are viewed as representations of the obscene or grotesque female body, and consequently rendered invisible (Nead 1992: 80). However, with the advances made in medical technology and medical techniques, plastic surgery emerged as a way in which the borderline between the inside and outside of the body could be manipulated, and subsequently recreated (Hirschhorn in Pollock 1996: 122).

Cosmetic surgery occupies a rather ambiguous position within feminist theory, as it is capable of manipulating and reproducing the female body in idealised terms. Embracing cosmetic surgery suggests conformity to an oppressive mould or norm of ideal beauty, while rejecting it reinforces the concept of the ‘natural’ woman, which in turn is grounded in biological determinism (Hirschhorn in Pollock 1996: 119). Noting the contradiction inherent to the feminist critique of plastic surgery, Jeanne Silverthorne states that

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as represented by Figure 18, shows colour-coded muscular diagrams (Petherbridge and Jordanova 1996: 43).

[if] the construction of “woman” within patriarchal society is formed by the imperative to look as attractive as possible to an indeterminate viewer, [plastic surgery] both reinforces this definition and challenges the limited term of viability allowed the subject so defined (Silverthorne in Pollock 1996: 119).

Plastic surgery can indeed be seen as containing and regulating the ‘borderlines’ of the female body, as a form of technological colonisation of the female body. According to Anne Balsamo, it involves culturally determined standards of physical appearance and functional definitions of the normal or healthy body (Balsamo 1996: 62), which are mobilised to mould the appearance of the female body.<sup>2</sup> At the same time, plastic surgery can be utilised subversively by female artists to undermine the construction of an ideal and aestheticised female body.

French performance artist, Orlan employs cosmetic surgery in an attempt to confound ideas of traditional feminine beauty. She states that ‘in this era, when a woman decides to change her body, she is attempting to conform to the norms of this society. I am challenging what plastic surgery is used for today, criticising the mould that everyone puts themselves into’ (Orlan in Pollock 1996: 120). Orlan utilises plastic surgery as a means of reinventing her body or appearance in order to disturb regulated notions of the standardised, perfected and normal body.<sup>3</sup> She defines her work as ‘carnal art’ – using the body as a ready-made to be transformed by subjecting it to modern technologies (Orlan in Orlan and Place 1997: 1). As a result, the body then oscillates between defiguration and refiguration, forming a complete contradiction with the hermetically sealed representations of the nude.

In 1990, Orlan began the *Reincarnation of St Orlan*, which consists of a series of surgical interventions and performances aimed at complete self-transformation

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<sup>2</sup> Plastic surgery is either reconstructive surgery, which is associated with regaining normalcy of physical functioning, or as cosmetic or aesthetic surgery where it is associated with social status and improvement of self-esteem. All plastic surgery, however, involves aesthetic judgements of proportion, harmony and symmetry, much like classic aesthetic ideals (Balsamo 1996: 58).

(Figure 19). Each surgical procedure combines orchestrated and choreographed performances, medical technology, interactive communication networks and the reading of psychoanalytic texts, thereby challenging notions of idealised beauty and concepts of identity (Hirschhorn in Pollock 1996: 111). Using computer generated imagery, Orlan combined the features of Renaissance and post-Renaissance representations of idealised feminine beauty, for example the mouth of Boucher's Europa, the forehead of Leonardo's Mona Lisa, the chin of Botticelli's Venus and so forth. These 'female prototypes' were chosen not only for their ideal features, but also for mythological and historical reasons (Rose 1993: 84, 85).

Viewing the traditional male construction of female identity, Rose (1993: 84) refers to the fragmentation of the female body, and the subsequent fetishisation imposed on body parts which point to the establishment of the female body as a collection of sexualised parts, rather than a significant whole. Since this specific surgical performance, Orlan has undergone surgery and had 'horns' attached to her forehead. Future projects include the rejection of Diana's nose for the largest possible nose to be grafted onto her face (Millard 1996: 53), thereby placing her body and appearance in a constant state of process and change. Though she combines multiple elements of beauty in her project, Orlan does not purport to become the ultimate and ideal woman in appearance. Rather, she attempts to deconstruct the notion that the ideal woman could exist by revealing its constructed nature (Hirschhorn in Pollock 1996: 116). Through the use of various forms of documentation and interactive communication systems, Orlan makes public the private spectacle of cosmetic surgery (see Figure 20), by exposing its 'magical' and normally hidden processes of transformation.

Orlan further problematises and undermines the traditional, passive, objectified position of the female body<sup>4</sup> by actively directing her bodily transformation. She

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<sup>3</sup> Orlan's surgical procedures are performed by New York State certified surgeon and feminist, Dr Marjorie Cramer (Hirschhorn in Pollock 1996: 119).

<sup>4</sup> In both the discourses of art and more specifically medicine, the female body is posited as passive, and in the case of medicine, helpless and dependent on the gaze of the medic.

remains fully conscious<sup>5</sup> during her performances, and is in constant communication with her audience through a variety of communication systems (Gray: 1996). As a result, Orlan is simultaneously creator and created, her body being the literal material for the production of autonomous art objects. The by-products of her surgical performances are not discarded – blood, gauze, fat, skin – everything is retained in the production of what she terms ‘*objet plastique*’ (Hirschhorn in Pollock 1996: 125) (Figure 21).

Many of Orlan’s images depicting her undergoing surgery, are unsettling, disturbing (Figure 22), and even sensationalist spectacles. As a result, she is often accused of making a spectacle of herself. Orlan’s performances are indeed impressive and spectacular sights, but are here linked to the representation of the grotesque or deplorable spectacle. By visualising and representing an opened, obscene body, Orlan’s images become infused with notions of masochism and pathology. Her bodily transformation does not indicate a ‘mindless acceptance of socially imposed ideals of beauty’; rather, she attempts to create an appearance outside such a paradigm (Hirschhorn in Pollock 1996: 116). Consequently she is punished for deviating from societal norms and taboos, notably those that prohibit the opening of the body, and its construction as ill, grotesque and obscene.

Susan Bordo suggests that the construction of a ‘normal’ body is a central disciplinary strategy within society (Bordo in Betterton 1996: 131) which contains and controls the body in a system of boundaries and borderlines subscribing to an ideal of wholeness and order. The body’s boundaries, the distinction between exterior and interior, cannot be separated from the operation of other social and cultural boundaries; bodily transgression is an image of social transgression (Douglas in Nead 1992: 6, 7). According to Rosemary Betterton (1996: 139), bodily margins are invested with a special vulnerability, as they are easily traversed or transgressed. Such

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<sup>5</sup> Orlan makes use of a procedure known as an epidural block, which requires a spinal injection. This enables her to be conscious to direct her performances, as the operations can take place under local rather than general anaesthesia (Rose 1993: 86).

margins are also subject to a range of cultural and social taboos crucial to the construction of contained bodily order. Transgression of these boundaries, as in Orlan's use and representation of cosmetic surgery<sup>6</sup> results in a grotesque and uncontained body that is disturbing in its visualisation (Figure 23).

Nevertheless, the obscene body holds fascination despite its confusion of the limits of corporeal form and identity; it is simultaneously fascinating and horrifying. In for example, the horror or science fiction film genre, the undefined human body becomes the site of such horror and fascination through a dissolution or transgression of boundaries containing the body (Creed in Betterton 1996: 132),<sup>7</sup> resulting in an experience of the abject. The abject is the 'place where meaning collapses' – it is the border between the normal and the grotesque (Betterton 1996: 133). Julia Kristeva defines abjection as follows:

'[It] is not lack of cleanliness or health that causes abjection, but what disturbs identity, system, order. What does not respect borders, positions, rules. The inbetween, the ambiguous, the composite' (Kristeva in Nead 1992: 32).

Objects producing abjection, are those that traverse the border between the inside and outside of the body; they are situated uncomfortably and halfway between the inanimate and the bodily. Abjection can therefore be experienced in the following ways: bodily incorporation (including food and waste products), corporeal alteration

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<sup>6</sup> Cultural and societal prohibitions do not permit the opening, cutting and mutilation of the body. However, Orlan does so, and chooses to cut her face, which in being *the* characteristic of identification, is afforded a privileged status in terms of the rest of the body (Hirschhorn in Pollock 1996: 128), one that is utterly disregarded by her.

Western society in particular does not permit bodily mutilation, whereas it is interesting to note that other cultures, for example in some African communities, the body is mutilated – scarred, marked or altered by various processes – and not considered pathological or unnatural. Society therefore seems to sanction culturally determined control on the deviation from 'natural form'. Orlan can be understood to operate outside of western practice but – in essence – does not do any more than many African women.

<sup>7</sup> In her analysis of horror movies, Barbara Creed locates the experience of horror in the 'monstrous-feminine', citing the feminine-maternal as a primary source of abjection in such representation. Central to the construction of the monstrous-feminine, is the transgression of borders between the human and non-human.

(as in the case of Orlan) or death, and signs of sexual difference, or more particularly the female body.<sup>8</sup>

In viewing the sensationalism accompanying the work of a body artist such as Orlan, it would appear that the abject has become the ‘fashionable raw material’ for producing transgressive and challenging art (Betterton 1996: 136). The categories of abjection are appropriated, especially by contemporary female artists, to explore an aesthetic of bodily transgression. Abject art ‘does not connote an art movement so much as it describes a body of work which incorporates or suggests abject materials such as dirt, hair, excrement, dead animals, menstrual blood and rotting food in order to confront taboo issues of gender and sexuality. This work also includes abject subject matter – that which is deemed inappropriate by a conservative and dominant culture’ (Levi in Betterton 1996: 136). Rosemary Betterton refers to abject art as the ‘oppositional art of the nineties’, as it seeks to flout both artistic and social conventions (Betterton 1996: 136). Indeed, artists such as Orlan and Cindy Sherman<sup>9</sup> attempt to transgress the margins of normal, contained bodies, and to replace them with open-ended, fragmented representations of the female body.

The deployment of the obscene or grotesque body within feminist politics can be related to ideas pertaining to the carnivalesque – a critique of high culture by inversion. Mikhail Bakhtin defines the grotesque body as a body that is ‘always in process, it is always becoming, it is a mobile and hybrid creature, disproportionate, exorbitant, outgrowing all limits, obscenely decentred and off-balance, a figural and symbolic resource for parodied exaggeration and inversion’ (Bakhtin in Pollock 1996: 131). As such, the grotesque body is in direct opposition to the classical body, as represented by the nude, because it disregards order and closure. It emphasises openings and orifices in producing a protuberant or incomplete body (Stallybrass and

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<sup>8</sup> Julia Kristeva, in *Powers of Horror*, locates the abject firmly within the feminine. She proposes pregnancy as an ultimate form of abjection, as the border distinguishing the exterior from the interior of the body are rendered vulnerable and permeable (Nead 1992: 32).

<sup>9</sup> Contemporary artists working with abject materials are, among others, Andres Serrano, Damien Hirst and Gary Hume.

White 1986: 8). Orlan's project can be understood in terms of carnivalesque inversion. By using cosmetic surgery in a process of self-transformation, she creates a (grotesque) body, which is unfixed and continually changing. The documentation of her performances foregrounds process and change, as she reveals the disturbing reopening of the body-boundary which culture dictates ought to remain closed. By employing 'grotesque realism'<sup>10</sup>, Orlan attempts to deconstruct a confining aesthetic in terms of the female body, redefining it in terms other than beauty, style and idealisation.

Another artist utilising this 'grotesque realism' to create incomplete, changing and obscene bodies, is Cindy Sherman.<sup>11</sup> The series entitled *Sex Pictures* reveals a grotesque body – one that is disproportionate, excessive and hybrid in its construction. In *Untitled #261* (Figure 24), Sherman uses body parts, genital prosthesis and anatomically detailed mannequins from medical catalogues to construct lurid scenes faintly reminiscent of the conventions of pornographic representations. These hybrid figures proudly display fragmented male and female sexual parts, resulting in a disturbing, monstrous body that is simultaneously 'violated and violating' (Smith in Cruz, Smith and Jones 1997: 24). Such grotesque bodies are threatening to the securing boundaries of the aestheticised body. According to Douglas, 'danger does not lie in any given category, but in transitional states – it is the process of belonging to neither one or another that is most threatening' (Douglas in Nead 1992: 31). This statement seems most appropriate to Sherman's work, because her representations are located somewhere between definitions of the human and non-human. Sherman's images of the body are uncertain, ambiguous; and, as they do not respect borders, they can be firmly located within definitions of the abject.

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<sup>10</sup> Grotesque realism is a term used by Mikhail Bakhtin in relation to the carnivalesque; 'it uses the material body – flesh conceptualised as corpulent excess – to represent the spiritual, social and linguistic elements of the world' (Stallybrass and White 1986: 8).

<sup>11</sup> Sherman's early *Untitled Film Stills* (1975 – 1985) examine the spectacle of femininity in which the contained and fetishised female body is located as an object of the male gaze. Later works, notably the so-called *Fairy Tales* or *Disasters* (1985 – 1989) and *Sex Pictures* (from 1993) portray the spectacle of

By using masquerade as a form of corporeal alteration, Sherman creates a grotesque body that negates the fetishised tradition of the female nude. The idealised and fetishised body serves to contain the ‘marginal matter’ hidden in its interior. Laura Mulvey states that Sherman ‘dissects the phantasmagorical space conjured up by the female body from its exteriority to its interiority’ (Mulvey in Betterton 1996: 135). By dissolving body boundaries the fetishised surface reveals its hidden and disturbing interior. Sherman reconstructs her body in a monstrous and grotesque anatomy made up of various prosthetic parts, and fragments it in a waste of abject bodily fluids, decaying food and vomit. In Sherman’s photography, the ‘interior of the female body is projected as a kind of lining of bodily disgust’ (Krauss 1993: 192), displaying so-called abject objects<sup>12</sup> in visualising the body’s interior. In *Untitled #175* (Figure 25), this interior of vomit, decaying food and slime threatens to overwhelm the body – here limited to a fragmented reflection in a pair of sunglasses.

Cindy Sherman’s photography is clearly transgressive as it challenges prevailing cultural images of the female body in the attempt to resist its reappropriation as an objectified patriarchal spectacle. However, despite providing an alternative form of representation, the question arises as to whether Sherman operates at the cost of invoking a powerful sense of disgust and horror of the female body. Like Orlan’s work, Sherman’s images can easily be defined in terms of female pathology and linked to transgressive, unacceptable and deplorable spectacle.

While recognising an ‘actual’ female body rather than an idealised one, strategies such as fragmentation, dismemberment and violent imagery elicit powerful responses, and often such transgression is easily punished. To reclaim the body in material terms is a contradictory enterprise for women artists and rendering the abject or monstrous

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a changing or changeable self, refusing a containment of the female body. Her works can also be seen as a move from the ideal to the abject.

<sup>12</sup> Elizabeth Grosz defines these as transitional, ‘detachable’ parts, they are situated halfway between the inanimate and the bodily – the waste products and excretions of the body. Although they are detachable, they retain something of the value of body parts and of the subject, which is why they become objects of disgust and revulsion (Grosz 1994: 81).

female body as a potential site for intervention and transgression risks misappropriation within those terms.

## Conclusion

*The entire life of societies in which modern conditions of production reign announces itself as an immense accumulation of spectacles. Everything that was directly lived has moved away into a representation.*

Guy Debord (Jay 1993: 381)

Central to any form of representation is the centrality of vision in the production of meaning. However, representation is not a neutral or objective term; re-presentation connotes something that is refashioned, interpreted and coded according to dominant social and political ideologies and imperatives, thereby producing very specific forms of knowledge and meanings concerning objects of representation. Within Western culture, the female body exists as a spectacular object of the gaze, of display, and of representation. As such, the representation of the female body is a complex issue, posing problems for both male and female interpretations of it.

Western cultural images from the nineteenth and twentieth centuries centre on the visualisation and representation of the female body, thereby firmly conflating the actual female body with image. However, the gendered nature of vision has resulted in the objectification of the female body within aesthetic, medical and pornographic discourses. Medical representations of the female body subjected it to intense processes of scrutiny, investigation and analysis in order to reveal and extricate 'objective' definitive meanings. Political, social and moral agendas injected such representations of the female body with loaded intentions, defining it in terms of health and beauty. Within aesthetic discourse, such norms were extended to create

idealised and contained notions of the female body. Traditions of the female nude reinforced the idea of the female body as an object to be looked at in increasingly sexual terms. Vision in this case was not mere casual observation, as it became increasingly sexualised. Feminist analyses of the gaze pointed to the aspects of power and pleasure inherent to the male scopophilic gaze, connecting it with psychoanalytic readings of scopophilia, fetishisation and voyeurism. As a result, medical and aesthetic discourses, functioning from authoritative institutions and positions, effectively legitimised pleasurable viewing of the female body, greatly influencing subsequent representations of it.

Epitomising the sexualised gaze in terms of the female body, is the discourse of pornography. Pornography constructs the female body as a series of visual spectacles affording sexual pleasure and gratification to the viewer. Ironically, it utilises medical notions of objectivity and clarity in attempting to construct yet another definitive image of the female body. The result of all these forms of visualisation and representation was that the female body was and is posited and constructed as an object to be looked at as a visual sight or spectacle.

Such representations of the female body exist mainly as male definitions of femininity. Consequently they provoked women to reclaim their bodies within their own definitions, experiences and modes of representation. Feminist politics offered the theoretical background against which traditional representations of the female body could be challenged and redefined. Often using unconventional strategies, women artists aimed to create images that would deconstruct the female body as a sanitised, aestheticised, passive, spectacular object. However, such a process of reclamation is not without its problems and ambiguities. Female performance art emerged as such a strategy that prevented the containment of the body, though not its misappropriation. Attempting to use the naked, sexual female body subversively, the work of performance artists such as Annie Sprinkle could easily be redefined in terms of patriarchal spectacle affording visual pleasure or arousal.

Despite feminist attempts at intervention and redefinition, the alliance between the discourses of art and medicine still remains powerful in representation. Medicine and art continue to posit authoritative definitions of health, beauty and body image, thereby effectively controlling the body in terms of acceptable behaviour and appearance. Cosmetic surgery exists as a form of technological and cultural control, legitimising an idealised and aestheticised bodily appearance. Bodies not conforming to these norms are considered unrepresentable, but, in part, these bodies afford images of female bodies outside stereotyped representations.

Transgressive representations of the female body desist containment; they reveal aspects of femininity usually hidden by cosmetic facades. Such representations of the uncontained female body are often analysed in terms of the abject and as disturbing to social and cultural conventions and order. Orlan's project of self-transformation, through the unconventional use of plastic surgery, serves to transgress contained and ordered notions of the body. Her work deliberately undermines societal and cultural taboos prohibiting the opening and cutting of the body thereby refusing conventional notions of feminine beauty and settling instead for a grotesque or obscene body. Notions of the grotesque and abject are also employed by Cindy Sherman in the construction, or rather deconstruction, of the female body as uncontained and unrepresentable. Sherman does away completely with the cosmetic fetishised facade of the female body, increasingly fragmenting it in bodily fluids and wastes. The viability of such transgressive representations, however, remains questionable. While creating alternative, unconventional representations of the female body that do not rely on objectification and idealisation, transgressive images invoke notions of bodily disgust and of the grotesque. Consequently, by not conforming to societal and cultural norms, such female bodies are defined as unacceptable and pathological and once again operate negatively in terms of spectacle.

Imaging the female body is, therefore, a complex issue. The female body is everywhere represented within culture, yet it appears to be unrepresentable by women artists in particular. Representations of it seem to function far beyond their intended

meanings; if not misappropriated in terms of spectacle, it is denounced in terms of pathology. The female body however, exists as a powerful discursive site which constantly seeks to re-examine and redefine itself. Despite subversive attempts, dominant meanings and images of the female body prevail, and remain inscribed within all aspects of our visual culture, probably because patriarchal discourse is still the dominant ideology globally.

At the beginning of the twenty-first century, I find it difficult to imagine how representations of the spectacular body might change if patriarchy was eroded. It is not easy to come up with solutions that do not buy into the spectacle-making business. To arrive at non-spectacular representations of the female body requires, it seems, a whole new mode of vision – one that is not arranged according to sexualised binary sets. Despite the dramatic social, political and economic changes of the twentieth century to redirect our interpretation of the construction of sexuality, gender and gender roles, it appears that some cultural stereotypes have remained unchanged – specifically in terms of the viewing of representations of the female body. Certainly the ‘spectator’ has been extended to include the gay and lesbian gaze, and those of women. However, one only needs to glance at the representations of popular culture to realise that the female body is still firmly posited as the spectacular object of the gaze.

As I have already mentioned, bodily perceptions dating from the nineteenth and twentieth centuries differ, as they were motivated by different historical, technological and social factors. Significantly central to both periods however, is the representation of the female body. The disciplining gaze of the nineteenth century has indeed been replaced by a digitalised and technologised view in the late twentieth century – a gaze that I would suggest is no less disciplining and prescriptive. Modern media (notably the advertising and fashion industries) have emerged as a powerful economic forces, which in offering a thorough surveillance of the modern body are capable of exerting such disciplinary power. Images found in popular culture can be seen as particularly prescriptive, as it functions to separate the (fictitious) healthy, ‘normal’ body from its

real, pathological and therefore undesirable, counterpart. As a powerful site, it thus dictates and controls conformity to a particular body image through re-presentations, thereby discouraging individuality.

The late twentieth century has indeed seen the body represented to obsessive lengths. The body, as an entity under threat, is the central locus for a range of ideas, issues and images that point to its obsessive control, health and fitness. And yet, possibly in this quest for the ultimate cultivated and socialised body, representations are becoming more removed, fragmented and artificial. It would appear that the modern body has been rendered far more visually permeable than before due to increasingly intensified visualisation technologies. Despite the modern efforts at creating an ideal exterior, there seems to be a popular insistence to look upon that which is hidden beneath the skin, the disturbing underside of things.

It is therefore not surprising that a major exhibition<sup>1</sup> at the beginning of the twenty-first century should choose to focus on the study and representation of the human body within science and art. *Spectacular Bodies* explores the historical relation between art and science, and acknowledges that the traditional division between art and science is a false dichotomy, since both discourses take the body as central to framing ideologies that have strongly influenced Western thought for centuries. Both discourses rely on a fascination with looking as a means for extracting raw information in producing conceptual thought. The exhibition also integrates the work of contemporary artists, which reveal the influence of historical material in an age abundant with digitalised imaging.

I would like to conclude with a somewhat disturbing image – that of John Isaac's waxwork, *A Necessary Change of Heart* (2000) (Figure 26)<sup>2</sup>. Although this image does refer to the tradition of wax models and dissection, it does so in a very disturbing

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<sup>1</sup> *Spectacular Bodies: The Art and Science of the Human Body from Leonardo to Now*, Hayward Gallery, London, 19 October 2000 – 14 January 2001

way. There is nothing beautiful about this image – it resembles a very real, half-butchered and fractured human corpse lying on a marble slab. Much of contemporary body orientated art, although referring to historical traditions and material, seems to set out merely to shock. Why do such images of the human body cause such violent reactions within the viewer? Is it the thrill of seeing what is normally concealed, or could it be our attraction to vicarious horror? Bodies are dangerous terrain - everything about and to do with the human body is potentially unsettling or disturbing in some way, the least of which is the very fragility and permeability of it. Perhaps this could be offered as a reason as to why the spectacular body continues to fascinate – it confronts the modern viewer with a sight that is both attractive and repulsive.

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<sup>2</sup> John Isaacs, *A Necessary Change of Heart* (2000). Wax. 110 x 240 x 90 cm. Collection unknown.

## **Appendix: Discussion of Practical Work<sup>1</sup>**

*And though you have a love for such things you will perhaps be impeded by your stomach... [or] the fear of living through the night hours in the company of quartered and flayed corpses fearful to behold. And if this does not impede you, perhaps you will lack the good draughtsmanship which appertains to such a representation, and even if you have skill in drawing it may not be accompanied by a knowledge of perspective, ... you might lack the methods of geometrical demonstration and the methods of calculating the forces and strength of the muscles...*

Leonardo da Vinci (cited in Petherbridge and Jordanova 1997: 10, 14)

It was not without trepidation that I entered a dissecting room in early March 2000, to be confronted by a singularly spectacular sight – a flayed, quartered and fragmented, corpse atop a stainless steel table, swathed in cotton and plastic. It did not remotely resemble anything that I might have imagined, or anything vaguely recognisable. Gradually, and much to my fascination, this amorphous, unfamiliar and unsettling lump of human tissue was made intelligible as the various muscles, arteries, veins and nerves were pointed out and named.

It is these fascinating, delicate structures and inner mysteries – the fabric of the human body – that have been a great source of visual interest and meaning to me, particularly in the process of image-making. One can certainly describe the body as terrain that is

simultaneously ‘familiar and dangerous, ordinary and mysterious’ (Jordonova in Petherbridge and Jordanova 1997: 100). To view or show parts of the body that have been previously concealed, or unfamiliar viewpoints of it, is potentially unsettling and subversive, but always spectacular. An opened or cut human body carries with it some notion of the forbidden – a suggestion of voyeurism perhaps.

It is this insistence on making visible the unseen that has guided the study of human anatomy. The process of dissection dismantles the vulnerable boundary between the visible exterior and hidden interior of the body, and involves various anatomical layers and degrees of interiority. Through a detractive process of fragmentation, the precise composition of the human frame could be uncovered and visualised, transforming the now uncontained body into a mass of detachable pieces to be read and interpreted by a medical gaze.

The ethics of twentieth-century medicine have determined that the anatomical body should only be displayed in a ‘neutralised’ scientific and scholarly context, and subjected to an appropriate scientific gaze. Certainly, my work was strongly influenced by anatomical images normally not easily accessible to an art student, when I worked on a series of medical illustrations earlier this year (see catalogue figure 1). This allowed me to gaze upon the dissected or anatomised body as preparation for some of the illustrations.

These works were produced for a medical publication dealing with continuous nerve blocks – a form of local anaesthesia in which the appropriate nerve itself is anaesthetised (a better known nerve block is the epidural) in order to facilitate surgical procedures to specific body parts. As such, it requires the careful mapping of the exterior, or superficial anatomy, of the body to locate very specific points of entry to the underlying tissue, thereby ensuring the correct insertion of anaesthetic equipment. My drawing (catalogue figure 1) shows a procedure referred to as an interscalene nerve block, whereby the nerves (brachial plexus) in the deep muscle tissue of the

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<sup>1</sup> Theory and practice invariably influence one another. However, the one does not necessarily encapsulate the other; hence my decision to separate this discussion from the main body of the thesis.

neck are anaesthetised. The drawing points out the correct positioning of the needle within the relevant anatomical structures. Through the application of a light electrical current, the correct nerve is then identified.

Any anatomical drawing raises a range of issues pertaining to the representation of the human body. It is within keeping of a long tradition of the body as spectacle, in which the body is posited as an object to be looked at, its material presented for 'reading' by a scrutinising medical eye. Anatomical illustrations portray the body as a source of scientific enquiry and analysis, and of information. They also reveal some of the abstracting processes of dissection – the dismantling of wholes into detachable parts (Stafford 1993: 140). As a result, parts often stand for the whole (see catalogue figure 1) – abstracted body bits refer to the anatomised or opened body whereas hands point to the actions controlling of the medical body. Certainly, the work process underlying this image attests to this: it is a composite image that is pieced together from the study of actual fragmented anatomical tissue, various other reproduced anatomical images and digital photographs.

The question may be asked whether traditional anatomy, as a descriptive science, is to some extent finite due to the development of innovative visualisation technologies (Petherbridge and Jordanova 1997: 96). The mapping of the body definitely calls for an exacting and inventive visualisation, which is in turn made possible by a range of computer-generated imaging technologies. Modern human anatomy would appear to have been replaced by the study of microstructures at a molecular level (Braidotti 1991: 142). Contemporary CD-ROM pictorial anatomical atlases are a 'sequence of radiosopic sections of ever greater reduction or magnitude'- they produce a completely new charting of the body that is one of fragmentation and detaching (Petherbridge and Jordanova 1997: 64). However, it would appear that there is still a need for artists to produce anatomical illustrations despite the advances made by modern technology. Such illustrations allow for the selection, simplification and clarification of information by the artist, which could facilitate the 'reading' of complex data. Although it is descriptive, illustration is not merely factual or objective

– it is a creative process which involves personal decisions taken within certain scientific parameters negotiated by the artist and the scientist or doctor.

Certainly the study of anatomy, largely dependent on the practice of dissection, has appeared to dissolve the boundaries between art and science – not surprising since both discourses considered the human body as an object of intense scrutiny and enquiry (Flynn 2000: 40). The relationship between art and anatomy or science, is one that is by no means exhausted – particularly in view of the many contemporary artists exploring this rich area. If anything, both existing and new visualisation technologies of the body have become the new raw material for artists to engage critically with issues around the representation and display of the body.

Scientific modes of production and presentation are but another area in which traditional anatomical images can be reinterpreted and reconstituted. Even prior to my direct exposure to the dissected body, my theoretical research had introduced me to the spectacle inherent in the medical body. In *Without Title (no 1)* (1999) (catalogue figure 2), I collected and photocopied various simplified or diagrammatic ‘textbook’ illustrations of human organs. Through the photocopying process, these were then either enlarged or reduced, and then cut out and coloured by hand. Like these cutouts, diagrams and schemata are about the transformation of three-dimensional information into a two-dimensional, linear mode of reproduction and understanding which both simplifies and abstracts. A diagram entails precision and clarity – its simplicity visibly dispels any obscurity by strictly defining the objects (in this case, human organs) of study, and limiting their meanings. Barbara Stafford (1993: 150) suggests that the ‘diagrammatic mode,’ implies a certain code of behaviour in representation – it is characterised by ‘earnestness, restraint, silence, cleanliness.’ It is this apparent neutrality that has made diagrams influential in legitimising notions of ‘serious’ science and medicine, leaving these discourses unchallenged by the ‘frivolities’ of art.

Unfortunately, despite aspirations to precision and clarity, diagrams like those used in *Without Title (no 1)* are often highly stylised images. This becomes apparent on the closer inspection of some images in the *Without Title* series. Although my source

material was stylised diagrammatic renderings or illustrations of various human organs (heart, liver, lungs, etc.), my created images were indeed far removed from their actual anatomical counterparts. Through simplification and flat colour use, they become something other than mere detached representation; resulting in objects vaguely ridiculous and alien, and acquiring a life and meaning of their own.

Any image has the potential to function well beyond its original or intended meaning, through processes of appropriation and interpretation. Researching the concept of the spectacular female body has certainly made me aware of the possible misappropriations of meaning that come into play with representations of the female body. Most of my initial explorations of the body as spectacle focused on an exploration and representation of my body through a series of self-portraits as in the work *Untitled* (1997) (catalogue figure 3). These works were, however, discarded when it became apparent to me that they did not effectively challenge or subvert the notion of the body *as spectacle*.

The decision to abandon my early scrutiny of the exterior of the body motivated quite a radical redefinition of my studio work objectives. My new focus, influenced by my reading and research, drew extensively on ideas associated with the anatomical body. Although my research focuses on the representation of the female body as spectacle, my practical work is not concerned with female sexuality, or with the overtly female body. Historically, the female body has been the source of titillation and invasion, and the site of the (male) gaze. As a female artist, I have elected not to challenge this vision, but rather to work with the body in another way, in an attempt to create images that do not subscribe to a sensational representation of the body.

Anatomical art and anatomical representations, in focusing on the spectacular display of the human body, carries with them important histories and traditions of a particular form of looking and presenting, which purported to be highly objective. The way in which medical science mapped, marked, dissected and ultimately abstracted the human body proved to be a fascinating area in terms of my preoccupations with the representation of the body. Instead of attempting to portray the body in its entirety,

my focus shifted to the investigation and representation of a fragmented and dismantled body.

In the work *Untitled Procedures* (1999) (catalogue figure 4), I combined images of various cell structures drawn from medical textbooks with fragmented representations of hands. As the organs of ‘doing’, hands have specific meanings and associations for medicine and art, particularly in terms of control (of brush or scalpel). Hands also refer to identity – they are inscribed with character and personal history, and are therefore unique to specific bodies. In creating these intimate and miniature images, I was much influenced by the way in which the medical gaze operates – it selects, enlarges and ‘reads’ the visual symptoms that it is confronted with, and then translates this data into diagrams and schemata with particular conventions (for example dotted lines, specific colour use, and directional arrows). The use of detail such as small textural brushmarks, dotted lines and some lettering and numbering resulted in dense, layered paintings, requiring intense and close scrutiny by the viewer.

Here, I attempted to move away from conventional painting surfaces by using an unstable surface such as soap. Within the medical context, the importance of cleanliness is self-evident. Soap removes grime, it washes away; cleanses. Painting on soap with oil paint then becomes preciously precarious – one is putting something on a surface that wants to corrode, remove, and cleanse. The Lifebouy soap used in this work was chosen for both its colour (its redness having associative meanings of blood) and its smell – its odour quickly permeates the space in which it is exhibited. It also has a particular translucent quality reminiscent of underlying things – quite like the surface of the body.

Perhaps the most disturbing aspect of an anatomised or fragmented body is that it is rendered utterly permeable by investigative procedures. The works *Without Title (no 2)* (2000) and *Without Title (no 3)* (2000) (catalogue figures 5 and 6) were based on anatomical resin casts of the vessels of various organs (in this case the liver), which were collected and copied from various photographic anatomical atlases. The particular images were chosen for their qualities of line, delicacy and their respective

realisations of three-dimensional bodily structures. The injection of foreign substances into the vessels of organs in order to preserve the structure and shape of the organs, has been a long-standing tradition. In preparation for anatomical illustrations, the blood vessels of specimens were often injected with wax (Petherbridge and Jordanova 1997: 44, 85). This served a dual function – to preserve the object of study to some extent, and to isolate parts and forms more readily. The deductive process by which such casts are made reveals the fragile inner structure of internal organs – it renders visible and three-dimensional the intricacies of bodily tissues.

A similar deductive process was used to create my works. Traced, simplified and photocopied images of anatomical casts were subjected to a process of surgical excision – the white, negative spaces of the images were removed by cutting to leave an intricate network of connected lines. Through this process, I could produce images of the body that would also echo and emphasise its extreme vulnerability, delicacy and fragility, whilst recalling medical traditions of dissection or surgery and the spectacular display of the body.

The use of cutting, with its surgical connections, was utilised with similar intentions in *Without Title (no 4)* (2000) and *Without Title (no 5)* (2000) (catalogue figures 7 and 8). Here, various casts of the human heart were translated into images and then cut. I have deliberately chosen organs of the body that are not sexualised in the creation of these works: they are not organs specifically or exclusively belonging to a female body, but are images of the body that I have found particularly engaging and beautiful. Certainly the heart is more than a mere lump of tissue and muscle, and images of it inevitably abound with various symbolic, poetic and historical associations and meanings.

In these works, repetition was used not only to create volume, but also to emphasise and strengthen the analogous relationships between the various forms. Although the respective images were all initially alike, the process of cutting would add certain irregularities – such as tearing or folding, or the omission of some bits. Inevitably, when similar images are placed together, they will be appraised and compared.

Certainly, comparative anatomy operates in a similar fashion as it involves the collection of various specimens, which are then measured, studied and presented in series to be accordingly classified and organised.

The works that I have mentioned thus far centre on a biological or medical view of the human body. It is a view that regards the body as an object to be examined and revealed, firmly implicating it in notions of spectacle. The medical gaze is one that crosses body boundaries dividing exterior from interior in its visualisation of the body. It is intent on 'reading' the body as a series of signs or symptoms, which it then simplifies into a linear or diagrammatical interpretation – far removed from our personal, bodily and corporeal experiences.

The work *Dissected Knuckles* (2000) (catalogue figure 9) consists of a hundred, small contour drawings of the folds and creases in the skin over my knuckles that have been cut out, dissected. Each image was carefully drawn and cut separately by hand – a painfully slow process of addition (in drawing, or mark making) and deduction (cutting away). These images differ from previous works in that they were not produced by duplication (photocopying); rather, each image is entirely unique both in the drawing and cutting of it. I would suggest that although infused with traditions of anatomical representation and methods, these works offer a view of the body that is private, and intimate, rather than exclusively biological. The external surface of the body is inscribed with its own personal history – it is marked by age, accidents and illness. In visualising these private histories, the concept of spectacle functions on a different level. Although the body is still the object of intense scrutiny, this work presents the viewer with the spectacle of the private being made public. The work *Dissected Knuckles* focuses on and visualises external body structures in a particular and unusual way – the visualisation of bodily traces and histories is itself built into a spectacle.

The surface of the body is mapped in a variety of ways within medicine – it offers various points of reference to underlying structures and systems (think for example of acupuncture). The medical gaze does indeed examine and survey the exterior of the

body as much as its interior; it can be understood as a form of touching. This certainly is the case in the production of contour drawings – the gaze traces and records the surfaces, textures and structures that it perceives in such a way that it is reminiscent of touch. This sensory information is then translated into descriptive or representative marks. Line in this instance, becomes indicative of this process of ‘touching’.

This concern with the representation of the private histories of bodies and drawing as touch, is further extended in the work *Dissections (no 1)* (2000) (catalogue figure 10). These are composite works made up of various contained glimpses and sections of my hands, once again utilising processes of contour drawing and cutting to explore the surface of the skin. The medical gaze is a highly selective gaze, in that it focuses on very particular areas of examination and study; as a result it fragments integrated wholes into unrelated or isolated parts. This particular work, as with many of the other cut-outs, disregards notions of the contained body by representing only specific fragments of the body that are inscribed with private histories and connotations of character. The various images are intended to function as a group of ‘symptoms’ – visual signs or images that are to be deciphered, read and compared, while hinting at the inherent fragility of the human body.

Through modern imaging techniques, the model of the body as an integrated whole has indeed fallen apart. It is reduced to a series of selected glimpses of the living interior of the body that is rendered nakedly public and vulnerable through invasive processes such as endoscopy. Other techniques, such as x-rays, ultrasound or magnetic resonance imaging (MRI), render the body transparent by visually piercing its interior. This notion of layering is echoed by the metaphors of dismantling or unveiling that are used to describe the processes of anatomical dissection. At its most basic, the process of dissection – in moving from the body’s exterior to its interior – entails the systematic removal of successive layers of bodily tissue.

The works that I have mentioned in this discussion all involve various layers of the body, and different degrees of its interiority. In essence, the cut-outs are two-dimensional, simplified renditions of the substance of the body, and accordingly

displayed<sup>2</sup> in such a way as to suggest layering, or to imply depth – much in the same way that organs and tissue constitute the form or mass of the body. Certainly, shadows are both other realities and layers or echoes of form and together with colour reflections, add to the complexities and diaphanous qualities of the cutouts. These works are, like the study of anatomy, about the examination of ‘subcutaneous parts’ – a visualisation of external forms and underlying structures (Stafford 1993: 54), that is motivated by an intense curiosity of what lies hidden beneath the skin.

Researching the concept of the female body as spectacle has provided me with a considerable range of ideas regarding the body and its spectacular display. Indeed, spectacle *is* display: it is something, especially of a unusual or striking character, that is presented for viewing – in short an impressive or interesting show that is necessarily predicated on particular modes of looking. The body that I have visualised and imaged does not purport to be a transgressive or merely shocking spectacle. I have tried, rather, to create an image of the body that draws on and reflects an awareness of the historical alliance between art and scientific enquiry in an attempt to produce new images and meanings of the body that, although potentially spectacular (that is impressive or unusual), does not limit its visualisation to mere terms of titillating spectacle.

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<sup>2</sup> The cutouts are to be displayed and lit in such a way that they cast shadows or colour reflections on the wall behind the images.

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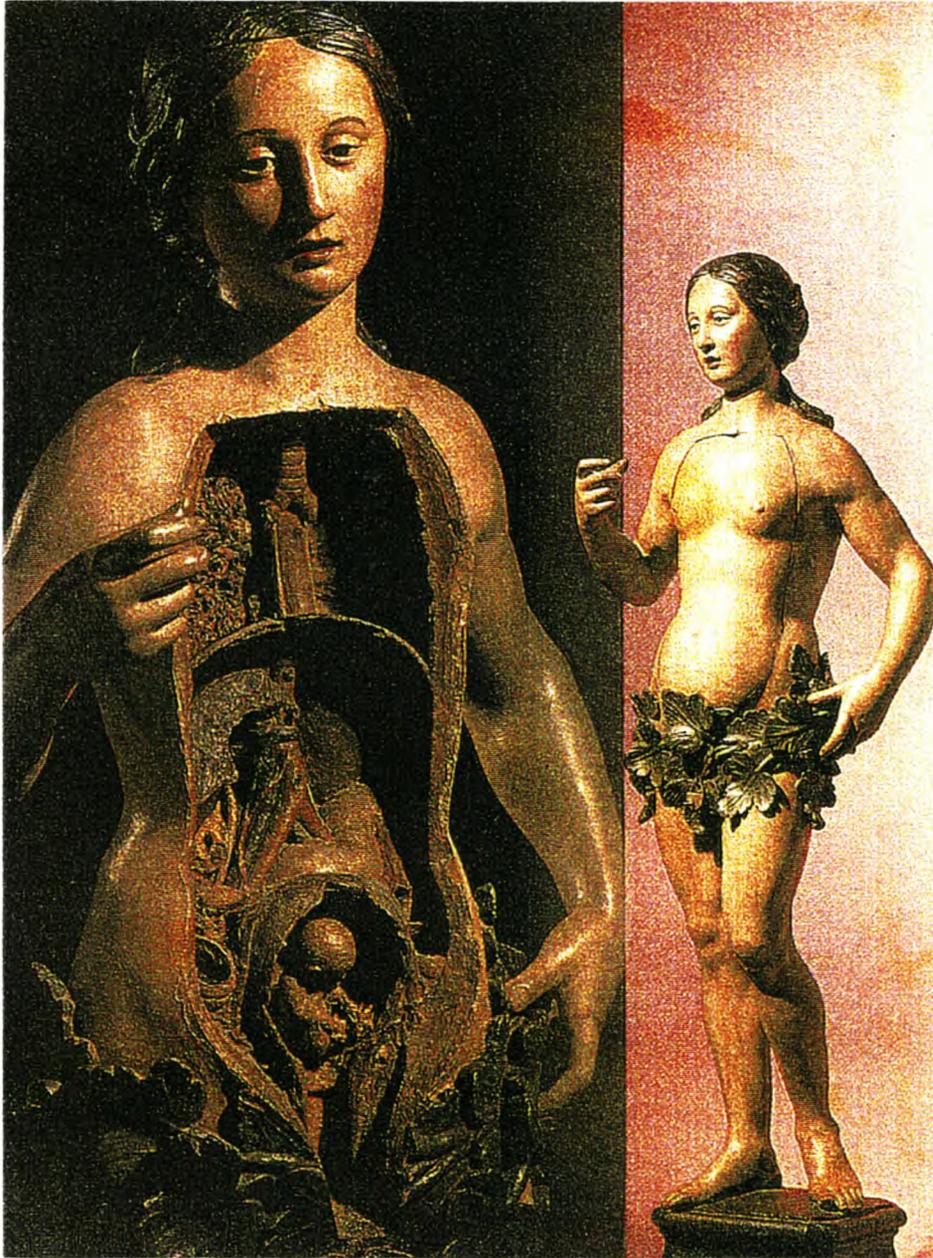


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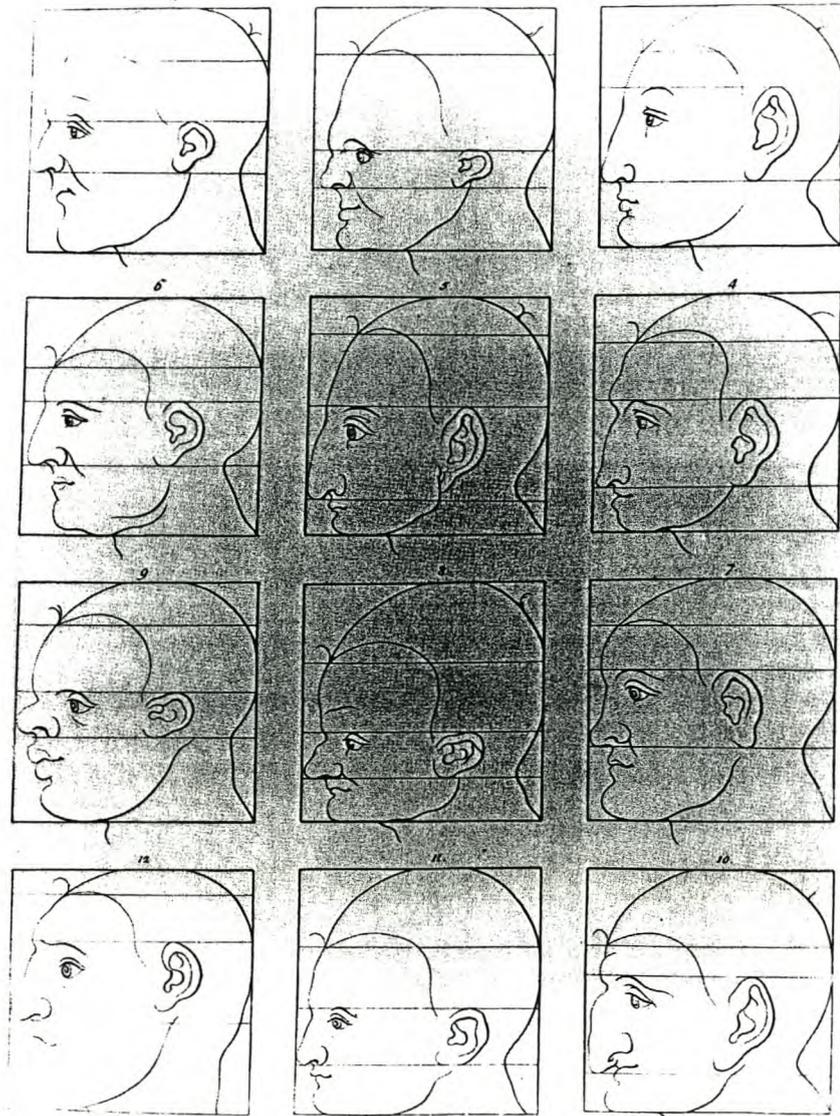


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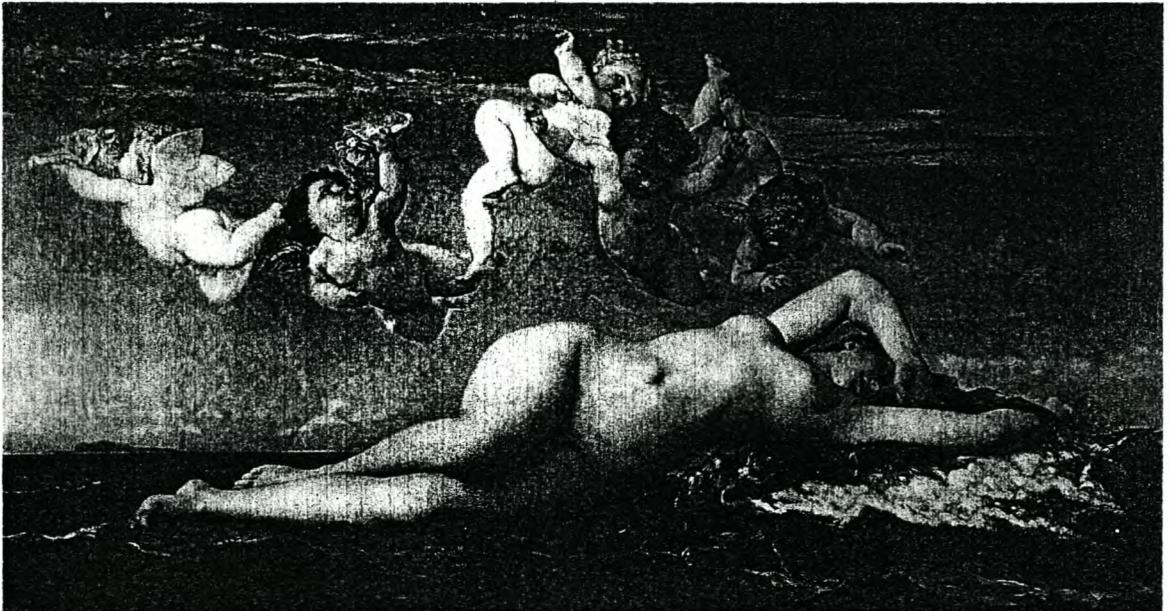


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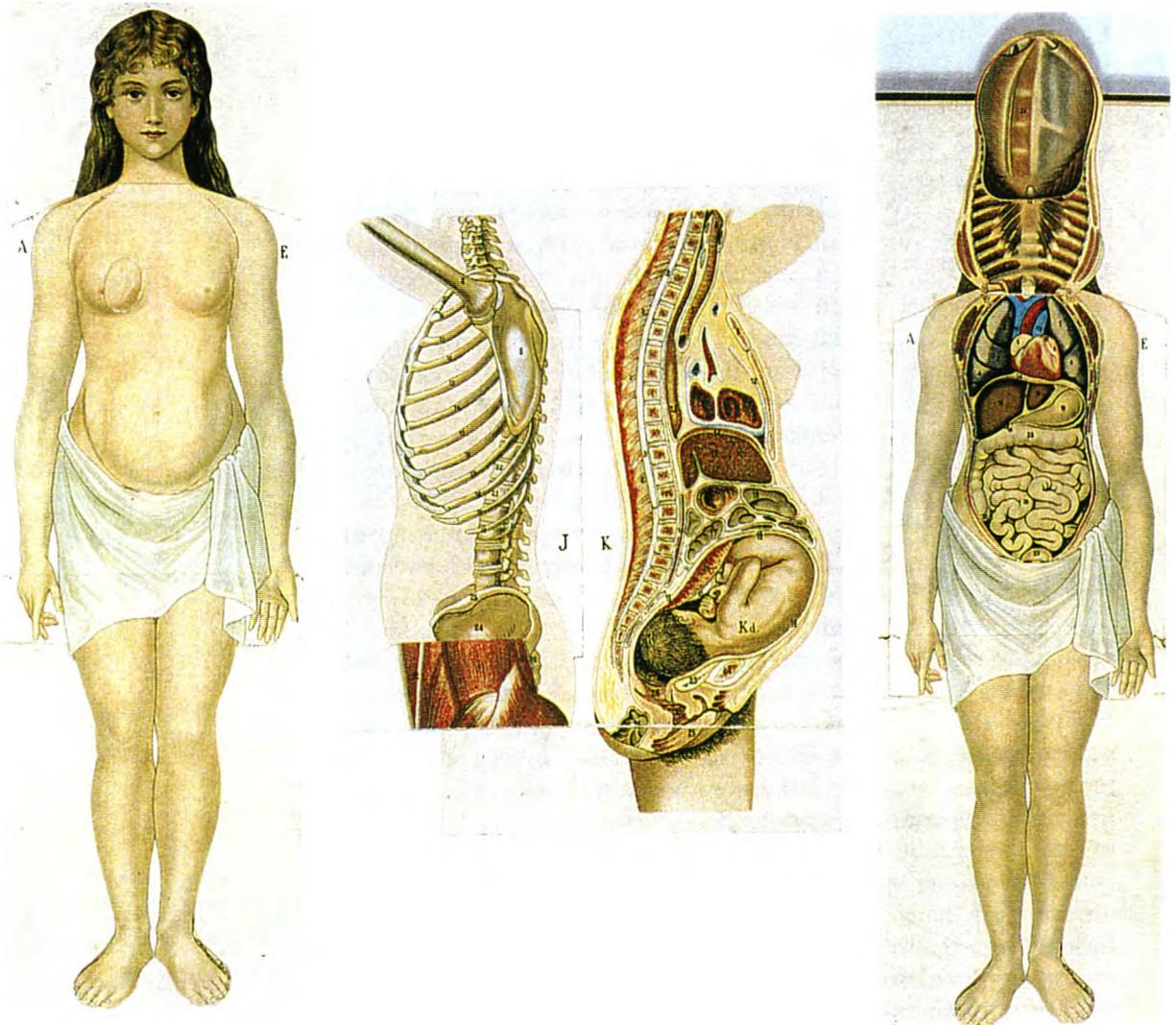


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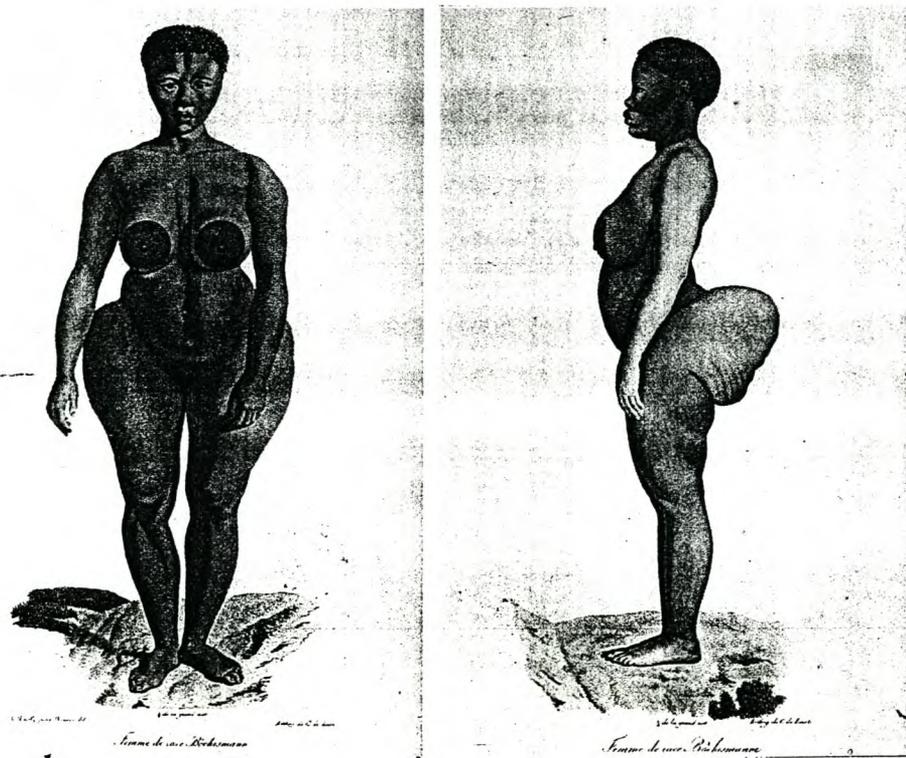


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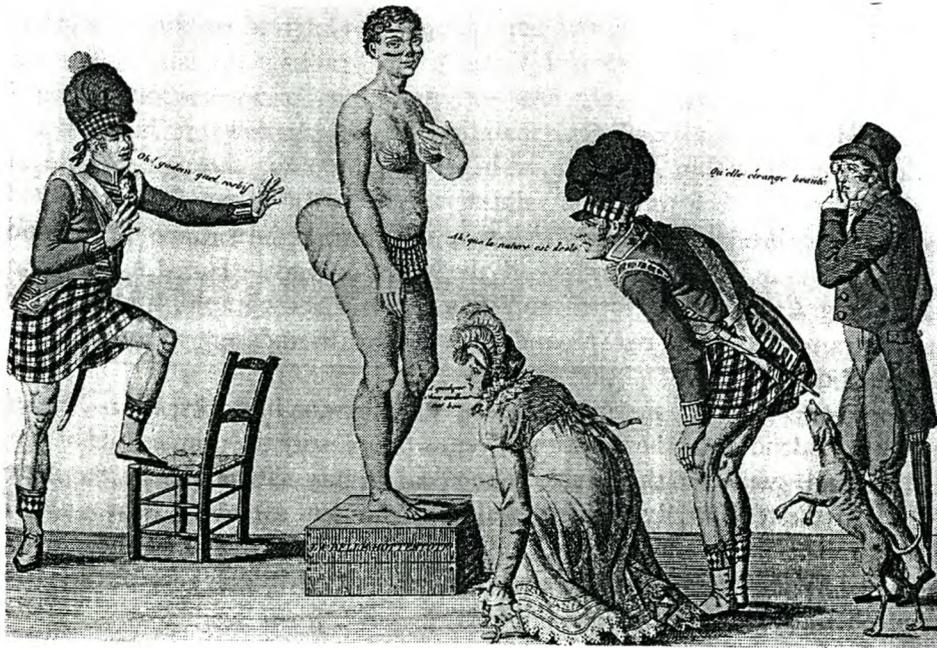


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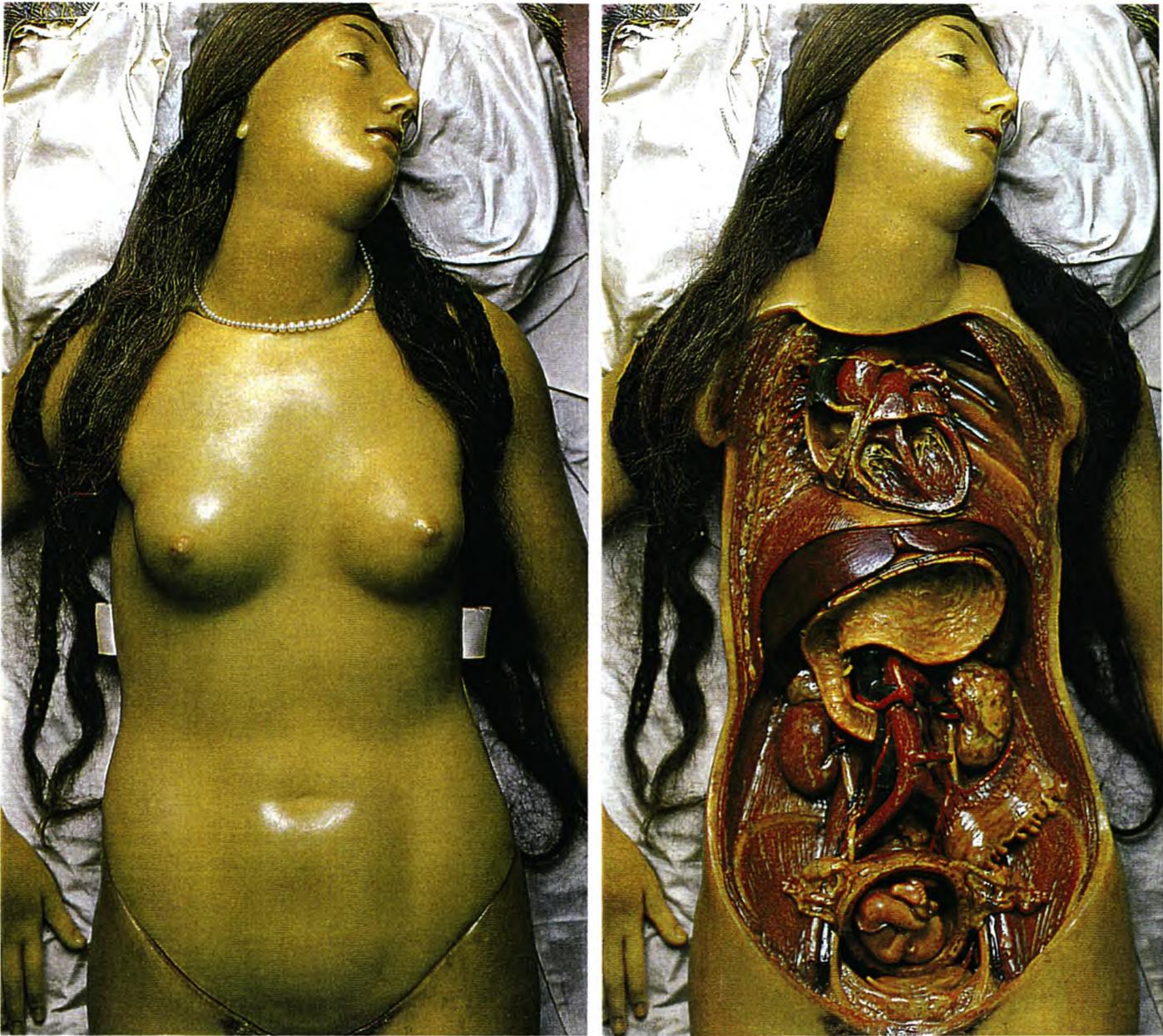


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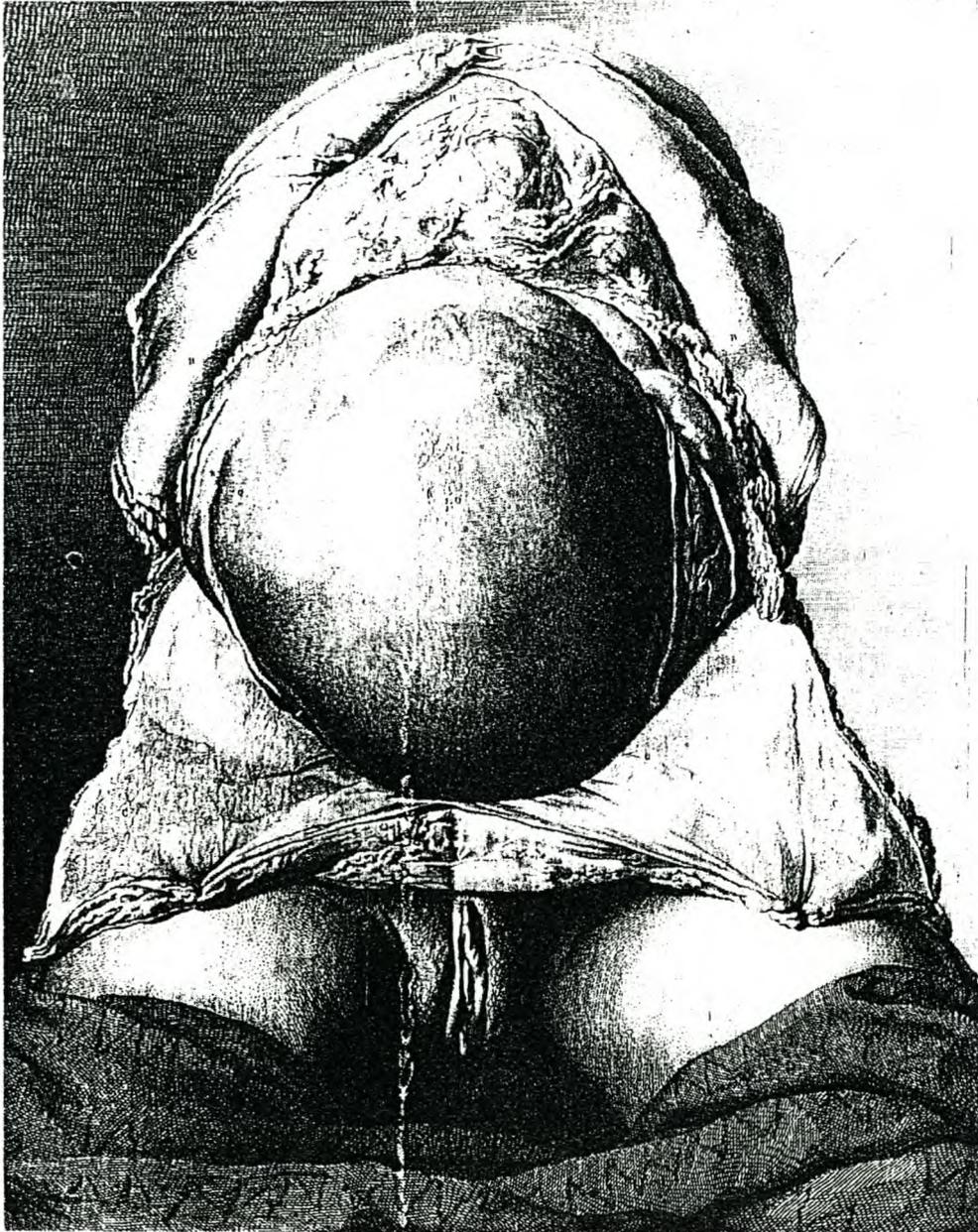


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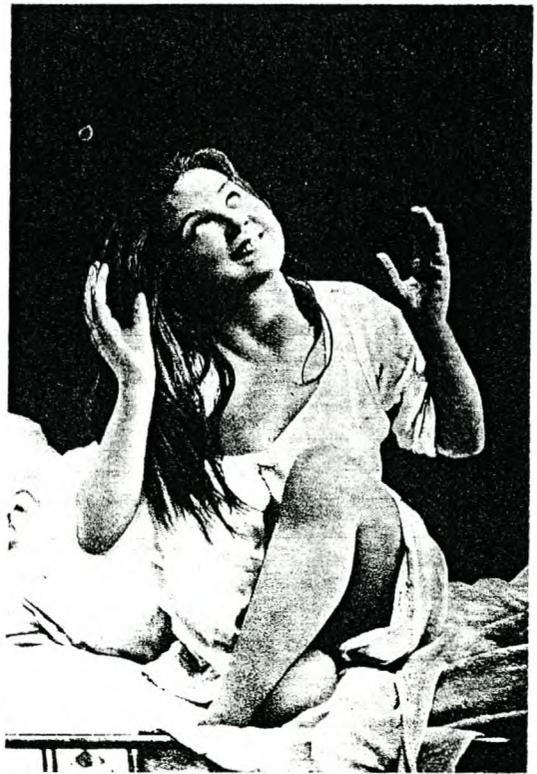


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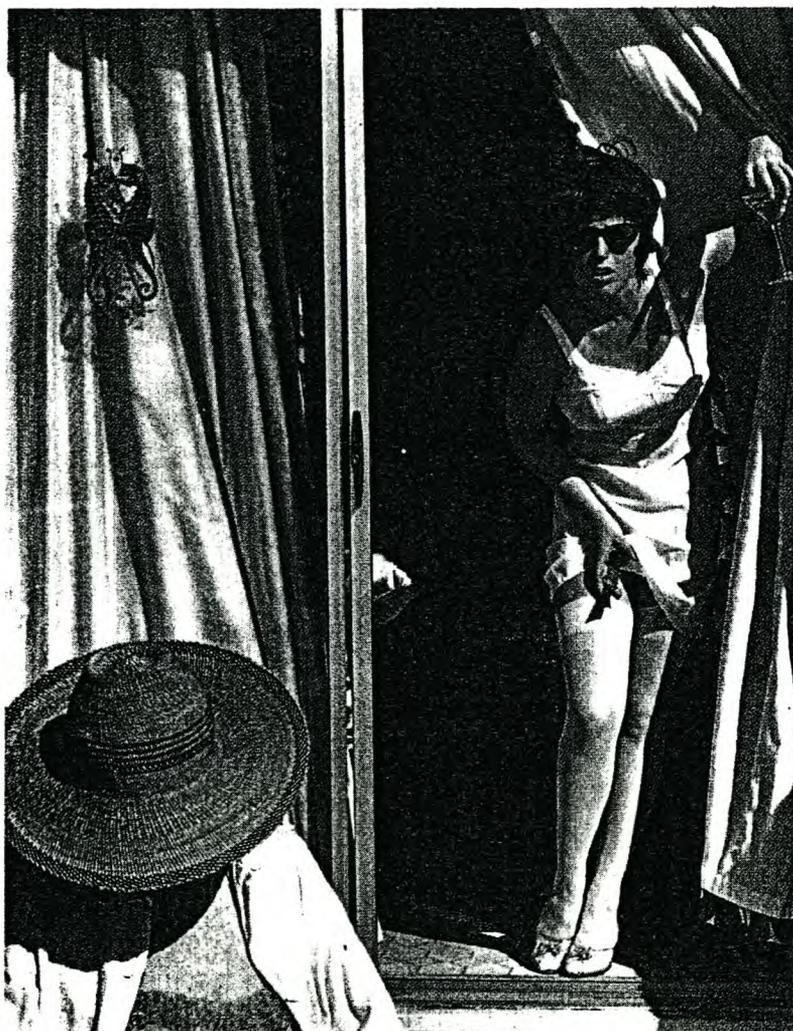


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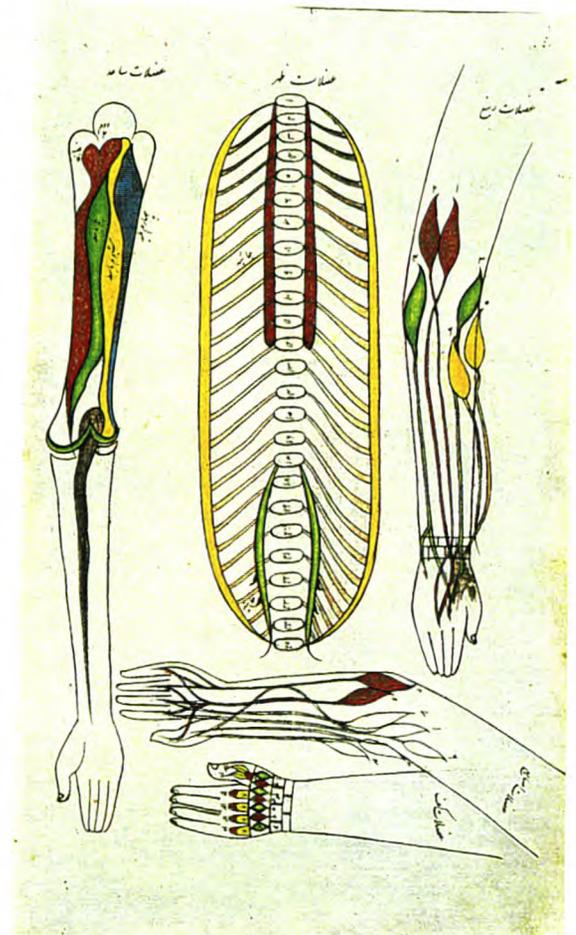
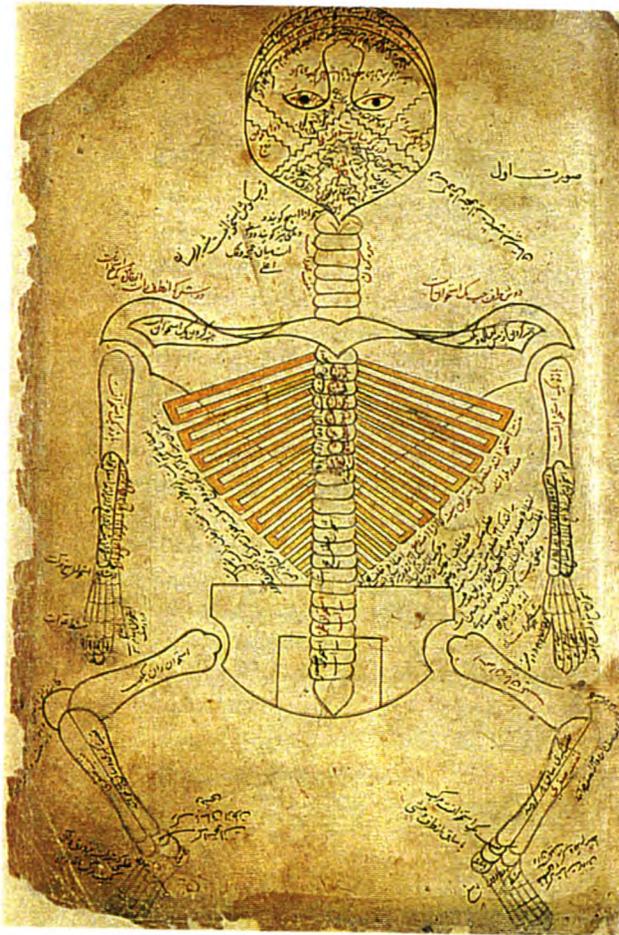


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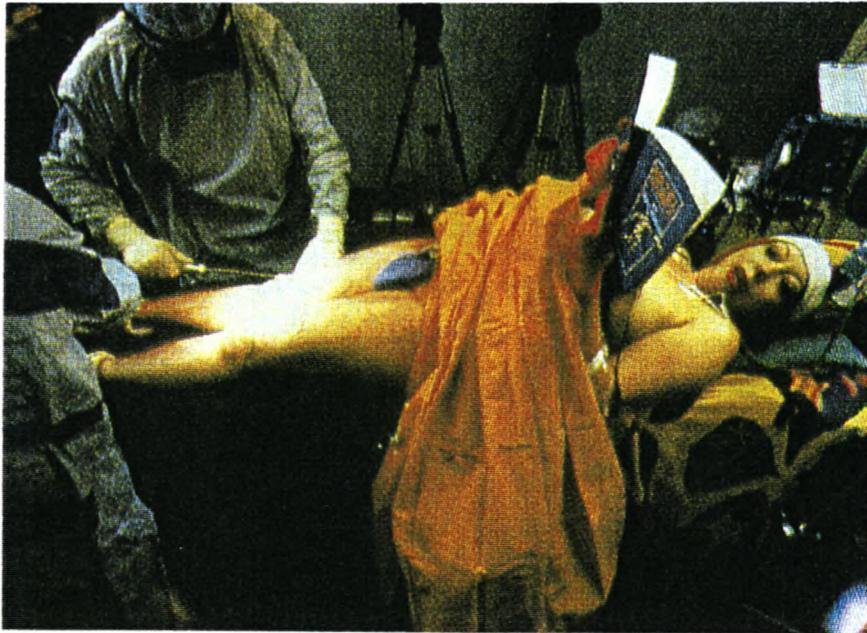


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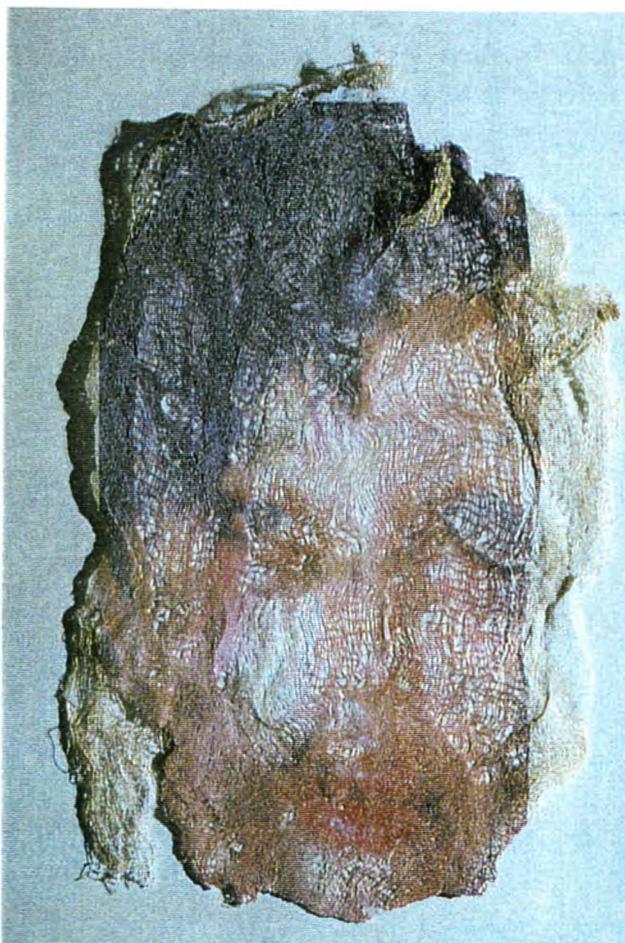


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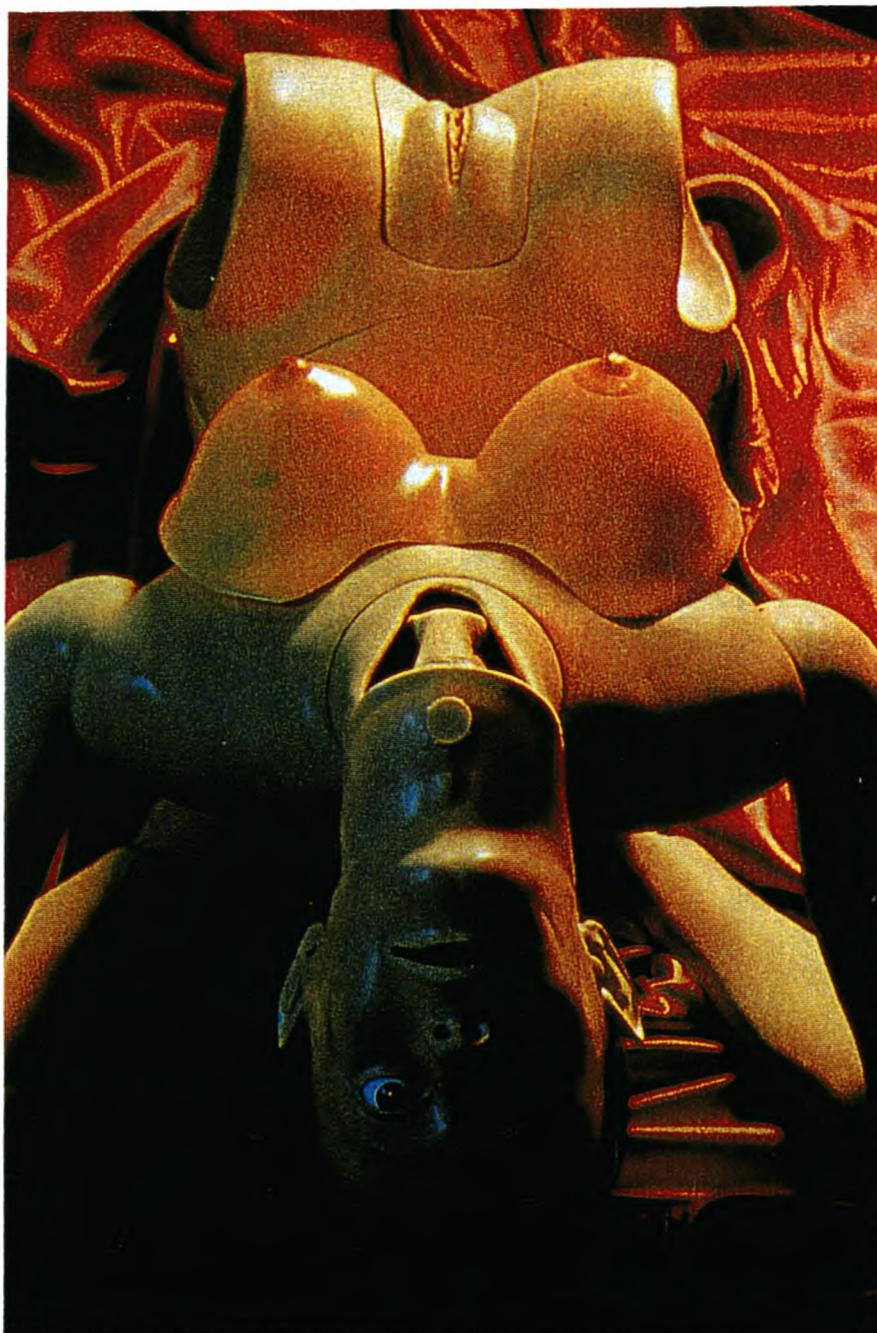


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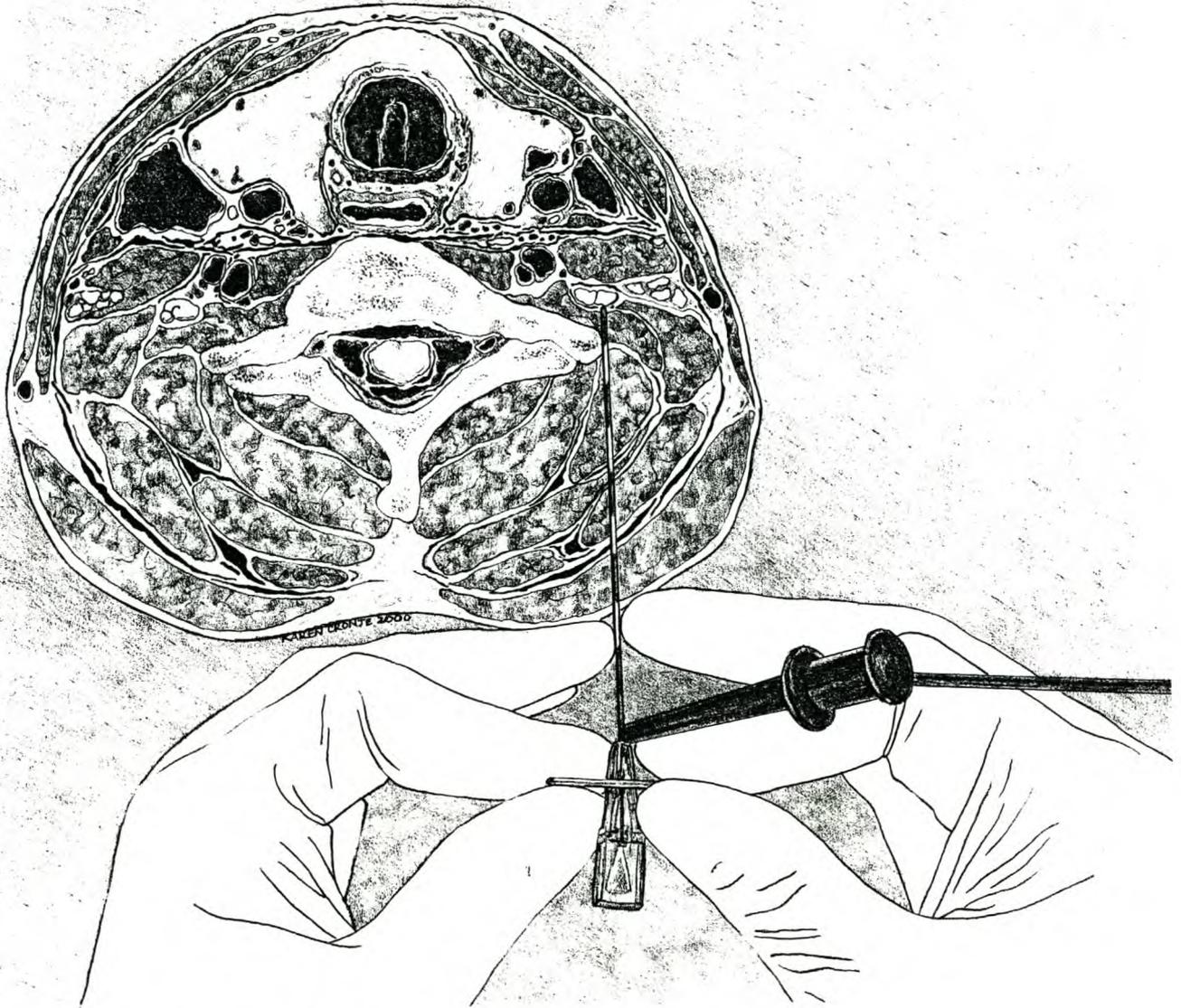


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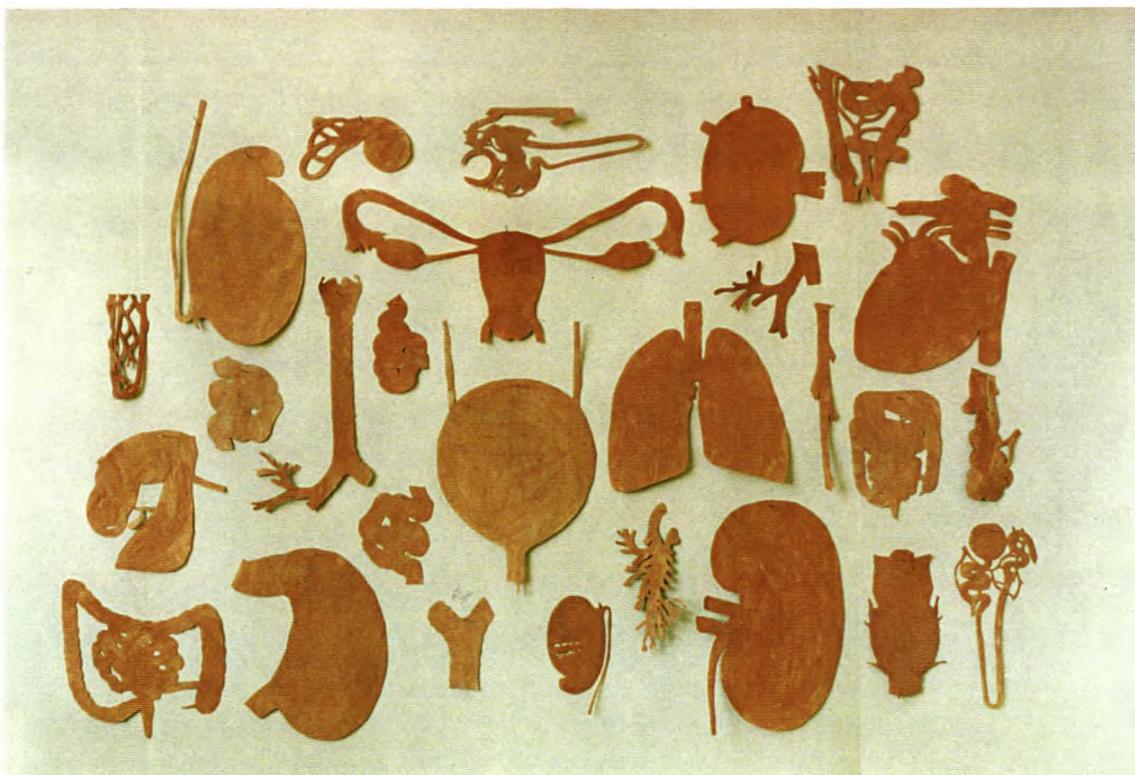


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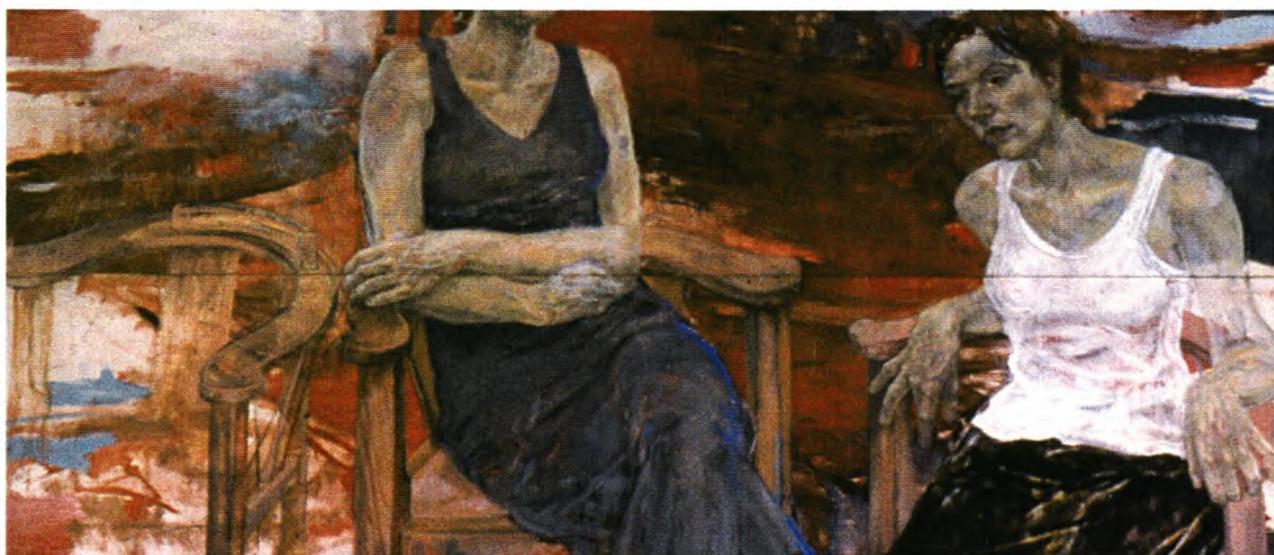


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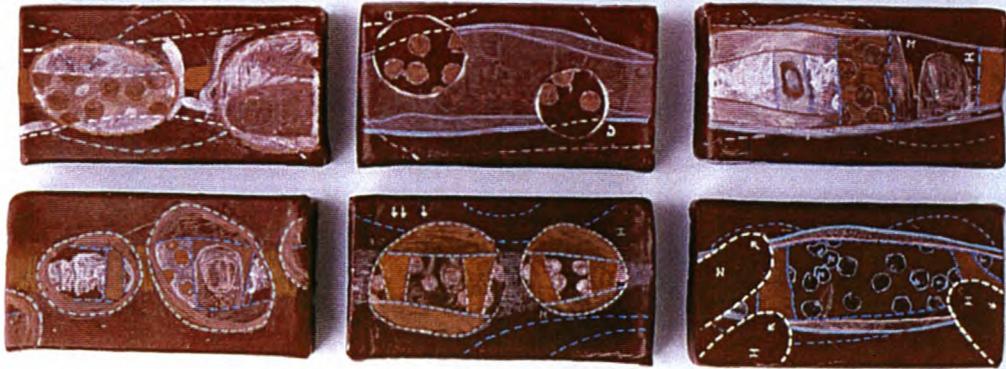


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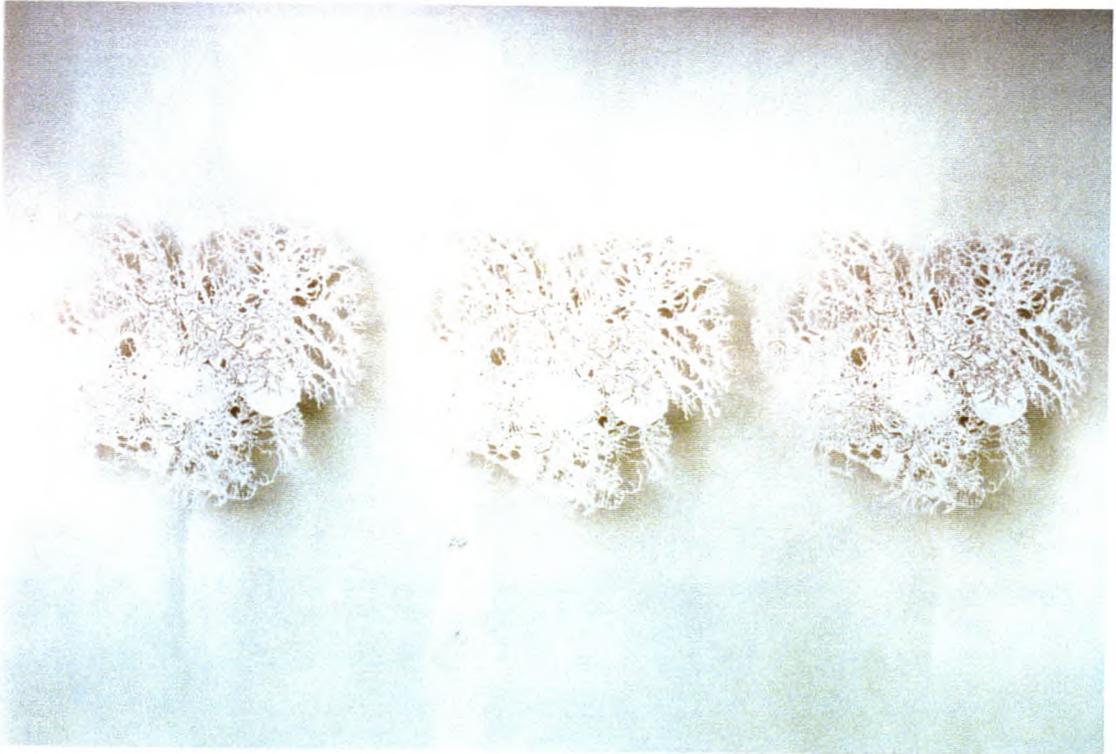


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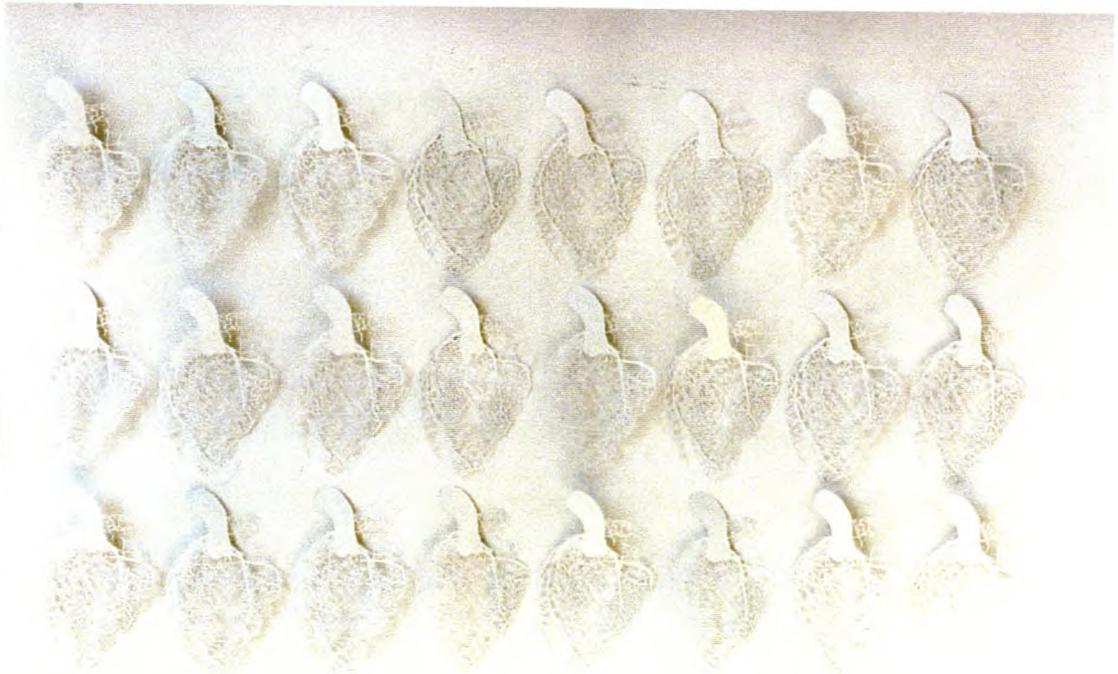


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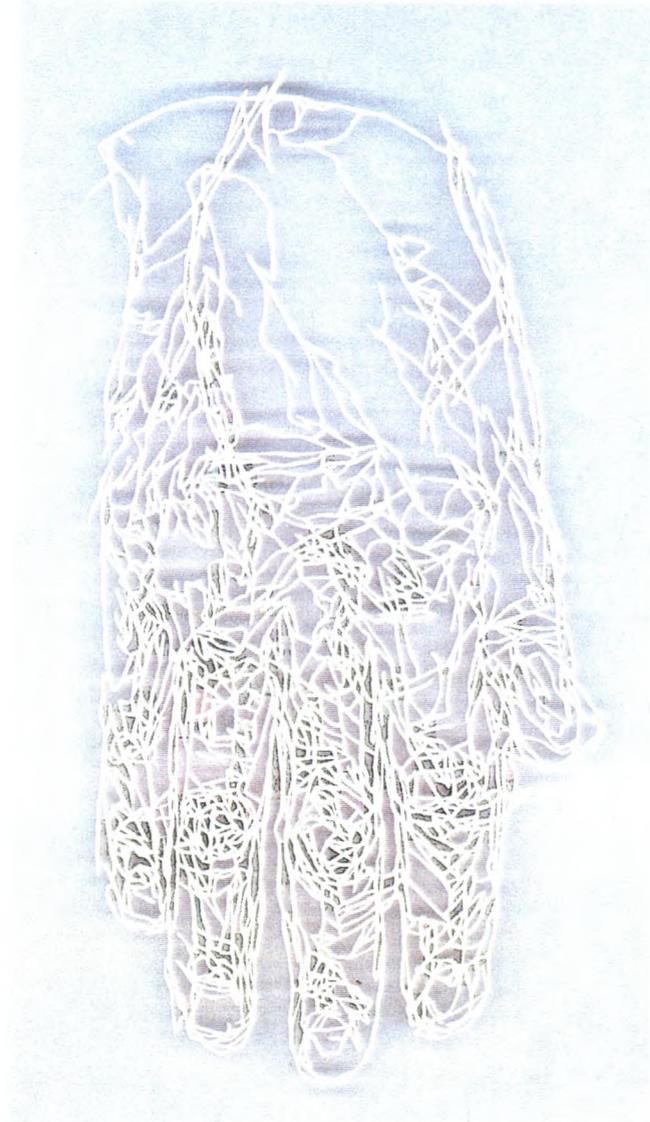


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