

**Pathologising Performance:  
“Self-Harm,” Performance Art, and Personhood**

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*For my grandmother*

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## **Abstract**

My project asks what pathologisation does to performance art that is perceived as “self-harming.” In doing so, I decentre the conventional focus on pain or the psyche of the artist and turn my attention to examining why pathologisation has become a common-sense response to what may be perceived as instances of “self-harm” in performance. My original contribution to knowledge is to unveil the power dynamics and historical oppressions that the critical pathologising of artists can silently snap into place. Each part of my thesis supports and furthers this goal. In the introduction I lay out the terms of my argument and position my intervention into ongoing conversations about self-wounding in performance art but also about “self-harm.” In Chapter 1, I take the work of Kristine Stiles as exemplary to explore the power dynamics of the pathologising critic. I articulate the links between the critic and the doctor that hail the artist as the patient, and the relationalities these encourage. In Chapter 2, I examine the reception of works by L.A. Raeven which demonstrate that pathologisation is not limited to scholarly or art historical readings but is widespread in popular media as well. I then look to works by Kris Grey that articulate ambivalence towards the material effects of diagnosis, medicalisation, and pathologisation. In Chapter 3, I look to the performance work of Esther Marveta Neff to analyse how the forms of personhood that underpin contemporary diagnostical tools perpetuate values of whiteness (as a system of power), including imperatives toward individuation, self-possession, and self-mastery. I then look to how Neff and Kamil Guenatri resist, refuse, and exit the offered terms of this orientation towards personhood. By doing so, these artists explore new relationalities which can orient towards new ways of worlding. In this sense, the stakes of my argument are high because the pathologising of new ways of relating (making the strange into the sick) risks limiting the possibility of perceiving other ways of being together and other forms of worlding, which we so urgently need.

# Table of Contents

List of Figures .....	7
Introduction: Do You Feel Pain? .....	8
Defining Performance Art .....	13
What is “Self-Harm”?.....	20
A Note on the <i>DSM</i> .....	26
Literature Review: Previous Studies of “Self-Harm” in Performance Art.....	27
Studies of Self-Wounding in Performance.....	30
Trauma and Performance.....	34
Alternative Approaches .....	37
Diagnosis, Pathologisation, and Medicalisation.....	51
Medicalisation and Performance .....	57
Common-Sense and “Gut Reactions” .....	59
Decentring Pain .....	66
Personhood .....	76
Worlding.....	78
Structure of the Thesis.....	81
Methodology and Geographical Scope .....	86
Chapter 1: Pathologising in Practice .....	93
Part 1, The Pathologising Critic: Kristine Stiles .....	94
Kristine Stiles: Diagnostical Detective.....	96
Making the Strange into the Sick .....	101
The Critic, The Doctor .....	106
The Traumatic Subjectivity of Performance Art .....	115
Karen Gonzalez Rice and Fictionalising Biography .....	119
Trauma and Pain Need Not Be Pathological.....	126
Part 2, The Pathologised Performer: ORLAN .....	130
ORLAN .....	131
On Literalisation.....	139
Humanitarianism, Whiteness, and Carceral Care.....	147
No Horizon: Recuperating Representations .....	155
The Limits of the Legible: Feminism and Self-Possession.....	158
Chapter 2: The Effects of Pathologisation .....	172
Part 1, Pathologisation in the Media: L.A. Raeven.....	173
Clickbait Coverage: Petr Pavlensky and Rita Marcalo .....	173

“Self-Harm” versus “Self-Determination”: L.A. Raeven.....	181
Diagnosis, Medicalisation, and Pathologisation in the Work of L.A. Raeven.....	184
Part 2, The Complexities of Pathologisation: Kris Grey .....	195
The Differing Diagnoses and Pathologising of Mastectomies .....	200
Self-Wounding as a Site of Sex and Gender .....	204
Benefits of Diagnosis, Medicalisation, and Pathologisation .....	211
Chapter 3: Pathologisation and Personhood .....	218
Part 1, Privatisation, Personhood, and “Madness” in Pathologisation: Esther Neff.....	219
Privatisation.....	223
Personhood .....	228
“Madness” .....	234
Whiteness and the <i>DSM</i> .....	239
Part 2, Refusing Mastery, Undoing Personhood: Kamil Guenatri.....	246
Disability .....	250
Refusing Self-Mastery.....	254
Plural Bodied Potential.....	265
Conclusion .....	271
Bibliography .....	279

## List of Figures

Figure 1: VALIE EXPORT's "BodySignAction," 1970. ....	44
Figure 2: VALIE EXPORT's "Tapp und Tast Kino (Tap and Touch Cinema)," 1968/1989. .	45
Figure 3: Photo of ORLAN in front of diagram of her surgical interventions and their referents. Photographer unknown. ....	135
Figure 4: L.A. Raeven in "Wild Zone I," 2001.....	182
Figure 5: Kris Grey, "Homage," 2014. Centre PHI, Montréal. Photo by Nikol Mikus.....	197
Figure 6: Kris Grey, "Homage," 2014. Centre PHI, Montréal. Photo by Nikol Mikus.....	199
Figure 7: Kris Grey, "Precarity," 2018. Ohio University. Photo by Daniel King. ....	208
Figure 8: Kris Grey, "Precarity," 2018. Ohio University. Photo by Daniel King. ....	216
Figure 9: Esther Marveta Neff's "The Scraping Shape of the Socially Cyclomythic Womb," 2016. Tempting Failure. Photo: Julia Bauer. ....	221
Figure 10: Kamil Guenatri, "10-14'," 2016. Hackney Showroom, Tempting Failure. ....	253
Figure 11: Kamil Guenatri, "10-14'," 2016. Hackney Showroom, Tempting Failure. ....	254

### ***PLEASE NOTE:***

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## **Introduction: Do You Feel Pain?**

*A memory: the thin line of blood running down my chest is dried and cracking under my formal button up shirt. I am in that strange internal state that arrives to me post-performance. Vulnerable but sure. People are standing up and moving around, gathering winter garments to bundle up for the cold outside. Suddenly there is a pushing, bursting feeling as an audience member approaches me. “Do you,” they say, “take responsibility for the effect of your work?” It is a demand. They are enraged, I can feel it. I say something about not having control over the meaning making of my work but standing with my integrity. “Do you realise that someone could see that and be triggered?” They are referring to the fact that, during my presentation-performance, I cut a thin line with the tip of a razor blade down my breastbone.*

*I’m grappling with their question in my mind: Do I realise that someone could be triggered? “Yes,” I say. “We can be triggered by many things that we encounter every day.” They have a fierce immovability in their eyes. A fire that wants to consume me. They are working hard to keep their body very still but there is a trembling from the effort. They look like they might explode. “But if someone was in recovery and they saw this, they could be triggered to go home and cut. Do you take responsibility for that? For their life?” Their fierceness is like that of a mother bear protecting her cubs. “No, I cannot take responsibility for how the audience responds to my work,” I reply. I’m trying to stay calm and listen but I’m terrified. Because they have put their finger on the very tangle that has been worried by many other audience responses. I don’t know what taking responsibility for all the different kinds of responses people have to my work could look like.*

*Why is this person not asking a similar question of the artist who chugged a bottle of wine during their presentation? Amongst other things, both self-cutting and drinking are closely culturally associated (at least in Montréal where we are) with addiction and self-harm. So,*



*for that matter, might such a perspective be cast on the hundreds of billboards with incredibly thin models on them, demanding that they take responsibility for eating disorders. Or what about something like an overwhelming cultural focus on the romantic couple, which can deeply trigger people who are in Co-Dependants Anonymous?<sup>1</sup> But then, are these equivalencies? What are the differences and why? Is it because my gesture was unexpected, strange, shocking? What is it about self-wounding, cutting, in performance that so immediately links it to addiction and pathologisation, more so than banal “triggers” like alcohol and extreme body images? And further, why does this seem to overshadow all the other elements of the piece?*

*If, like so many of my friends, one develops serious back injuries from prolonged working at a desk on a computer or for a PhD, it does not seem common to read the resulting work or thesis as about self-injuring. Instead, the injury is seen as incidental. Is that just a more socially acceptable form of self-harm? What is it about performance art that makes these self-harming gestures so socially unacceptable and pathologised?<sup>2</sup>*

## **Research Questions**

This thesis is not about my own performance art works. But its thinking is seeded there. My performance practice interrogates how the insides and outsides of a body are determined and maintained. This line of inquiry led me to question the socio-political and cultural

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<sup>1</sup> Similar to the better-known Alcoholics Anonymous, this program is also a “non-professional fellowship” that offers group meetings oriented towards “recovery,” and which I reference here according to my understanding of both a pathologisation of and a de-centring of the romantic/sexual other as determinant of one’s sense of self. “Welcome to Co-Dependants Anonymous,” CoDA.org <<https://coda.org/newcomers/what-is-codependence/>> [accessed 7 March 2023].

<sup>2</sup> This piece took place as part of the Symposium Congressiste de la Conférence de Colloque / Symposium Congress on Conference of Colloquium 2018 (SyCCC), held at Concordia University in Montréal, Canada. My thanks to the collective of Marion Lessard who made the work possible and held its complex aftermath.

determination of bodies and to examine moments in which larger systems of control are felt in and on the body through their rupture. I was intrigued by those ruptures that make visible larger organising forces, interested in the quotidian violences that are regularised for some bodies and how they might be denaturalised. In asking these questions through performance, I have explored my body's physicality and what it can do. I have sometimes worked with my spit. I have sometimes worked with my pee. And, I have sometimes worked with my blood. I have made shallow cuts in my skin, using the blood as a mark-making tool to draw lines in space, as a liquid I can create, and as a part and extension of my body. Just as I have with spit and pee.

For example, I have moved my head from side to side while facing a brick wall until blood would surface and mark the wall, making visible the sensation of daily resistance and the cost of simply persisting (*Swallow*, 2017). Or, as in *what is a sense of self?* (2019), performed in Prague as part of Performance Crossings International Performance Art Festival. Here, I have dipped cigarettes in my blood and smoked them, mobilising my own and the audience's breath to transmogrify materials and blur the boundaries of inside and outside.

As such, my investigation into self-wounding in performance here, though not practice-based research (in the sense of seeking to research my questions through performance practice), is research that grows from performance practice. Also valuable is my embedded experience of witnessing hundreds and hundreds of performances during my career. This experience perhaps shows up most clearly in my descriptions of performance art works that I analyse and think-with, as I become the lens through which this work is articulated to the reader. Rather than merely providing illustration, I strive at times to communicate a sensorial experience of the works which may afford the reader access to ways of knowing and understandings of such performance practices which otherwise would not be available.

The core questions of this thesis arise from a more than a decade's worth of audience responses to my works which involved self-wounding. These responses have been, certainly, varied and many. But there is a definite strand of response style that led me to this research. Typified by the above, particularly obvious iteration of such a response, I began to see conceptual links to seemingly more benign responses, that I include as interludes throughout this introduction.

For years I found these reactions surprising and confusing: wasn't this something very different than the culturally ubiquitous image of a teenage girl cutting herself alone in her bedroom ostensibly to express self-hatred or psychic suffering? While many of these responses seemed to come from a place of concern for my wellbeing, they felt wholly misplaced: the perceived pain signalled by blood appeared to overshadow any other element of the piece. In fact, the performances in which I experienced the most pain, for example, sitting unmoving for up to nine hours (*Needle Piece* and *Cheek Piece*, 2011) or balancing on the edge of a stool for hours on end (*thresholding*, 2016-2019) did not receive these kinds of responses. They also seemed to belie the fact that I had made and executed a performance that I, at least on some level, wanted and had chosen to do. The conversation seemed to become shallowly lodged on the blood or wound at the expense of deeper discussion about the concerns and questions of the work.

Why was this form eliciting expressions of concern for me? The cuts and grazes were superficial and rarely if ever genuinely dangerous. Why were mental health and pathologisation the immediate frameworks through which my work seemed to be received? On the one hand, the answers to these questions seemed obvious, common-sensical even, but upon deeper investigation those logics fall apart.

Thus, this thesis undertakes an investigation of the pathologisation of performance art. It asks:

1. What underlying norms and ideologies elicit the pathologisation of self-wounding performance art and make it make sense?
2. What does pathologisation, as a lens, do to the meaning making of performance art?
3. What forms of power are upheld or dismantled through that act?
4. What is at stake in pathologising performance works—what is brought along from pathologisation’s history and what is foreclosed by using it as a lens to read art?

This thesis proposes that pathologisation—an urge to meet self-wounding gestures as health problems and as deviations from social and specifically medical norms—is the underpinning ideological stance of such responses.

Tanya Augsberg articulates how common and seemingly benign questions asked of self-wounding performance art (even while well-meaning) can be just as much a pathologising gesture as the more explicit assertion of an artist’s “madness.”<sup>3</sup>

While the typical question asked by spectators, “Do you feel pain?” is more benign than the critic’s question, “Is she mad?” both types of questions aim at discrediting [the performance artist’s] ability to think for herself, to be rational, and to make decisions about her own body. In effect, such interrogations disallow [the performance artist] the full extent of her subjectivity.<sup>4</sup>

Here, Augsberg links the audience member’s concern for the performer’s imagined pain to the critic’s pathologising of a performance. This link is what I first explore, investigating what pathologising performance art and artists does to understandings of their work and how

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<sup>3</sup> Tanya Augsberg, “ORLAN’s Performative Transformations of Subjectivity,” *The Ends of Performance*, eds. Peggy Phelan and Jill Lane (London & New York: New York University Press: 1998), pp. 285-314 (p. 307).

<sup>4</sup> Augsberg, p. 307.

it figures expertise, agency, and compulsion. The questions Augsburg articulates go to the heart of those I have regularly been asked after my performances. Questions like, “are you okay,” “does it hurt,” or “why did you decide to cut yourself?” Instead of following suit and seeking answers to such questions—a process that I think often assumes the sufficiency of offering individual psychological explanations to justify art works—I instead investigate what forms of understanding the human body make those questions obscure or possible. Throughout this thesis I posit that such questions often stem from assuming the obviousness or common-sense nature of pathologising self-wounding in performance art works.

I examine critical writing on self-wounding performance art because it offers material that is both thought-through and easier to return to than half-remembered post-performance chats. In doing so, I ask: What elicits the pathologisation of self-wounding performance art? What norms and ideologies make the pathologising reading make sense? What does pathologisation do to performance art? What ideologies underpin such gestures? What systems of power are served or severed by those ideologies? And how does such a reading lend itself to or foreclose the flourishing of new ways of being in a world?

### **Defining Performance Art**

In her seminal study, RoseLee Goldberg writes, “by its very nature, performance [art] defies precise or easy definition beyond the simple declaration that it is live art by artists. Any stricter definition would immediately negate the possibility of performance itself.”<sup>5</sup> For Deirdre Heddon, in the introduction to *Histories and Practices of Live Art*, “writing a history of live art is something of an impossible task. A repeated claim for live art, ironically settled

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<sup>5</sup> Roselee Goldberg, *Performance: Live Art from 1909 to the Present* (New York: Harry N. Abrams, 1979), p. 6.

into a defining feature, is that it resists definition.”<sup>6</sup> Though Goldberg is writing in 1978 out of New York City and Heddon is writing in 2012 about the UK context, both repeat this same fact: the whole *point* of this field is that it confounds definition. As such, the arena of performance art is often defined in the negative: as that which is not “theatre,” “dance,” “music,” and so on. It is then challenging to argue for a singular history. Each genealogical tracing of performance art is particular and creates its own narrative. Various descriptions of performance art are emerging simultaneously in Japan, Europe, and the U.S. in the 1950s or 1960s, or as commencing with Futurism in early 1900s, any history of performance art is simply one amongst many.<sup>7</sup> A field whose taxonomising is as vast and undisciplined as the work it houses, it does not even have a unified name. I use the term “performance art” throughout because this is the most unified language throughout the geographic regions I examine, but it is one amongst other commonly evoked names that overlap and diverge including “Body Art,” “live art,” “action art,” “Art-Life work,” and others.<sup>8</sup> A lack of easy categorisation is, I concur, the very strength of this area in that it welcomes the outliers from other art forms, techniques, and lineages. While there certainly are forms and norms that have emerged over time, these resemblances are also geographically and temporally specific. Performance art is

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<sup>6</sup> Deirdre Heddon, “Introduction: Writing *Histories and Practices of Live Art*,” *Histories and Practices of Live Art*, eds. Deirdre Heddon and Jennie Klein (London: Palgrave Macmillan, 2012), p. 1.

<sup>7</sup> On Futurism see Goldberg, *Performance: Live Art from 1909 to the Present*, p. 6 and p. 9; on emerging simultaneously in Japan, Europe, and the U.S. see Kristine Stiles, *Performance art* (Oxford: Oxford University Press: 2014).

<sup>8</sup> Amelia Jones, *Body Art/Performing the Subject* (Minneapolis and London: University of Minnesota Press, 1998). See also Jarosi’s interesting commentary on the term “Body Art” in which she defines Body Art as “a sub-genre of performance art developed at the very close of the 1960s in which the artist him- or herself engages in spare, reductive acts that highlight the physical and phenomenological conditions of the body – usually without recourse to language.” Jarosi further states that the term has become so pervasive as to have become “synonymous with performance art as a whole,” as marked by Jane Blocker’s usage in *What the Body Cost*. I here mobilise the term “Body Art” only when in dialogue with other writers who mobilise the term. See Susan Jarosi, “Traumatic Subjectivity and the Continuum of History: Hermann Nitsch’s *Orgies Mysteries Theater*,” *Art History* 34:4 (2013), 834-863 (p. 845-846).

still a home for that which is excessive for other disciplines: too much, too little, too unwieldy, too boring, too loud, or just too bizarre. Performance art has a unique ability to hold space within public discourse for self-wounding acts. The framing of performance art allows self-wounding works to be made legible as “art” without foreclosing them as “ritual,” “political action,” or anything else. The very openness of the field enables me to query responses to self-wounding because the field itself suggests relatively little explanation for such acts.

Performance art involving self-wounding incites a tense terrain of polarised reception. A locus for ideologies of the body and morality, responses are strong and divided not only in spectacularised news headlines but even amongst established contemporary art critics. One of the few areas of contemporary art practice that is regularly pathologised by both specialists and the public, it is an unusually abundant and complex field for the examination of the pathologisation of artists and their work. The lineages of self-wounding performance art works that are most regularly cited include: the Viennese Actionists (1960-1971) who shocked audiences with their use of human excrement, animal carcasses and blood, and representations of self-wounding; Marina Abramović’s body of work such as *The Lips of Thomas* (1975, 2005) in which she performed self-flagellation, cutting, and engaged in difficult feats of duration; Chris Burden’s playing with risk by getting shot in the aptly named *Shoot* (1971), or being crucified on the hood of a Volkswagen Beetle in *Trans-Fixed* (1974); Gina Pane’s use of piercing and cutting her skin with rose thorns and razors in *Azione sentimentale* (1973); Stelarc’s suspensions over E. 11<sup>th</sup> street in New York City by hooks through his skin in *Street Suspension* (1984) or his surgical operation to insert an implant in the shape of an ear into his forearm in *Ear on Arm* (2007). Other important precedents include the less canonical oeuvres of Ron Athey, He Yunchang, Franko B, Regina José Galindo, Rocío Boliver, Petr Pavlensky, and Kira O’Reilly, all of whom have used controlled

bloodletting in their works. However, there is also a strong lineage of works that might be read as self-wounding but do not engage in physical (or representational) wounding of the skin as such. Works like those by Tehching Hsieh or Linda Mary Montano, might include feats of duration, exhaustion, or intentional deprivation, where the effect is arguably damaging to the body, or more cryptically, the psyche of the performer.

Thomas McEvelley, in 1983, theorised that the often bloody and violent performance works of the 1950s through the 1970s redefined art to include almost everything because “in Performance Art... the agent and activity often seem inseparable.”<sup>9</sup> McEvelley writes, “the question of origins—whether from shamanic literature, or from the Jungian collective unconscious, or from the Freudian timeless repository of infantile memory, or from all these sources—then, though it is worthwhile to state, cannot be answered.”<sup>10</sup> He asserts that the origination of these works (though potentially preceded by Greek Cynic philosophers such as Diogenes, 5<sup>th</sup> century AD Buddhist writings, and feats of extremity practiced by the likes of Himalayan yogis) is not possible to pin down.<sup>11</sup> Rather, he finds it important that performance artists, and those that inhabit “Endurance art” (something he refers to as a “subgenre” of performance art and also seems to variously refer to it as “Ordeal art” or “Vow art,” amongst others), have “introduced into the art realm materials found elsewhere only in the psychiatric records of disturbed children and in the shamanic thread of the history of religion.”<sup>12</sup> In this way, McEvelley makes sense of the “self-injury” and “self-mutilation” that may be potentially shocking in an art context by framing it as an appropriation of “standard feature[s]” of ancient “primitive” rituals.<sup>13</sup> But, while doing so, he also points to the ways in

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<sup>9</sup> Thomas McEvelley, “Art in the Dark” (1983), in *The Triumph of Anti-Art: Conceptual and Performance Art in the Formation of Postmodernism* (New York: McPherson & Company, 2005), pp. 233-53 (p. 237).

<sup>10</sup> McEvelley, p. 244.

<sup>11</sup> McEvelley, p. 250.

<sup>12</sup> McEvelley, p. 244.

<sup>13</sup> McEvelley, p. 241 and 245.



which such behaviours might previously have been made sensible by understanding them as the acts of the “disturbed” who are treated psychiatrically.<sup>14</sup> McEvelley articulates the importance of volition on the part of the performance artist when he writes, “the first thing to notice about these artists is that no one is making them do it and usually no one is paying them to do it.”<sup>15</sup> So why do they do it? Often assumptions of catharsis through pain or fear are offered as explanations, like when Goldberg writes that such artists, “engaged in acts of extraordinary endurance, insisting that their unnerving and frequently dangerous undertakings were learning experiences of a deeply cathartic nature. For them, pain and fear could be understood as the material of the work.”<sup>16</sup> Lara Shalson takes a deeper look at acts of intentional endurance in art and political protest to argue that “while discomfort or pain may be involved in the performance of endurance, these are not the qualities that define it.”<sup>17</sup> She points out that common terms such as “masochistic,” “hardship,” and “ordeal,” “attempt to name and describe experiences (experiences which will differ for every individual), [whereas] endurance names an act.”<sup>18</sup> Instead, Shalson looks to endurance works as formally related, thus countering assertions of performance art as “essentially breaking with form.”<sup>19</sup> This perspective allows for the articulation of commonalities amongst a broad range of works that contain Shalson’s formal definition of endurance works: “intentional commitment to a plan, whose outcome cannot be determined in advance,”<sup>20</sup> In terms of self-wounding in

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<sup>14</sup> McEvelley, p. 244.

<sup>15</sup> McEvelley, p. 249.

<sup>16</sup> Roselee Goldberg, *Live Art Since the 1960s* (New York: Thames & Hudson, 2004, original 1998), p. 97.

<sup>17</sup> Lara, Shalson, *Performing Endurance: Art and Politics since 1960* (Cambridge and New York: Cambridge University Press, 2018), p. 7.

<sup>18</sup> Shalson, p. 7.

<sup>19</sup> Shalson, p. 7.

<sup>20</sup> Shalson, p. 10.

performance, this definition nicely steps away from assumptions of individual experiences of pain or suffering. However, its broadness might simultaneously hinder other project's aims.

Dominic Johnson, for instance, finds that “an imperative of performance art [is to] identify and overcome the limits of form” and, further, that performance art of the 1970s “stands out as a repertoire of its own particular extremity.”<sup>21</sup> Johnson creates what I understand to be a working definition of performance art that centres its “opposing historical conventions of theatrical time and place,” undertaking actions that do not strive for a “traditional demonstration of skill, technique, or training,” and mobilising activities that seem to be appropriated from “‘non-art’ domains of practice like work, play, love, sport, vaudeville, or crime.”<sup>22</sup> This more specific definition allows Johnson to enact an intentionally uneasy historiographic tracing of extremity's place amongst both often discussed and lesser-known performance art works of the time. The scaffolding this definition provides offers ways to grapple with the specificity of performance works that appear “exceptional or inassimilable,” and thus enables him to further define performances of extremity as those which “involv[e] acts of physical, emotional, or conceptual excess—extremes of too much or not enough—to an extent that harasses the artist, us, and the category of art” but are also elusive in a manner which might disturb already established and contextually specific narratives of performance art.<sup>23</sup> This includes both that which might be “too much” but also “not enough,” as he points to the moral, normative, and compliance violating nature of such “limit acts.”<sup>24</sup> Importantly for my project, Johnson articulates the criminalising of acts as an “exp[ulsion] from the aesthetic realm.”<sup>25</sup>

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<sup>21</sup> Dominic Johnson, *Unlimited Action: The Performance of Extremity in the 1970s* (Manchester: Manchester University Press, 2019), p. 5.

<sup>22</sup> Johnson, *Unlimited Action*, p. 4-5.

<sup>23</sup> Johnson, *Unlimited Action*, p. 5.

<sup>24</sup> Johnson, *Unlimited Action*, p. 11-12.

<sup>25</sup> Johnson, *Unlimited Action*, p. 7.

Adrian Heathfield examines the works of performance artist Tehching Hsieh who most notably created five pieces spanning one year in duration each between 1978-1986 (including living in a cage, punching a stationary timeclock every hour, and not going under a roof).<sup>26</sup> In doing so, he links Hsieh's performance art works to Conceptual Art through his use of written statements that Heathfield compares to Fluxus tactics. However, he argues, Hsieh's work and performance art in general insist on the artist's position as an embodied subject where Conceptual Art did not. "Performance and Live Art inherently challenge the notion of art-as-object by replacing the object given-to-be-seen with the embodied and transitory actions of an artist who also looks back."<sup>27</sup> In this way, he argues, "Body Art" enacted a re-materialization of the artwork by making the artist's body integral to the work.

Returning to my own consideration in this introduction of anecdotal audience response to self-wounding in performance art, Shalson's assertion that ambivalence is key to embodiment and, by extension, performances of endurance is useful.<sup>28</sup> Discussing performance artist ORLAN's surgical works entitled *The Reincarnation of Saint ORLAN* (which largely took place in the 1990s and which I more thoroughly discuss in Chapter 1, Part 2), Shalson argues that hostilities and aggression which such works illicit are often "considered separate from the artwork—a result of having missed the point" but counters this view offering that the "solicitation of a strong affective response, including aggression against it, is a pronounced part of what this performance *does*."<sup>29</sup> I find interesting this proposition that strong affective response is part of the work's work. But what exactly does this mean for self-wounding in performance art? For my research, it means that aggressive or

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<sup>26</sup> Adrian Heathfield, "Impress of Time," in *Out of Now: The Lifeworks of Tehching Hsieh*, eds. Adrian Heathfield and Tehching Hsieh (London and Cambridge: LADA and MIT Press, 2009), pp. 10-16.

<sup>27</sup> Heathfield, p. 14.

<sup>28</sup> Shalson, p. 24.

<sup>29</sup> Shalson, p. 24.

confronting responses should not be dismissed but rather closely examined, for they have the potential to unravel and reflect social ideologies of the body, ownership, and individuation back to itself.

### **What is “Self-Harm”?**

*A memory: I flash to another moment, and see my mother’s face, eyes crumpled with tears, her voice cracking, as she struggles to explain to me that she worries that my performance practice is a manifestation of harms from my childhood. That she thinks my art is a psychological response to wounds and that she is worried that she is responsible for those wounds. My heart quivering as I watch her distress and my flat voice as I try to explain to her that I don’t know if my work came from psychic suffering that links to my relationship to her, to that caused by larger systemic violences, or from my own specific ways of creating. But that whatever the source might be, the important thing is that my work is mine and I’m proud of it. And yet, I can’t help thinking about this conversation again and again. What if she’s right? Am I really harming myself? Am I just a sick person playing out my trauma again and again? Why doesn’t it feel that way to me? And why do people keep responding with such concern to my work?*

What is “self-harm”? What ideologies or positions determine what counts as harmful? Why does this seem to stick more closely to performances in which physical self-wounding occurs? Whilst self-harm has been thoroughly examined in many disciplinary contexts including clinical, medical and psychiatric studies, cultural ethnographies, or historical examinations of religion and ritual, each of these fields will create various definitions of what constitutes self-harm. In some cultures, ear piercing or body tattooing is normalised whereas in other contexts the same gestures might be offensive or even forbidden. Because definitions

of both “self” and “harm” are contextually determined and contingent, it is more interesting for my purposes to consider not what self-harm is but rather what logics are relied upon when something is deemed to be self-harm.

Sander Gilman, a specialist of medical representations and stereotypes, traces a diagnostic history of self-harm from the Victorian era through to its codification as a disease in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in 2013.<sup>30</sup> He writes, “the meanings and, indeed, the manifestations of what is understood as self-harm in the broadest sense shift over time. The idea that there is a standard empirically observable category with its own autonomous history is a fantasy of the present.”<sup>31</sup> In *Responses to Self-Harm: An Historical Analysis of Medical, Religious, Military, and Psychological Perspectives*, Leigh Dale offers an examination of historical representations of “extreme forms of physical self-harm.”<sup>32</sup> While Gilman’s reading centres on tracing the Western medical world’s understanding of self-harm, Dale offers a reading of more diverse cultural forms, yet both conclude similarly that the meaning of self-harm is entirely contingent. Dale briefly considers the history of its terms and definitions in English, highlighting the large-scale move from the term “self-mutilation” to “self-harm” as driven by Armando Favazza’s classic psychiatric study *Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry*, first published in 1987 (for Gilman, Favazza is “the most influential commentator on the history of self-harm to date”).<sup>33</sup> This term then shifted to medical writing’s preference for “nonsuicidal self-injury” (NSSI) perhaps because of its inclusion in

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<sup>30</sup> Sander L. Gilman, “How New is Self-Harm?” *The Journal of Nervous and Mental Disease*, 200:12 (2012), 1008-1016.

<sup>31</sup> Gilman, p. 1009.

<sup>32</sup> Leigh Dale, *Responses to Self-Harm: An Historical Analysis of Medical, Religious, Military and Psychological Perspectives* (Jefferson, NC: McFarland, 2015), Preface, Ebook.

<sup>33</sup> Gilman, p. 1009.

the *DSM-5* where self-harm became, for the first time, a classifiable disorder on its own and not merely a symptom.<sup>34</sup> Because the conception of self-wounding as a pathological practice is a key position I query throughout my thesis, it is worth quoting here at length, the criteria by which NNSI is diagnosed according to the *DSM-5*:

Over the past year, the person has for at least 5 days engaged in self-injury, with the anticipation that the injury will result in some bodily harm. No suicidal intent.

- The act is not socially acceptable.
- The act or its consequence can cause significant distress to the individual's daily life.
- The act is not taking place during psychotic episodes, delirium, substance intoxication, or substance withdrawal. It also cannot be explained by another medical condition.

The individual engages in self-injury expecting to:

- Get relief from a negative emotion
- To deal with a personal issue
- To create a positive feeling

The self-injury is associated with one of the following:

- The individual experienced negative feelings right before committing the act.
- Right before self-injury, the individual was preoccupied with the planned act

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<sup>34</sup> Dale, Introduction.

- The individual thinks a lot about self-injury even if act does not take place.<sup>35</sup>

As both Dale and Gilman point out, definitions built on intent related to suicide are problematic because they are hard to appropriately identify.<sup>36</sup> And this criteria, perhaps necessarily, includes many key terms that are also tricky to determine (for example, what constitutes “bodily harm,” “social[ly] accepta[ble],” “significant distress,” or a “negative emotion”).<sup>37</sup> The 11<sup>th</sup> edition of the World Health Organisation’s *International Classification of Diseases (ICD-11)* offers listings of known ailments with codes that help global recording, reporting, and analysis of data.<sup>38</sup> It does not provide criteria as such but through its extensive list of codes under “Intentional Self-Harm,” ranging from “by being cut or pierced with a sharp object” to “by contact with person, animal, or plant,” it seems to suggest a breadth to “self-harm.”<sup>39</sup> Interestingly, these tools do not offer criteria that would easily allow one to differentiate “self-harm” within performance from that outside of performance.

Dale’s work demonstrates that all statistical analyses and conclusions drawn regarding questions about self-harm are highly impacted by the particular definition of self-harm used which is, in turn, deeply impacted by each social, cultural, and political context.<sup>40</sup> For instance, Dale has shown that the prevalent assumption that self-harm is practiced primarily

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<sup>35</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, fifth edn. (2014) <<https://dsm.psychiatryonline.org/doi/10.1176/appi.books.9780890425596.dsm05>> [accessed 2 April 2022].

<sup>36</sup> Dale, Introduction; Gilman, p. 1014.

<sup>37</sup> American Psychiatric Association, *DSM-5*.

<sup>38</sup> World Health Organisation, *International Classification of Diseases for Mortality and Morbidity Statistics, 11th Revision (ICD-11)*, v. 2022-02, <<https://icd.who.int/browse11/1-m/en>> [accessed 23 October 2022].

<sup>39</sup> See World Health Organisation, “23 External Causes of Morbidity or Mortality: Intentional Self-Harm by Exposure to Object, Not Elsewhere Classified: Intentional Self-Harm” in *ICD-11* <<https://icd.who.int/browse11/1-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f851395624>> [accessed 23 October 2022].

<sup>40</sup> Dale, Introduction.

by “young, white, middle-class, women who suffered from mental illness” is rooted in the pathologisation of cisgender women, and follows on from outdated theories of hysteria.<sup>41</sup> Gilman also argues that the stereotypical figure of the teenage girl who cuts herself as the most common form of self-harm in the contemporary West is false as “empirical work indicates no lifetime sex difference in self-injury rates for youth, young adults, or the general population.”<sup>42</sup>

Gilman further asserts that, at the time of his writing in 2012, there is “a global moral panic about the inner lives of those now defined in the public sphere by self-harming,” suggesting that its inclusion in the *DSM-5* is a reflection of this.<sup>43</sup> A moral panic is that which causes an event, condition, or type of person to be thought of as a threat to social values and interests, often manifesting in stereotypical media representations and power structures that pronounce moral judgements.<sup>44</sup> Gilman continues, “moral panics can use real categories of illness to explain such health problems within the ideological focus of the time.”<sup>45</sup> It is these ideologies that are articulated in the reception of a given action in performance art *as* self-harm. I argue that such receptions manifest as the witness’s or critic’s tendency to take up a pathologising position in their reception of the work. As such, my focus is not on defining what is and is not self-harm generally but rather on how that which is interpreted as self-harm

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<sup>41</sup> For quote see Dale, Preface; on the prevalent of this assumption and on hysteria see Dale, Chapters 2 and 4. On my use of the words “woman” or “women:” when using the term “women” I consider this category as a socio-political and historical category. I also follow a long lineage of queer feminists in including everyone who identifies as a woman within this term. There are certainly important differences in the experiences of people who identify as transgender, as gender non-binary or non-conforming, and all who do not fit neatly into a two-gender ideology. Where these differences are relevant to my overall argument, I strive to clarify these taxonomies.

<sup>42</sup> Gilman, p. 1008.

<sup>43</sup> Gilman, p. 1008.

<sup>44</sup> Stanley Cohen, *Folk Devils and Moral Panics* (London & New York: Routledge, 1972; repr. 2011).

<sup>45</sup> Gilman, p. 1008.



in art is dealt with. Thus, my research considers self-harm as culturally and aesthetically specific.

Though a variety of different names have been used to denote such acts, I regularly use the term “self-harm” here. Rather than denoting that I consider these works to be “harmful” (harm is socio-politically, culturally, and as we have seen even aesthetically defined), I do so in order to centre the common reception of these actions as harmful. I also use the terms “self-wounding” or “self-injury,” variously, where such works can be more specifically denoted.

In asking why these sorts of readings seem to be especially elicited by performance artists who self-wound in their practices (or employ others to enact wounds of their choosing onto them), I discovered that the limits of what is considered “self-harm” are not determined only by the breaching of the skin. Works that enact exhaustion or other gestures that are thought to be (or be expressions of) pain and suffering might also be considered self-harming to some extent. I question if such works tend to be aesthetically strange or unusual. By this I mean that there are cultural frameworks that generate particular forms of “self-harm” as acceptable or expected. The image of the ballerina’s damaged toes, the regularity of injuries sustained by professional football or hockey players, or even the scholar’s screen-damaged eyes and Repetitive Strain Injury, tend to be treated as by-products of their professions and not as “self-harm” as such. Genre, it appears, can give self-harming context because it is seen as necessary, or a by-product of a given goal. Such “necessity” is merely the naturalisation of entrenched expectations. Yet choosing self-harming when it is not seen as necessary seems to destabilise its reception. This destabilisation and lack of context can mean that works feel challenging, strange, or unusual in as much as the witness may not be able to easily slot them into a familiar explanatory framework.

## A Note on the *DSM*

The American Psychiatric Association's (APA) *Diagnostic and Statistics Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5)*, is one of the most common medical tools used across the globe to diagnose experiences as caused by or affecting the functioning of the mind.<sup>46</sup>

Created by the APA in 1952 in large part to standardise the nomenclature relevant to diagnosis mental disorders, the *DSM* made it possible for someone who experiences schizophrenia to be thought of as a schizophrenic in Chicago and in San Francisco (in as much as doctors there could use the same words and attach the same definitions to them).

Post-World War II, the classifications contained within the *DSMs* multiplied and broadened absorbing classifications developed by the U.S. Army to taxonomize behaviours they were seeing from veterans. Though the APA is based in the United States, it is currently impactful upon mental health diagnoses on a global level, “encompassing members practicing in more than 100 countries.”<sup>47</sup>

The standardising of nomenclature is inherently linked to generalisations. By removing an experience from its contextual specificity and extrapolating across patients to identify commonalities and trends, it becomes possible to guess which kinds of causes and treatments might be useful in tending to a specific experience. This textbook, whose goal lays in clinical application, stems from the seeds of generalising experience. Does it make sense to use such a tool to read performance art? And what might such tools bring with them through their historical embeddedness in asymmetrical power relations? These are questions I pursue throughout my thesis. For this reason, the *DSM* comes up a number of times throughout the

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<sup>46</sup> American Psychiatric Association, *DSM-5*.

<sup>47</sup> American Psychiatric Association, “About APA” <<https://www.psychiatry.org/about-apa>> [accessed 27 March 2022].

thesis, when I write about Kristine Stiles, Kris Grey, and Esther Neff. Notably, all of them are based in the USA.

However, multiple references to the *DSM* might bring the reader to ask why the thesis does not centre even more explicitly on this text. I do not adopt the *DSM* as a central anchor of my thinking for two reasons: firstly, whilst it is, indeed, globally used and impactful it is notable that the *DSM*, here, arises by necessity only when I am writing on USA-based artists and thinkers. I am sceptical of overstating the possibility of applying contextual thinking elsewhere. Though certainly pivotal to my research questions, I choose to instead anchor in relevant geographies which results in the *DSM* becoming more of a necessary framework that is dealt with when it arises, than a centred object of study. Secondly, I want to ensure that the reader does not come away from this research imagining that pathologisation must be considered only when clinical tools such as the *DSM* are present. Rather, I strive to show the ways in which pathologisation is often detaches itself from such easily identifiable tools and spaces and shows up in more insidious forms, such as concerned care. Instead, my early engagement with the *DSM* in Chapter 1 enables me to set up and articulate the doctor-patient dynamic, a more useful tool in my opinion for identifying pathologisation beyond the confines of the clinic. In this way, I position the *DSM* as a tool of a project of normalisation that is now diffuse and not limited to its direct application.

### **Literature Review: Previous Studies of “Self-Harm” in Performance Art**

*A memory: outside smoking after a performance in which I'd rubbed my nose in a “no” head shaking motion against a brick wall until I bled. I'm with a colleague who also makes body-based performance art that involved self-wounding. Hers frequently mobilises scarification. Audience members (many of them friends, family, and fellow performance artists) file past and several of them stop to ask if I'm okay. My colleague turns to me and says, “I always find that after my performances that involve cutting the skin, every possibility of interesting*

*conversation and exchange about the work gets foreclosed by this weird concern for me. As if I haven't chosen this.*” “Yes,” I say, “*as if this is more painful than all of the things I am expected to execute daily for money that cause me worse suffering.*” “*Why is that?*” she says, “*Why is the work so overshadowed by the wound?*”

The critical pathologisation of performance artists has occurred since performance art entered English academic discourse. One of the earliest known scholarly publications to centre body-based performance art—including self-wounding performance—is Lea Vergine’s *Body Art and Performance: The Body as Language*.<sup>48</sup> Originally published in Italian in 1974 but not translated into English until its publication in an expanded and updated form in 2000, Vergine gives an introduction to “body art” before turning the rest of the publication over to a large selection of artist’s writings and documentation. In this introduction, she seems to reject “psychopathology,” “perversion,” or “psychotic symptoms” as unable to account for these works.<sup>49</sup> Vergine proceeds, though, to attempt to justify such practices by speculating on the needs, fears, and desires of the artists that result in their making of these works. In this way, she frames such works by implicitly asking what drives these artists to make these works? She seems to answer with psychoanalytical generalisations, with explanations that speak to “narcissism” and “repression,” and argues that many of these artists “re-propose the archetypal situation of the collective psychological condition: *love-hate*, and *aggression-recompensation*.”<sup>50</sup> For example, commenting on the work of Gina Pane, Vergine writes that the “emotional discharge” in her work is so great that “you wonder if she is liberating herself from the traumatic event or trying to bring it back to life so as better to be able to hold onto

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<sup>48</sup> Lea Vergine, *Body Art and Performance*, trans. Henry Martin, 2<sup>nd</sup> edn. (Milan: Skira, 1974, trans. 2000).

<sup>49</sup> Vergine, p. 9.

<sup>50</sup> Vergine, p. 12 and p. 17.

it.”<sup>51</sup> When Vergine writes about a collective, it is about a collective of individual psyches that are already organised by notions of emotionality as indicating the traumatic psyche of the artist. Likely, and understandably, her stance is deeply influenced by the intellectual context of the 1970s and the new ways in which notions of the psyche, psychology, and therapy were being discussed at that time, including through the emergence of psychoanalytic feminism.

Vergine closes by pointing the reader towards the artists’ texts which might give “greater clarification to the symptomatology of the arguments that have been touched upon,” continuing that their works “constitute the parameters in relation to which my ‘diagnoses’ must be seen as conflicting of coincident.”<sup>52</sup> Though the author is perhaps partially joking here, and flags the provisional or spurious nature of claiming to be able to diagnose performances by placing the term in quotation marks, the underlying ideology of diagnosis as a mode of reading art works is indeed present in her text. Though I do not argue that she fully pathologises artists, Vergine’s focus on the interior psychic movements of the artist as potential explanations for the work is noteworthy. As one of the first such anthologies, it is notable that Vergine finds questioning the artist’s motives to be appropriate. This impulse is still mirrored today when body-focused works or works in which the artist mobilises their own body seem to occasion investigations about the artist’s psyche. Such investigations are rarely aimed in the same ways at object-based art, or art in which the artist’s body is not present. I further investigate the literalisation of the relation between the artist, their body, and their artworks as an integral part of pathologising performances later in my thesis. For now, I wish to point out the long and relatively unquestioned history of seeking justification for “body art” works in the psyche of the artist, which commences with the beginning of publications on the subject.

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<sup>51</sup> Vergine, p. 21.

<sup>52</sup> Vergine, p. 27.

## Studies of Self-Wounding in Performance

Academic scholarship from performance studies, theatre studies, and art history has offered interesting and insightful studies of performance art, which scholars including Kathy O'Dell, Amelia Jones, and David Graver have variously termed “masochistic,” “wounding,” or “enactments of aggression and pain,” amongst others.<sup>53</sup>

Some scholars have examined how such works interact with institutions, including legal or educational ones. In outlining the moral, ethical, and legal challenges of teaching students about lineages of self-wounding performance art but having to adhere to the UK’s “health and safety” standards in universities, Matthew Cornford asks “how do you write a risk assessment for *Lips of Thomas*?”<sup>54</sup> Referring to a well-known work by performance artist Marina Abramović, first performed in 1975 and then re-performed in 2005, Cornford considers the hypothetical question of how he might complete a risk assessment for it. A risk assessment is a written tool used to determine hazards and risks, which is required for workplace safety policy in the UK and, as such, often must be completed for performances taking place in theatres or galleries. *Lips of Thomas*, in its original iteration, included Abramović cutting a five-pointed star into her stomach with a razor blade, as well as violently whipping herself and then laying down on a block of ice with a space heater suspended above the cut stomach for a long period. In writing the risk assessment and attempting to consider what harm could happen to the performer, audience, and organisers, as

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<sup>53</sup> For “masochistic” see Kathy O’Dell, *Contract with the Skin: Masochism, Performance Art, and the 1970s* (Minneapolis: University of Minnesota Press: 1998); for “wounding” see Amelia Jones, “Performing the Wounded Body: Pain, Affect and the Radical Relationality of Meaning,” *Parallax*, 15:4 (2009), 45-67; for “enactments of aggression and pain” see David Graver, “Violent Theatricality: Displayed Enactments of Aggression and Pain,” *Theatre Journal*, 47:1 (1995), 43-64.

<sup>54</sup> Matthew Cornford, “How Do You Write a Risk Assessment for *Lips of Thomas*?” *Performance Research*, 21:6 (2016), 107-112.

well as how to mitigate that risk, Cornford concludes that, “the power of Abramović’s original performance had been compromised by the necessary risk assessment.”<sup>55</sup> Whether or not one agrees, Cornford’s article points to the tensions between legal logics that are at play when considering institutions or insurance concerns and self-wounding performances. Theodore Bennett has shown that, “injurious performance art sits uneasily within Australian criminal law because under common law principles if such performances involve the infliction of bodily harm on another they could constitute an offence even if they are consensual.”<sup>56</sup> Similar issues exist in the U.K., where performers have reported being unable to hire experts to enact scarification or cuts in their work, for fear of legal ramifications.<sup>57</sup> Though these specific concerns are not as forefronted in law in Canada and the USA, it is possibly that the spectre of personal law suits which tend to be much more common might have a similar effect. If legal logics already contain and maintain fixed notions of the body, harm, and consent—which they must do in order to function—then these very notions cannot be unthought through applying such logics to performance. Instead, this project wonders if performance has the capacity to think and feel beyond that which already exists, including the law, and so considering audience performer negotiations as constructed through such logics might be limiting.

Studies emerging from the medical and health sciences have asked how performance art might be therapeutic for “self-mutilators.”<sup>58</sup> Such questions are not appropriate for this

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<sup>55</sup> Cornford, p. 112.

<sup>56</sup> Theodore Bennett, “Tortured Genius: The Legality of Injurious Performance Art,” *Alternative Law Journal*, 42:1 (2017), 24-28 (p. 28).

<sup>57</sup> Michelle Lacombe (private correspondence with author, 7 January 2021).

<sup>58</sup> For example, see the following theses from expressive arts therapeutic fields: Reva Kominsky, “Performance Art as a Healing Ritual for Self-Mutilators,” (unpublished doctoral thesis, Concordia University, 2006); Brittany Purrington, “Performance Art Therapy: Integrating Performance Art into Expressive Arts Therapy, A Literature

project because I am not focused on the psyche of the artist as justification. Whilst these researchers are ostensibly seeking therapeutic and healing support for people who are struggling with that which they themselves seem to deem “self-harm” and wish to stop, I arrive here through centring performance art practitioners *who are treated as “self-harming”* by those who see the work. In no instance that I discuss do I know of the artist actively seeking support for or wishing to stop a compulsion to self-wound. Rather, the notion of “self-harm” seems to be imposed upon their work and thus hails a lineage of medical and psychiatric research because of a shared designation. For my study, this is a key difference between the two situations.

Emily L. Newman, in her chapter on “self-harm” in contemporary feminist art, deals with a vast array of artists who both depict and enact self-wounding (with or without their bodies depicted).<sup>59</sup> Her case studies range from the artistic use of scissors or pins on or in paper images of women in Kiki Kogelnik’s *It Hurts With a Scissor* (1974–1976) and Sanja Iveković’s *Make-Up* (1979), to Cynthia Maughan’s use of fake scars in *Scar/Make-up* (1974–1975) to Catherine Opie’s photographic portraits of real cuts onto her torso (*Self-Portrait/Pervert*, 1994).<sup>60</sup> This varied array of works seems to be criticised by Newman for depicting or engaging in acts of “self-harm” without “actually deal[ing] with Non Suicidal Self-Injury in relation to mental health as language” and where “image-making take[s] precedence over the cuts themselves.”<sup>61</sup> Their differences can be made sense of by Newman’s centring of “self-harm.” Overall, Newman argues that “by addressing the

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Review,” (unpublished graduate thesis, Lesley University, 2021). See also the self-published academic text Beverley Levy and Michael Lumb, “Performance Art, Therapy for Whom?”, *Michael Lumb* [(2006-2007)] <[http://www.michaellumb.co.uk/texts/Therapy\\_for\\_Whom.php](http://www.michaellumb.co.uk/texts/Therapy_for_Whom.php)> [accessed 28 March 2022].

<sup>59</sup> Emily L. Newman, *Female Body Image in Contemporary Art: Dieting, Eating Disorders, Self-harm, and Fatness* (Routledge and Apple Books, 2020), Ebook, section: “Self-Harm.”

<sup>60</sup> Newman, section: “Self-Harm.”

<sup>61</sup> Newman, section: “Self-Harm.”



instances of self-harm as pathological, these artists (or, in some cases, audience members) are able to see self-mutilation as its own condition instead of a symptom. Yet even as these ideas surround the works, both blood and the act of marring the flesh still take priority in these works.”<sup>62</sup> Newman discusses NSSI, “self-harm,” and “self-mutilation” as inherently relevant to such works. Though I see that it is possible to read thematics of “self-harm” into works that depict or enact self-wounding, the author seems to find the use of cutting, for example, without explicit reference to pathologised mental health states to be of concern enough to comment and highlight it. In part, she does so to contrast Opie and others to artists who “through more direct references to the act of cutting and its scars, to institutionalization, and to their inclusion of others who have also experimented with NSSIs, provide a much fuller and fairer picture of this neglected issue in the art world.”<sup>63</sup> Newman argues for “draw[ing] attention to both the pervasiveness of self-harm and the increasing need to continue discussing and making art on the issue itself” because, “for many who practice self-harm, making, viewing, and collaborating on art about self-harm contributes to their healing.”<sup>64</sup> Here, Newman’s reading is centred on the audience member who enacts “self-harm” and is in need of “healing” and appears to argue that art is effective or morally responsible only when it actively intervenes in and enables mental and other kinds of wellbeing.<sup>65</sup> Interestingly, when she arrives to the works of Gina Pane, Marina Abramović, and Kira O’Reilly—all body-based performance artists who are known for working with the cut—she asserts that “each of these artists uses self-harm in the same way that an actor uses an accent—their goal is to use the blood and actions as part of the performance, not a psychological condition. Self-harm and its associated mental health issues play no role in these artworks, despite that [*sic*]

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<sup>62</sup> Newman, section: “Self-Harm.”

<sup>63</sup> Newman, section: “Self-Harm.”

<sup>64</sup> Newman, section: “Self-Harm.”

<sup>65</sup> Newman, section: “Self-Harm.”

fact that each artist performs the mutilations themselves.”<sup>66</sup> It is unclear how Newman theoretically distinguishes this from, say, Opie’s *Self-Portrait/Pervert*, and exactly why she asserts that these gestures are delineated from “self-harm” and are not linked to a “psychological condition.”<sup>67</sup> Newman’s work is a good example of how critics and theorists of self-wounding performance art can tend towards pathologising artists as though it is a self-evident lens through which to read the work. Within my thesis, I take up the work of Kristine Stiles as a prime case study of what critical pathologising does, the dynamics it creates, as well as its uses and limits. This is continued in more mainstream coverage of such works, as I outline in Chapter 2.

By contrast, my own work here undertakes not to look with the eyes of diagnostic definitions at depictions of self-wounding in art, but rather to examine how those diagnostic eyes perceive such works. What is enabled and what is foreclosed by such a critical positioning? Rather, I ask why those who self-wound in performance are even compared to those who are considered by psychiatric medicine to be “self-harmers.” What is it about the lenses through which we must make meaning of such works that consider these two figures to be doing similar actions simply because they are self-wounding, when as I have already demonstrated, socially sanctioned self-wounding abounds? Is it because they are both lacking in social legibility and justification? I ask whether it makes sense that the lens through which to read their works tends towards the pathological.

### **Trauma and Performance**

Trauma is typically the hinge used to justify pathologising readings of performance. Critical thinkers have investigated the links between trauma and performance. Patrick Duggan’s

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<sup>66</sup> Newman, section: “Gina Pane, Marina Abramović, and Kira O’Reilly: Performance Bleeding.”

<sup>67</sup> Newman, section: “Gina Pane, Marina Abramović, and Kira O’Reilly: Performance Bleeding.”

examination of how performance and theatre might represent trauma to effect individual and systemic understandings, usefully articulates the already present suturing between trauma theory and performance.<sup>68</sup> He argues that modern trauma theory's history is well populated by "narratives and examples which might legitimately be thought of as performative or theatrical," and that "trauma symptoms themselves are performative in nature."<sup>69</sup> Because of this, he argues, performance and theatre are the best placed art forms to "attempt a dialogue with, and even a representation of, trauma."<sup>70</sup> Duggan's work usefully charts a history of trauma studies' development in tandem with performance and so carves important ground for my own project. First, that a link between wound and trauma can be traced back as far as trauma's ancient Greek etymology as a verb that means, variously, "to break, cut, hurt, injure, scathe, sear or (most commonly) to wound."<sup>71</sup> It's no wonder then that there is a triangulation of the one who self-wounds, the figure of the doctor (the one qualified to pathologise), and performance that surfaces again and again. He traces the inclusion of psychic wounds to a shift in the 1880s Euro-American movement helmed by the likes of Pierre Janet, Jean-Martin Charcot, and Hermann Oppenheim—some of whom notoriously performed deeply questionable "treatments" on their (mostly cis women) patients that Duggan likens to "sanctioned rape."<sup>72</sup> Thus, he asserts that "Trauma theory as we know it today can thus be seen to have its roots in a succession of violently theatrical traumatic experiences and pecuniarily motivated presentations of performed hysterical symptoms before audiences."<sup>73</sup> Duggan's research allows my project to begin from a stance that seeks to complicate trauma

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<sup>68</sup> Patrick Duggan, *Trauma-Tragedy: Symptoms of Contemporary Performance* (Manchester: Manchester University Press, 2012).

<sup>69</sup> Duggan, p. 4 and p. 7.

<sup>70</sup> Duggan, p. 8.

<sup>71</sup> Duggan, p. 15.

<sup>72</sup> Duggan, p. 16 and p. 20.

<sup>73</sup> Duggan, p. 20.

theory's relationship, not to individuals seeking personal support, but to its deployment by art thinkers and critics as a lens for reading self-wounding in performance. Key to my later analysis of pathologising readings of self-wounding performance is the perfusion of the concept of "repetition compulsion" in contemporary understandings of trauma. This indicates the subjects uncomprehending (compulsive) urge to re-enact the trauma repeatedly until such a process becomes a healing working through that leads towards "health."<sup>74</sup>

Griselda Pollock understands the binary formations of trauma stemming from such classic psychoanalysis (of trauma as either perpetually present or absent) as a phallogocentric model that does not account for trauma's transmissibility.<sup>75</sup> This complicates the debate that she sees within cultural theory of "critique of dominant paradigms of representation" and the resulting pursuit of ways to discuss affect when analysing art, versus arguments that "posit a role for the aesthetic beyond representation."<sup>76</sup>

Peggy Phelan examines different instances of injured bodies, from Caravaggio's Christ to Rodney King's murder, to question how critical attention to the affective force of trauma might surface important critical insight. In examining the foundational text of classical psychoanalysis, Josef Breuer's and Sigmund Freud's *Studies on Hysteria* (1895), Phelan points out that part of the curative prescribed to trauma is, here, an insistence on its communicability but that trauma is, simultaneously, marked by its incommunicability.<sup>77</sup> Of particular interest to my project is her statement regarding dance:

One of the biggest problems with reading dance as psychic symptom is that it suggests that dance refers to something other than itself, something behind or beyond

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<sup>74</sup> Duggan, p. 5.

<sup>75</sup> Griselda Pollock, "Art/Trauma/Representation," *Parallax*, 15:1 (2009), 40-54.

<sup>76</sup> Pollock, p. 43.

<sup>77</sup> Peggy Phelan, "Immobile Legs, Stalled Words: Psychoanalysis and Moving Deaths," in *Mourning Sex: Performing Public Memories* (London & New York: Routledge, 1997), pp. 44-72.

the movement itself. Within psychoanalysis, somatic utterances usually refer to something that needs to be unearthed. Dance demonstrates that somatic utterances do not necessarily refer to anything other than movement itself.”<sup>78</sup>

Here, Phelan articulates a core stance from which my project arises: that the gesture of self-wounding in performance does not necessarily refer to anything other than itself. Though it might and might certainly make meaning in myriad ways in the mind of the witness, to assume that it is indicative of a traumatic past by way of medicalised renderings of self-wounding defined as manifestations of trauma, is to foreclose the other possible references that might be at hand. It is from this understanding that I approach readings of the somatic utterances of self-wounding in performance. And, also, from this understanding that I seek not to offer a better or more convincing theory to explain such acts, but rather to ask what the effects of such pathologising readings are. As Phelan writes, it has become “difficult to insist on the distinction between acts of creation and identities.”<sup>79</sup> And it is this very conflation of the creative gesture of self-wounding as art with the identity of the creator that I pursue more closely in Chapter 1.

### **Alternative Approaches**

There are many examples of critics and scholars who have found useful alternatives to pathologisation in reading the works of some of the performance artists most famously associated with self-wounding. Some look specifically to the relations between performances and histories of visual art and media, some attend to the role of audience and documentation of such works, some focus on communal trauma over individual trauma, and others insist on politically historicising and accounting for multiple influences on the creation of such works.

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<sup>78</sup> Phelan, p. 67.

<sup>79</sup> Phelan, p. 3.

Julia Bryan-Wilson's "Remembering Yoko Ono's 'Cut Piece'" gives an excellent example of how the critical framing of a performance involving challenges to personal autonomy – and the potential, at least, for injury – can enable its signification in important ways that do not assume a subjective failure or struggle on the part of the artist.<sup>80</sup> Bryan-Wilson undertakes an analysis of Yoko Ono's most famous solo work, and indeed one of the most known performance art works of the 1960s, namely *Cut Piece* (1964-1966). In this work Ono kneels onstage in her "best outfit" and, placing a large pair of scissors before her, invites the audience to approach her one by one and cut off a scrap of her clothes to take with them.<sup>81</sup> Bryan-Wilson outlines that many of the historical responses to Ono's piece emphasised "Ono's personal, semi-masochistic risk, or on the scraping away of clothes to get at the core of female nudity."<sup>82</sup> Speaking to participatory performances, Bryan-Wilson argues that "concentrating only on the audience's sadism shifts this piece into the terrain of personal bodily injury and away from the rubric of historical violence."<sup>83</sup> Further, she points out that the historical critical focus on the "gendered realm of bodily harm" in the work has left the implications of race's intersections under-theorised.<sup>84</sup> Asking, "what does this suggest about art history and the need for closure, the wish to clean up a body that might speak about its own messy and unclear limits?", Bryan-Wilson's reading mobilizes the historical context of the atomic bombing of Nagasaki and Hiroshima by the U.S.<sup>85</sup> Rather than claiming that *Cut Piece* is explained by the bombings, Bryan-Wilson's argument uses the available frame of the bombings as a lens through which to demonstrate the critical limits of flattening the work into a statement on Ono's own subjectivity, biography, or experience. Eschewing claims that

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<sup>80</sup> Julia Bryan-Wilson, "Remembering Yoko Ono's 'Cut Piece'," *Oxford Art Journal*, 26.1 (2003), 99-123.

<sup>81</sup> Bryan-Wilson, p. 106.

<sup>82</sup> Bryan-Wilson, p. 107.

<sup>83</sup> Bryan-Wilson, p. 104.

<sup>84</sup> Bryan-Wilson, p. 107.

<sup>85</sup> Bryan-Wilson, p. 119.

Ono's role is only that of the victim—claims which tend to centre “Ono's passivity, the brutality of the slicing, and the shock of her body in its nakedness,”—Bryan-Wilson re-centres the actions of “the invitation, the sacrifice, and the souvenir.”<sup>86</sup> This conceptual re-orientation allows the author to include the reality of gendered trauma while asserting the relevance of racial oppressions and refusing to impress a singular identity upon Ono herself. Notably, Bryan-Wilson does not find it necessary to pathologise the artist in order to account for historical or communal trauma.

Other scholars have similarly sought to situate self-wounding performances in terms of their historical contexts of emergence, looking specifically to the relations between performances and histories of visual art and media. This includes Jennie Klein's reading of Paul McCarthy's 2000-2001 retrospective at the Museum of Contemporary Art, Los Angeles, which included documentation of McCarthy's grisly and risky actions of the 1970s and after.<sup>87</sup> Klein reads the notoriously provocative early works of McCarthy which, indeed, would be easy to read as pathological in their thematising of “interfamilial sexuality, abject and abjected masculinity,” and highly mediated pop-cultural fairy tales, including those associated with Hollywood, in whose proximity McCarthy has worked since his relocation to Los Angeles in the early 1970s. However, Klein underlines these works as strongly “based upon extending and transgressing painting and painterly sensibility,” an argument which she defends by tracing his usage of materials as well as underlining the superficiality of comparisons between McCarthy's work and that of Allan Kaprow's Happenings or the Viennese Actionists' works.<sup>88</sup>

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<sup>86</sup> Bryan-Wilson, p. 106.

<sup>87</sup> Jennie Klein, “Paul McCarthy: The Rites of Masculinity,” *PAJ: Journal of Performance and Art*, 23.2 (May 2001), 10-17.

<sup>88</sup> Klein, p. 14 and p. 15.

Frazer Ward also takes an art-historical approach as he resists “assign[ing]” a “pathological state” to artists who use endurance and physical self-endangerment in performance art, specifically by considering the constitutive role of the audiences in such works.<sup>89</sup> Ward closely examines multiple audience responses to Chris Burden’s works, particularly *Shoot* (1971), in which Burden enlisted a friend to shoot him in the arm before an invited audience in a gallery. Likely among the most famous pieces of body-based performance art, Ward describes it as “one of a number of benchmarks for apparent physical extremity;” as such, discussing Burden’s work is perhaps unavoidable in my questioning of self-wounding.<sup>90</sup> Ward makes a number of points that are relevant to my readings of other artists throughout this thesis. First, in his analysis of critical responses to *Shoot*, he notes that these have often “refer[ed] him [Burden] to categories of persons, by making claims for what *kind* of person he is,” arguing that these denotations acted as substitutes for art as a discipline and the “category of artist.”<sup>91</sup> Further, he points out that, in an American context, the fact of a young man getting shot is not remarkable and so it is the work’s very framing as art that makes it complicated.<sup>92</sup> My later discussion of L.A. Raeven’s works and their media responses find a similarity in the questioning of whether “illness” pre-empts or alters the artfulness of a piece, and how the framing of sometimes rather commonplace situations (such as getting a tattoo, highly regulated eating, or having plastic surgery) become the decidedly contested sites of discourses on agency, ownership, and the body. Instead of replicating this, Ward asserts that the work needs to be considered in relation to histories of sculpture,

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<sup>89</sup> Frazer Ward, “Burden: ‘I’d Set it up by Telling a Bunch of People and that Would Make it Happen,’” in *No Innocent Bystanders: Performance Art and Audience* (Hanover and New Hampshire: Dartmouth College Press, 2012), pp. 81-108 (p. 82).

<sup>90</sup> Ward, p. 84.

<sup>91</sup> Ward, p. 85-86 (emphasis original).

<sup>92</sup> Ward, p. 91.



specifically minimalism.<sup>93</sup> Through this lens, he traces the piece's relationship to medium, modernism, and identity. Ward avoids pathologising the work or analysing the apparent signature of Burden's psyche in his actions by mobilising art historically, socio-politically, and philosophically relevant contexts and articulating what they can each illuminate and what they miss. His complex and multiple mode of reading shows that, indeed, "to ask why Burden had himself shot is in the end beside the point," for the very reason that it forecloses more interesting analyses.<sup>94</sup> Perhaps as a side effect, Ward's reading well demonstrates what can be understood if pathologisation is excluded. My thesis focuses less on what excluding pathologisation illuminates, in part because of the area's very vastness. Instead, I centre pathologisation but instead of enacting it as an obvious method, I interrogate the very mechanism of pathologisation as a reading lens in order to unearth its potentially politically concerning histories as well as the dynamics it puts into play.

Frédérique Baumgartner works to retrieve the political aspects of Gina Pane's practice which she finds to be "under-acknowledged" in favour of psychoanalytic readings of her work.<sup>95</sup> Rather than dismiss the psychoanalytic inflections that Baumgartner acknowledges are made explicit in Pane's oeuvre, she places her work within the context of the *art sociologique* movement.<sup>96</sup> This allows her to underline that artists of the movement had "sociological intentions that were historically determined, therefore necessarily linked to the political context of the time."<sup>97</sup> More particularly, by parsing visual tactics from Pane's *Escalade Non Anesthésiée* (1971) (in which the bare-footed artist climbed and descended a ladder whose rungs were studded with sharp metal), Baumgartner draws on Guy Debord's *La Société du*

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<sup>93</sup> Ward, p. 92.

<sup>94</sup> Ward, p. 88.

<sup>95</sup>Frédérique Baumgartner, "Reviving the Collective Body: Gina Pane's *Escalade Non Anesthésiée*," *Oxford Art Journal*, 34.2 (2011), 247-263, (p. 251).

<sup>96</sup> Baumgartner, p. 251.

<sup>97</sup> Baumgartner, p. 252.

*Spectacle* to argue that the artist's "self-inflicted wounds, were motivated by her ambition to promote an idea of the body as a communal entity."<sup>98</sup> Thus, Baumgartner creates a way to deal with self-wounding in performance art that does not evacuate the utility of psychoanalysis, whilst avoiding a psycho-biographical reading, and still insisting on the historical-political elements that enable or support the work and its reception. Her argument recognises that "Pane's performance was not so much about *her* body but rather the image of *a* body."<sup>99</sup> Such an understanding undercuts the individualising tactics of some pathologising critical positions, such as those I interrogate in detail in Chapters 1 and 2.

Here, already, one sees critics speaking back to potentially pathologising readings.

Fascinatingly, the performances which they take up, though all might be considered in relation to "self-harm," are quite varied. Whereas artists like Abramović and Pane work directly with self-cutting or self-whipping, artists like McCarthy or the Viennese Actionists whom I look to below might be more known for mobilising the messy, violent, or disgusting in ways that might represent or remind one of bodily self-harm but don't necessarily entail a cutting of their skin. Burden's skin is breached but the bullet is shot by another, though at his behest. Ono's *Cut-Piece* seems mainly to risk vulnerability though of course with many participatory works the unknown element of an audience's choice of acts might seem risky, too. So how is self-wounding taken up when it manifests in other culturally identified forms, such as Esther Marveta Neff's enactment of mutual tattooing that I examine later in the thesis?

Mechthild Fend discusses the work of artist Ulay within the context of a reading of the proposed durability of tattoos, photographs of them, and their link to identity for

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<sup>98</sup> Baumgartner, p. 261-262.

<sup>99</sup> Baumgartner, p. 263 (emphasis original).

criminologists.<sup>100</sup> Exploring preservation and moments in which tattoos are split, either metaphorically or literally, from an identified body, Fend discusses the 1972 work *GEN E.T. RATION ULTIMA RATIO* in which Ulay had the titular phrase tattooed onto his forearm and then the marked skin surgically removed, mounted, and photographed along with the process itself. Fend uses Ulay's performance to demonstrate that the potential fragmentation of tattoos from bodies makes them "treacherous proofs of identity," thereby overturning forensic law's notion of the tattoo as an unchangeably permanent marker of identity.<sup>101</sup> Fend, rather than ask about the artist's motives, speculates as to meanings behind the work that are historically relevant to the artist's life but focuses on what the art work can tell us about the ties between body, identity, tattoos, and their preservation. As Fend points out, tattooing is not unique as a "self-mutilating" tactic in performance art, drawing the reader's attention to artist VALIE EXPORT's *Body Sign Action* (1970) in which the artist had the front clip of a garter belt holding up a stocking tattooed onto her thigh in public.<sup>102</sup> In alignment with EXPORT's oeuvre, the work can be read as an embodiment of the strictures which governed women's and femininity's expression through images produced by men under patriarchy. EXPORT's investment, according to Sophie Delpoux, lays in "the project of self-definition and self-representation... undertak[en] by way of the media."<sup>103</sup>

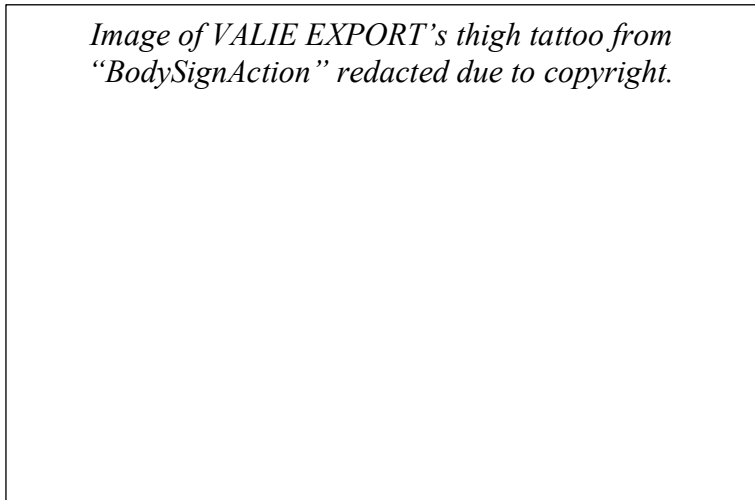
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<sup>100</sup> Mechthild Fend, "Emblems of Durability: Tattoos, Preserves, and Photographs," *Performance Research*, 14:4 (2009), 45-52.

<sup>101</sup> For "professional investment in identity," see Fend, p. 46. For "treacherous proofs of identity" see Fend, p. 51.

<sup>102</sup> Fend, p. 50.

<sup>103</sup> Sophie Delpoux, "Revealing Norms and Sowing Confusion: VALIE EXPORT's Body," in *Body, Capital, and Screens: Visual Media and the Healthy Self in the 20<sup>th</sup> Century*, eds. Christian Bonah and Anja Laukötter (Amsterdam: Amsterdam University Press, 2020), pp. 231-248 (p. 240).



*Figure 1: VALIE EXPORT's "BodySignAction," 1970.<sup>104</sup>*

Delpoux argues that, here, EXPORT mobilises (in an apparently permanent way) gendered stereotypes in order to work against them.<sup>105</sup> Delpoux finds that EXPORT does this, too, in her well-known *Tap and Touch Cinema (Tapp und Tastkino)* (1968) in which she wore a small box theatre over her torso, welcoming passers-by on the street to reach their hands in and touch her breasts. First presented in Munich and then later in Vienna, the early photo documentation shows a roughly constructed box with a shabby bit of curtain push-pinned into it. Here, participants entered into close eye contact with EXPORT's face at the same time as they touched unseen parts of her body. Whilst not explicitly "self-wounding" in the sense of cutting the flesh, performance artist Margaret Dragu has pointed out that "people outside of performance art often assume that risk and harm are the same thing."<sup>106</sup> It may be that this conflation is what leads to EXPORT's works and those like Ono's *Cut-Piece* to often be situated near other self-cutting performances of the time, as the interaction that EXPORT and

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<sup>104</sup> Bildrecht Wien, *VALIE EXPORT's Body Sign Action (2)*, 1970, Print 2003, black and white photograph, 100 x 140 cm, The David and Inrè Roberts Collection <<https://www.therobertsinstituteofart.com/collection/body-sign-action-2>> [accessed 23 October 2022].

<sup>105</sup> Delpoux, p. 240.

<sup>106</sup> Margaret Dragu (Personal interview with author, 6 July 2022).

Ono invites opens them up to actions that may, for some, resemble acts of sexualised violence. In this way, when discussing self-wounding in performance art, it is also necessary to discuss performances that are *treated as if* they are self-wounding, or which appear to act as surrogates for them.

*Still image from video of VALIE EXPORT performing "Tapp und Tast Kino (Tap and Touch Cinema)" redacted due to copyright.*

Figure 2: VALIE EXPORT's "Tapp und Tast Kino (Tap and Touch Cinema)," 1968/1989.<sup>107</sup>

Such situating returns us to *Wiener Aktionismus* (Viennese Actionism), whose very grouping as such came into existence through the title of a book, edited by VALIE EXPORT and Peter Weibel, entitled *Wein. Bildkompendium Wiener Aktionismus und Film* (Vienna: Picture Compendium of Viennese Actionism and Film).<sup>108</sup> Mechtild Widrich investigates the documentation of the Viennese Actionists, largely by photographer Ludwig Hoffenreich. Like Ward, she does so to ask about the role of the audience in constituting performance.

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<sup>107</sup> VALIE EXPORT, *Tapp und Tast Kino (Tap and Touch Cinema)*, Video (black and white, sound), Gift of VALIE EXPORT and Miryam and Daniel Charim, Object number 562.2012 (1968/1989) <<https://www.moma.org/collection/works/159727>> [accessed 23 October 2022].

<sup>108</sup> Further, Weibel claims the coining of the terms as his own and Günter Brus confirms this. See Mechtild Widrich, "The Informative Public of Performance: A Study of Viennese Actionism, 1965-1970," *TDR: The Drama Review*, 57.1 (2013), 137-151, (p. 138, n. 4). Translation of title from Widrich, p. 146.

Usefully, Widrich argues that the inclusion of audience members in documentation, even for example police interventions, allows those reading the documentation to “imaginatively assign meaning... to what we interpret as the spatial and political environment from which the photograph is detached.”<sup>109</sup> She continues, “the uniformed audience, then, guarantees reality even though it doesn’t supply it. And it gives us... crucial cues for contextualising.”<sup>110</sup> Widrich’s line of questioning is relevant because many self-wounding performances are interpreted as “real” through their documentation, often including the responses of “initial audience,” which reify them as risky or boundary-pushing within their own historical context (as with VALIE EXPORT’s work).<sup>111</sup>

Further discussing works that are perceived as self-wounding, Susan Jarosi has stated that Nitsch did not partake in actual self-wounding but rather often represented it, typically through the use of animal carcasses and copious amounts of animal blood, and thus (along with the Viennese Actionists as a whole) tends to be included in histories of self-wounding Body Art.<sup>112</sup> She critiques Petra Kupperts (noting that Amelia Jones “makes a similar elision”) stating that, “by equating Nitsch’s work (as a Viennese Actionist), which only suggests bodily wounding and inflicts no harm to the actors [or, directly, to non-human animals], with those body artists who performed actual wounding upon themselves, Kupperts’ claim elides important distinctions in the significance of physical violation to the history of

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<sup>109</sup> Widrich, p. 147.

<sup>110</sup> Widrich, p. 147.

<sup>111</sup> For “initial audience” see Widrich, p. 138.

<sup>112</sup> Susan Jarosi, “Traumatic Subjectivity and the Continuum of History: Hermann Nitsch’s *Orgies Mysteries Theater*,” *Art History* 34:4 (2013), 834-863 (p. 846). Andrew Stefan Weiner points out that “Actionists have come to be seen as a crucial precursor for later developments in performance and body art,” but that attributions of a closed historical unity of a group made up of Hermann Nitsch, Otto Mühl, Günter Brus, and Rudolf Schwarzkogler are historically inaccurate. See Andrew Stefan Weiner, “Reevaluating Actionism: Austrian Performance, Then and Now,” *PAJ: A Journal of Performance and Art*, 37.3 (2015), 50-57. For quote see p. 50, for false attribution of unity see p. 53.

performance art.”<sup>113</sup> For Jarosi, this elision “is assisted by psychobiographical understandings of Body Art that take its equivalence of subject and object (the artist’s body) to mean an equivalence of subject and artist. In other words, and crudely, such readings construe masochism in Body Art as the product of a masochistic mind.”<sup>114</sup> I attend more closely to this concern in my section on literalisation, following Jarosi’s statement that, “the historiography on Body Art illuminates the ways in which recent scholarly attention has been predominantly focused on the artist or performer’s body and, subsequently, the individual artist or performer’s subjectivity.”<sup>115</sup> Jarosi proposes another method of dealing with “traumatic subjectivity” in Nitsch’s *Orgies Mystery Theatre* (specifically his 1998 iteration) by looking to the work’s exploration of violence and trauma on both the individual but also the collective, including historical events. Outlining the six-day event’s use of animal blood, nudity, and extended duration, Jarosi finds that it offers a way to consider “representations of trauma with the potential to transcend individual biography, artistic medium, and specific content.”<sup>116</sup> In this way, Jarosi is amongst those thinkers who have found methods to deal with performance that is perceived as “masochistic” without pathologising the artist’s subjectivity. But, further, she accounts for trauma without collapsing a differentiation between the art and the artist.

Scholars have continued to find interesting ways to critically account for self-wounding in contemporary performance art. Shannon Bell, for example, deals with the work of artist Kira O’Reilly. Some of O’Reilly’s most well-known works that engage with bloodletting or cutting are *Succour* (2001), in which she cut hundreds of small lines onto her legs and torso,

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<sup>113</sup> Jarosi, p. 846 and p. 862 n. 39

<sup>114</sup> Jarosi, p. 846.

<sup>115</sup> Jarosi, p. 846.

<sup>116</sup> Jarosi, p. 859.

*Untitled Action for Bomb Shelter Kuopio* (2003) in which she invited audience members one-by-one to make such a cut or bandage a previously made one, and other works where she used leaches (*Bad Humours/Affected*; 1998) or cupping (*Unknowing*; 1999) to cause blood to be drawn from her body.<sup>117</sup> Bell claims that “O’Reilly’s work is about anxiety and it produces anxiety.”<sup>118</sup> She acknowledges that anxiety is framed diagnostically by the *DSM-5*, however she also asserts anxiety as the dominant affect of current capitalism, drawing on Lacan’s and Heidegger’s understanding of it.<sup>119</sup> Bell draws on philosophical thinking to build an argument that O’Reilly’s work, through her modes of attention, “reveals the anxiety of postcontemporary western society and in doing so confronts the symbolic order composed of neoliberal, capitalist, sexist, racist, homophobic, and xenophobic tendencies.”<sup>120</sup> Thus Bell manages to argue that Kira O’Reilly’s work pivots on anxiety but resists flattening this into merely a diagnostic category through philosophical consideration which allows her to account for a more complex reading.

Though I have here closely examined performance art works from the 1960s and 1970s, neither self-wounding nor creative ways to critically deal with it have stayed in the past. When discussing more contemporary self-wounding in performance art, Ron Athey may be an inevitable case study. The Los Angeles-based artist first began performing in the 1980’s but it is his later works, from 1990’s onward, that he became widely known for. Images of him and his collaborators nude and covered in blood, pierced by hypodermic needles, arrows,

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<sup>117</sup> Documentation of these works is collected in *Kira O’Reilly: Untitled (Bodies)*, eds. Harriet Curtis and Martin Hargreaves (London, Bristol, and Chicago: Live Art Development Agency and Intellect Books, 2018).

<sup>118</sup> Shannon Bell, “Kira O’Reilly: Techné of Anxiety,” in *Kira O’Reilly: Untitled (Bodies)*, eds. Harriet Curtis and Martin Hargreaves (London, Bristol, and Chicago: Live Art Development Agency and Intellect Books, 2018), pp. 114-135, (p. 114).

<sup>119</sup> Bell, p. 114.

<sup>120</sup> Bell, p. 116.



flogging, and cutting each other, may come to mind. Opulent, extreme, and with many literary and religious references, Athey's name is always the first mentioned to me when I disclose that I research self-wounding in performance art. Indeed, Amelia Jones writes that he is "arguably one of the best-known performance artists in the world."<sup>121</sup>

In the substantial scholarship on Athey's performances, scholars have negotiated the challenge of resisting pathologising readings despite Athey's own frequent references to his profoundly traumatic childhood. Dominic Johnson, in the introduction to a collection he edited on Athey's work, concedes that Athey's performances may indeed be influenced by his childhood, but insists upon also considering other influences or approaches.<sup>122</sup> These include an attempt to contextualise Athey in relation to other artists also often considered under the headings of "ordeal art" or "hardship art" including Pane, Burden, or the Viennese Actionists, but also lesser known artists from the industrial and post-punk scenes, BDSM techniques and queer culture aesthetics, and the height of the AIDS epidemic in America.<sup>123</sup> In dealing with the latter, Johnson is careful to caution against "uplifting or pastoralising agendas" that might foreclose the difficult questions that he sees Athey's work articulating about bodies and identities in relation to AIDS.<sup>124</sup> In this way, he is able to negotiate Athey's "defence of sexual cultures and critique of sexual moralism" in tandem with his performances' relationship to survival, without collapsing the complexity of that dynamic.<sup>125</sup> Instead of arguing for a singular and solid interpretation of Athey's large body of work,

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<sup>121</sup> Amelia Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," in *Queer Communion: Ron Athey*, eds. Amelia Jones and Andy Campbell (Bristol and Chicago: Intellect Books, 2020), pp. 1-23 (p. 15).

<sup>122</sup> Dominic Johnson, "Introduction: Towards a Moral and Just Psychopathology," in *Pleading in the Blood: The Art and Performances of Ron Athey*, ed. Dominic Johnson (Bristol and London: Intellect and Live Art Development Agency, 2013), pp. 10-40.

<sup>123</sup> Johnson, "Introduction: Towards a Moral and Just Psychopathology," p. 16.

<sup>124</sup> Johnson, "Introduction: Towards a Moral and Just Psychopathology," p. 30.

<sup>125</sup> Johnson, "Introduction: Towards a Moral and Just Psychopathology," p. 30.

Johnson's commitment to tracing a plurality of influences on the work results in a capacious articulation of specific themes and commitments without foreclosing other readings.

Contrasting Johnson's approach in *Pleading in the Blood* as an art historical one, Amelia Jones articulates personal experiences and communities as the chosen methodology to her catalogue (co-edited with Andy Campbell) and exhibition of Athey's work.<sup>126</sup> Though she describes his work as, for example, the "externalisation of internal hurts," she anchors these interpretations in her own subjective experience of the works, coloured by her own life experiences of and friendship with Athey.<sup>127</sup> In this way, Jones articulates her experience of him "hurt[ing] himself" without implying the reading of the work as necessarily allied with a pathologising analysis of the artist.<sup>128</sup> Jones is able to address trauma, both personal and systemic, as relevant but without overdetermining the work by it.<sup>129</sup> Rather, she strongly underlines the work's "capacity for worldmaking and for shifting concepts of self," opening her reading of his work to unfold beyond the confines of a shallow reading of pain or self-wounding.<sup>130</sup> She writes,

Indeed, precisely because of the violence of his self-exposure and rendering of himself vulnerable to us as audience members, Athey exacerbates the ontological potential of live art to activate the relationality of all interpretation, wherein we are called upon to engage in the circuits of meaning and value around the work (which does not exist as a "thing" outside of these circuits).<sup>131</sup>

Here, Jones calls for attention to the way meaning is made through a work and, indeed, that Athey's work actually "calls" for this from the witness. This argument works in tandem with

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<sup>126</sup> Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," p. 7.

<sup>127</sup> Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," p. 3.

<sup>128</sup> Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," p. 4.

<sup>129</sup> Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," p. 14-15.

<sup>130</sup> Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," p. 4.

<sup>131</sup> Jones, "Introduction: Queer Communion and the Worlds of Ron Athey," p. 17.

Jones' further examinations of Athey's work that I outline closely in the section on Centring Pain, below. For now, Jones' and Johnson's modes of dealing with trauma in relation to self-wounding in performance can be contrasted to the pathologising readings in my later case studies, for example in the scholarship of Kristine Stiles.

Thus, it is evident from these examples that alternative methods to pathologisation have been developed and employed in reading self-wounding performance art. As such, my project does not seek to develop and offer some sort of newer, "better," way to read self-wounding works. Instead, I assert that there has not been enough study of the effects of pathologising readings when they do occur. And, that the effects of such a lens are important to examine because they are widespread, as exemplified not only in my anecdotal charting of audience responses here, but also in my outlining of media coverage in later chapters. Thus, the project of my research is to deeply examine and unearth the dynamics and effects of the pathologising position, in order that it might be more readily called into question and thus denaturalised as a go-to response, yes for critics and theorists, but also for audience members overall.

### **Diagnosis, Pathologisation, and Medicalisation**

As one can see, performance works that are considered "self-wounding" are many and varied in form and action. Sometimes readings of these works, as with Ono and EXPORT, treat risk as if it were harm. As the reader will see in Chapter 2, readings that conflate a performance's investigation of the topic of pathologisation with its enacting pathologisation are common. These subtle slippages demand a consideration of the definitions and ambivalences of terms that can be of use in nuancing one's understanding of pathologisation, namely, medicalisation and diagnosis. Though I later more closely trace their historical benefits and constraints, I here give a short definition of each so that the reader can better follow my arguments.

Diagnosis is different to medicalisation. Diagnosis is the identification of an illness through its symptoms. It has been called the “cornerstone of medicine” because, without at least some form of diagnosis, Western medicine as a practice would not function.<sup>132</sup> It is an experimental process that is iterative: it consists of repeatedly generating hypotheses, selecting the most appropriate one, and examining the results.<sup>133</sup> Diagnosis within Western medicine is a rational, logical process that offers justification of a physician’s decision for testing or (when possible) treatment of a patient’s symptoms.<sup>134</sup> Such a definition of diagnosis is true except in the instance that a diagnosis is syndromic, meaning that it names a collection of symptoms rather than necessarily inferring an underlying illness causing the symptoms.<sup>135</sup> Diagnosis—the naming of an illness through its symptoms—is a process that may or may not have a medicalised approach, though medicalisation usually occurs with at least a slight form of diagnostic framing. For example, a diagnosis without a medicalised approach might occur if, in a religious context, one is diagnosed (based on experiences dubbed symptoms) as possessed and is treated by exorcism. As such, diagnosis in this particular form is culturally constructed.

“Medicalisation” is, simply put, the practice of viewing something through a medical framework. It has been a topic of extensive scholarly examination since the late 1960s and has been interrogated from many disciplinary perspectives including sociology,

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<sup>132</sup> R. Body and B. Foex, “On the Philosophy of Diagnosis: Is Doing More Good Than Harm Better Than ‘Primum Non Nocere’?,” *Emergency Medicine Journal*, 26:4 (2009), 238-240.

<sup>133</sup> Donald E. Stanley, “The Logic of Medical Diagnosis: Generating and Selecting Hypotheses,” *Topoi*, 38:2 (2019), 437-446.

<sup>134</sup> Stanley, p. 438.

<sup>135</sup> Hane Htut Maung, “The Causal Explanatory Functions of Medical Diagnoses,” *Theoretical Medicine and Bioethics*, 38 (2016), 41-59 (p. 44).

anthropology, historiography, and bioethics, amongst others.<sup>136</sup> Peter Conrad, a pioneer in the field of medicalisation studies and a medical sociologist, defines it as “a process by which non-medical problems become defined and treated as medical problems, usually in terms of illness and disorders.”<sup>137</sup> While to medicalise literally means “to make medical,” it is a word most often used analytically towards critiques of overmedicalisation.<sup>138</sup> Medicalisation has been conceived of as a looming threat that includes not only the formal institutions of medicine but also the internalisation of medical and therapeutic perspectives within the general population.<sup>139</sup>

In academic scholarship, medicalisation has been found responsible for everything from weakening individual political agency to famously turning some forms of deviance into forms of sickness, and has been clearly linked to structural racism, amongst other things.<sup>140</sup> Conrad points to childbirth, shyness, sexual and gender differences, and learning differences as examples of social experiences that have been medicalised.<sup>141</sup> Medicalisation can be usefully understood as a spectrum: there are varying degrees of it.<sup>142</sup> In Conrad’s words:

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<sup>136</sup> For a very strong, if United States centric, overview of important medicalisation studies since the 1960’s, as well as the changes in context since then, see Peter Conrad, “Part 1: Concepts,” in *The Medicalisation of Society* (Baltimore: Johns Hopkins University Press, 2007), pp. 5-18.

<sup>137</sup> Peter Conrad, *The Medicalisation of Society* (Baltimore: Johns Hopkins University Press, 2007), p. 4.

<sup>138</sup> Conrad, *The Medicalisation of Society*, p. 5.

<sup>139</sup> J. Sholl, “The Muddle of Medicalisation: Pathologising or Medicalizing?,” *Theoretical Medicine and Bioethics*, 38 (2017), 265–278 (p. 226).

<sup>140</sup> For example, on weakening individual political agency see: Dan Degerman, “Brexit Anxiety: A Case Study in the Medicalisation of Dissent,” *Critical Review of International Social and Political Philosophy*, 22:7 (2019), 823-840; on turning deviance into forms of sickness see: Peter Conrad and Joseph W. Schneider, *Deviance and Medicalisation: From Badness to Sickness: Expanded Edition* (Philadelphia: Temple University Press, 1992); on links to structural racism, see: David M. Ramey, “The Social Construction of Child Social Control via Criminalization and Medicalisation: Why Race Matters,” *Sociological Forum*, 33:1 (2018), 139-164; and Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2007).

<sup>141</sup> Conrad, *The Medicalisation of Society*, p. 21.

<sup>142</sup> Conrad, *The Medicalisation of Society*, p. 21.

“medicalisation need not be total” in order to be present.<sup>143</sup> Medicalisation is also bi-directional in that situations can become medicalised and de-medicalised, as has occurred with framings of homosexuality or masturbation within Western medical discourses.<sup>144</sup> For example, insurance companies can be said to “both promote and limit medicalisation” based on profit goals.<sup>145</sup> Clearly, medicalisation is a framing tactic that can be used in various ways and the word itself is often used to make visible that framing.

In sum, medicalisation is mobilised by multiple forces in multiple manners. It is a culturally constructed framing tactic that allows consideration through a medical lens, thereby hailing the possibility of medical response. A nuanced analysis of medicalisation processes must not assume it is always negative but rather clarify the goals and outcomes of each force at play in order to see the depth and effects of the medicalisation of a given situation. The level of medicalisation might be influenced by the legal or governing contexts and the social norms of a given context. Sometimes medicalised responses become normalised to the point of becoming common-sense. A medicalised framework does not necessarily require diagnosis or pathologisation.

Pathologisation is a cultural construct. So, that which is deemed problematic by some might be that which is desirable for others. Jonathan Sholl, a medical philosopher and philosopher of science, articulates a differentiation between medicalisation and pathologisation:

If pathologisation involves the ways in which certain conditions come to be labeled as pathological by medical institutions (definitions), in the clinic (diagnoses), or by self-

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<sup>143</sup> Conrad, *The Medicalisation of Society*, p. 21.

<sup>144</sup> On the bidirectionality of medicalisation see: Conrad, *The Medicalisation of Society*, p. 7 and on the changing medicalisation of masturbation and homosexuality in Western medical discourses see p. 97.

<sup>145</sup> Conrad, *The Medicalisation of Society*, p. 160.

labelling, then medicalisation could be seen as involving various types of medical responses and interventions or treatments that are justified in relation to health concerns. As interventions or treatments can be carried out with or without medical authority, and can be performed by individuals, physicians, or even by social institutions, medicalisation would then encompass the ways in which medical knowledge and techniques promote salubrious behaviors or produce therapeutic responses to what is deemed to be pathogenic, pathological, or undesirable in the individual or social body.<sup>146</sup>

Here, Sholl articulates a succinct and common understanding of the different but often overlapping territories of medicalisation and pathologisation. At this point, the nuance and specificity of these definitions might seem overexamined but here Sholl makes visible how a lack of such attention can obscure important elements at play. In doing so, he shows that a momentary cordoning of medicalisation and pathologisation from each other can have an illuminating effect.

I remain sceptical as to Sholl's qualifier that medicalisation centres therapeutic or salubrious (health-promoting) responses to what is a problem individually or socially. Firstly, because defining medicalisation as only those medical knowledges and techniques which "work," that is to say which are successful in promoting health, seems inaccurate: a failed surgery is still a surgery. And secondly, because what is considered health-promoting or, its apparent opposite, insalubrious (or "problematic" in Sholl's words) shift based on perspective. Likewise, what is deemed to be "pathogenic, pathological, or undesirable in the individual or social body" is frequently not intrinsic but determined. Who determines that and in what way, matter. Medical perspectives that determine what is undesirable are not

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<sup>146</sup> Sholl, p. 268-269.

necessarily separate from what is politically and socially undesirable. These perspectives have continually seen and asserted “pathogenic, pathological, or undesirable” traits in Indigenous people, Black people, queer people, and people who are women, amongst others and used these perspectives as justification to persecute them, something I discuss further below. Sholl’s wording points to the important fact that medicalisation *justifies* its practices, whether equitable or oppressive, through the notion that they are health-promoting. However, strange practices might equally be seen as pathological by medicalising thought. Thus, I remain sceptical of the promotion of health as definitive of medicalisation, both because health overflows its limits but also because medicalisation, though not always intentionally, has been used to justify practices that are now considered unethical or violent (such as the notorious lobotomy, which involved severing connections in the prefrontal cortex of the brain as a non-specialist and cost-effective treatment for mental disorders). With Sholl’s definition, it becomes possible to understand medicalisation as the mobilising of medical tactics. And to understand pathologisation as the designation of biological processes or behaviours as problems for “health.”

It is here important to articulate that much of my research is built upon the thinking of Michel Foucault who discusses the epistemic shifts in the ways patient bodies were viewed at the end of the 18<sup>th</sup> century.<sup>147</sup> He argues that the “medical gaze” came not simply from an individual who was a doctor, but the intersection of that doctor’s institutional support that actualised their opinions into the right to intervene and make decisions regarding the body of the patient.<sup>148</sup> This power, according to Foucault, stems from two different forms: first, a relationship to the body as a machine that can be made most efficient as a worker through

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<sup>147</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, Trans. A. M. Sheridan, 3<sup>rd</sup> ed. (London & New York: Routledge, 2003).

<sup>148</sup> Foucault, *The Birth of the Clinic*.



ensuring its health and the second, through the larger control of the population through mechanisms like healthcare, schools, and penal institutions that encourage or foreclose life-encouraging circumstances. I pick up Foucault's biopolitical reading later in the thesis but here offer a quick sketch of medicine's stakes in normalising the body to the reader so that concerns of my project are made clear early on. That is, that medicalisation, pathologisation, and diagnosis all participate in regimes of disciplining the body in relation to power. In so doing, they also participate in understandings of agency and, thus, personhood. Through this research I assert that, when mobilised as frameworks through which to understand self-wounding in performance, these tactics carry their plural relationships to power and normalisation as an inheritance that must be grappled with.

### **Medicalisation and Performance**

Self-wounding artists themselves have written critically about these topics. Martin O'Brien takes an interdisciplinary consideration to develop a theory of "self-imposed endurance" in performance and its relation to chronic illness.<sup>149</sup> Arguing that the concept of choice is complicated by a particular relationship to death and the medical regulation of the body, O'Brien suggests that "experiences of endurance are central" for those who are chronically ill, like O'Brien himself who has cystic fibrosis.<sup>150</sup> For O'Brien, his own performance art works—often entailing the use of medical tools or therapies and phlegm (the very material pathologised within his own body)—have the capacity to "destabilise any fixed definition of sickness... and, in doing so, [they] challenge the epistemic authority of contemporary biomedicine."<sup>151</sup> This argument importantly nuances and politicises choice in relation to

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<sup>149</sup> Martin, O'Brien, "Performing Chronic: Chronic Illness and Endurance Art," *Performance Research*, 19:4 (2014), 54-63, (p. 54).

<sup>150</sup> O'Brien, p. 58.

<sup>151</sup> O'Brien, p. 62.

endurance, arguing that self-imposed endurance can be an act of “personal-political empowerment” for the performer, even as medical regulatory forms of endurance or endurance of the body itself can be complex for people who are chronically ill.<sup>152</sup>

Gianna Bouchard asserts that the patient, both within the medical but also quotidian realms has been objectified into a specimen that, in turn, is framed as knowable by the professionalized and “predominantly male” authority of medicine.<sup>153</sup> Specimenhood, Bouchard shows, is deeply linked to performance through both the ways that specimens are staged and how performance stages, and even resists, specimenhood. Writing about O’Brien’s works, Bouchard also finds that he, through for example self-enacted cutting, “simultaneously draws attention to the constitutive nature of his illness and ongoing specimenhood as part of his subjectivity.”<sup>154</sup> O’Brien, having already outlived his life expectancy, finds identification with the figure of the zombie which is, for Bouchard, a way to mobilise the un-dead to invert models of health. She draws on Jonathan Metzl’s assertion that the concept of “health” is not only a desired but prescribed state which is often linked to morality and capital, and my own research follows this understanding.<sup>155</sup> In this way, Bouchard demonstrates how O’Brien’s performances of specimenhood can resist regimes of medicalisation by transforming that which is pathologized (the ill body) into that which resists diagnostical logic (the zombie). Bouchard’s work highlights the medical specimen’s spectacularisation in ways which reveal “the interface between medicine and modes of performance” that entail “certain ‘actors’ hav[ing] privileged access to the body and medical knowledge, which is then relayed to the spectators for educational, social, and political

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<sup>152</sup> O’Brien, p. 63.

<sup>153</sup> Gianna Bouchard, *Performing Specimens: Contemporary Performance and Biomedical Display* (London & New York: Methuen Drama, 2020), p. 1.

<sup>154</sup> Bouchard, p. 107.

<sup>155</sup> Metzl as cited in Bouchard, p. 109.

reasons.”<sup>156</sup> This thinking has made possible my own arguments asserting the critical pathologising gaze as similarly privileged and creating the patient as similarly objectified.

### **Common-Sense and “Gut Reactions”**

*A memory: Meeting with a group of dear friends for a lunch at someone’s home, one excitedly shows us her new tattoo. After exclaiming over it, I reciprocate and show them a new performance scar, a circle on my shoulder. One of them blinks and presses her lips into a line. I can see her thinking. She asks me, with so much thoughtfulness and love: “I don’t really know how to deal with that. Can you tell me, when should I be worried about you?” What she means, I think, is that she is grappling with my relating with a similar pleasure to my performance scar as she relates to her tattoo. I understand this because, of the same generation and geography as her, we have always been told that cutting yourself (especially as a young woman) is an indicator of mental illness, psychic distress, or “a cry for help.” I see the love in her eyes and am touched that she is asking me how I want to be cared for. I seriously consider her question before finally replying: “if you walk in on me alone in my room, cutting myself, then something’s off. If I’m making performance and I use my own blood, I’m okay. I’m not suicidal or asking for help. Thank you for caring enough about me to ask me that.” Here, my friend shared with me the tension she was grappling with between the frameworks she’d been given with which to deal with a body cutting itself, and the respect she had for my art practice and self-sovereignty. And I, in turn, found myself clarifying that for me cutting oneself for performance felt like a different gesture than as a secret need or pleasure.*

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<sup>156</sup> Bouchard, pp. 1-2.

So often, the common-sense answer to my query as to why such diverse acts are treated as “self-harm” is: pain. The assumption that *it hurts* and *it is chosen* seems to be enough to justify pathologisation. But, when interrogated even slightly, these assumptions begin to fall apart. It is socially common to choose to do things that hurt, from wearing high heels to working in construction. In the above memory, it is likely that my friend’s tattoo was longer in duration and entailed much more breaching of the skin than my own thin scar from a quick, shallow cut. Here, the difference has nothing to do with pain, even though that might be the common-sense idea of it. The tattoo’s pain is rather socially justified as being somehow “worth it,” because what it is creating is something socio-culturally legible, aesthetically acceptable, and created by a skilled (and typically paid) worker. So too with the examples of wearing high heels and with doing physically laborious jobs in construction. My scar, on the other hand, is much less recognisable as something that might be desired or that might offer a result that makes it worthwhile. The imagined value of wearing high heels might be about looking a certain way, working laborious jobs might be valuable because they generate income, but the notion that a cut might result in, for example, valuable physical material that enhances the artwork is rarely suggested. Though all might be physically demanding, the cut is less legible and valuable under common-sense systems of value. This requires a consideration of what common-sense is and how it functions.

In her essay, *Introducing Racism: Notes Towards an Anti-Racist Feminism*, Himani Bannerji borrows Antonio Gramsci’s notion of “common-sense” to argue that common-sense demands the acceptance of that which is widely recognised over intellectual or less common arguments. This, she says, results in “the history, ontology, and ongoing practice of an

imperialist capitalist society... [finding] its epistemology in the common-sense of racism.”<sup>157</sup>

Obviously, Bannerji’s focus of analysis is racism and I return to this topic when later discussing the racist epistemologies that undergird diagnosis, pathologisation, and Western medicine. However, her thinking on common-sense is also directly applicable to how medicalisation—as a widely accepted mode of healing within a Western context—becomes so obvious as to go unquestioned. Bannerji points to carriers of common-sense that show up in “norms and forms” which are so daily and banal that they become invisible. They even show up in aesthetic preferences. It is common-sense’s necessarily unexamined nature that makes it powerful. If current systems of power such as neoliberalism, capitalism, patriarchy, ableism, ageism, classism, racism, and so on, are powered at least in part by diffuse knowledges, then those which go unexamined are most dangerous because they also go unquestioned.

When gestures in performance are read as “self-harming” (which often actually means, “self-wounding without a reason that I understand as valuable”), pathologisation itself becomes a common-sense practice. Kupperts senses this possibility when she writes that sometimes “the knowledge base that provides the framing for performance is medical knowledge in its dispersal as ‘common-sense.’”<sup>158</sup> The lack of legibility of some forms of self-wounding seems to suggest pathologisation as a logical reading lens. Keeping in mind that there are many forms of self-wounding that are socially acceptable in Western contexts—from smoking and drinking to ear piercing and tattooing—shows that what is considered pathological when it comes to the modification of the body is not determined by any clear boundaries except for socio-cultural ones. There are varied and insidious

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<sup>157</sup> Himani Bannerji, “Introducing Racism: Notes Towards an Anti-Racist Feminism,” in *Thinking Through: Essays on Feminism, Marxism, and Anti-Racism* (Toronto: The Women’s Press, 1995), pp. 41-53.

<sup>158</sup> Petra Kupperts, *The Scar of Visibility: Medical Performances and Contemporary Art* (Minneapolis: University of Minnesota Press, 2007), p. 69.

medicalisation logics clothed in “common-sense” and notions of the “social good.”<sup>159</sup> It is to combat this naturalisation my project engages in denaturalising and proving the use of pathologisation as a critical position in both scholarship and mass media.

Common-sense understandings can be confused with “gut reactions.” By this, I mean the potential physical sense of a physical repulsion, fear, or retracting from perceived bodily wounding. Johnson writes of this as the “physiological response [of] our sweaty palms, flushes and blushes, increased heartbeat, fainting, vomiting, fight or flight.”<sup>160</sup> Such a felt response is familiar to me in my extensive reviewing of self-wounding in performance art. And though I certainly feel squeamish when viewing close-ups of ORLAN’s face skin being surgically peeled back from her jaw line, or when I witness image after image of piercing, cutting, and penetrating of human flesh, I want to follow Johnson’s question, “what meanings are foreclosed or produced by such reactions.”<sup>161</sup> Or further, by one’s reading of such reactions. In this project, I resist gut reactions as holding a deeper truth about the morality of self-wounding in performance.<sup>162</sup> After all, are there not many common gut reactions that scholarship asks us to investigate, thinking through, and resist including, for example, biases against others based on differences? If these gut reactions are given credence as holding some

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<sup>159</sup> For more on the ways in which common-sense can create and uphold ideology, see: Stuart Hall, “Culture, the Media and the ‘Ideological Effect,’” in *Mass Communication and Society*, ed. by J. Curran, M. Gurevitch & J. Woollacott (London: E. Arnold/Open University Press, 1979) pp. 325-326; as well as an excellent furthering of his work in Yasmin Jiwan, *Discourses of Denial: Mediations of Race, Gender, and Violence* (Vancouver: University of British Columbia Press: 2006).

<sup>160</sup> Johnson, *Unlimited Action*, p. 10.

<sup>161</sup> Johnson, *Unlimited Action*, p. 10.

<sup>162</sup> See *The Human Canvas*, dir. by Andy Lee, *YouTube*, posted by Andy Lee, 23 June 2007 (Channel 4, ArtShock Series, 2006) <<https://www.youtube.com/watch?v=fEmL2JkYU0k>> [accessed 14 May 2022].

deeper truth, wouldn't such an argument run the risk of reinforcing unexamined racist, sexist, or ableist biases?

Jones speaks to this when she writes, of witnessing Athey's performance of *Solar Anus* (2006),

[T]he drops of liquid flying through the air from his anus as he slowly drew the string of pearls out flew into my face . . . In spite of my professional and intellectual embrace of the bodily vicissitudes of wounding, I am embarrassed to admit I found myself repelled on a gut level, afraid of his supposedly infectious blood . . . but also deeply concerned about the imminent health of the Ron I know as a friend, as he enacted his permeability in such a fearless and visceral way.<sup>163</sup>

Here, Jones points out that a repellent "gut" reaction, uncontrollable or even irrational fears about the safety of one's own body and the body of the performer perhaps cannot be avoided when witnessing such events.<sup>164</sup> Jones expresses worrying not only about her own body but the body of the performer (complicated by Athey being her friend). I do not argue against having such reactions. Rather than trying to change or control immediate or gut-level reactions, I encourage a deep consideration of the socio-cultural understandings of bodies, harm, and self-wounding that influence and make meaning of such reactions. Jones, for example, stages complex and profoundly unpathologising readings of Athey's work whilst

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<sup>163</sup> Jones, "Performing the Wounded Body," p. 50.

<sup>164</sup> HIV positive people who have an undetectable viral load are extremely unlikely to transmit infection through sex. Though much less research has been done on the likelihood of transmission through blood by, for example, needle usage, popular medical opinion seems to be that the risks are profoundly reduced. No research, that I know of, has been done on the likelihood of transmission through performance art, though such fears are often cited when dealing with the fear of performers working with blood in performance. An excellent overview of the relevant HIV transmission studies can be found here: Roger Pebody, "Transmission – Information for People with HIV," *NAM: AIDSMAP*, November 2020 <<https://www.aidsmap.com/about-hiv/undetectable-viral-load-and-transmission-information-people-hiv>> [accessed 14 May 2022].

still engaging with her own gut-reactions that might arise during a performance. It is when a gut reaction of fear or repulsion becomes interpreted through the common-sense logic of pathologisation that I urge a deeper questioning.

*A memory: back at the SyCCC event, the conference organiser disappears and returns sometime later. She explains that a member of the presentation after mine had left the room and fainted in the hall, knocking their head. My heart skips and then races triple time. “Are they okay? My god I have to find them and apologise. I must have completely messed up their presentation.” They are fine, she explains, and they seemed to have been so touched by my presentation (which was critiquing critique) that they decided not to do their presentation because it was precisely enacting that which I was critiquing. Apparently, she explained, they simply fainted because they have that body-response where, upon seeing blood, one’s blood pressure changes quickly causing faintness. It had nothing to do with disliking the work or feeling upset by it. I’m left reeling, wondering how so many strong but extremely different responses are coming from the same work.*

There is a further common-sense form of thought that I have often heard in my anecdotal conversations about my research, that frames biological responses to, for example, blood as holding a deeper moral truth about the wrongness of self-wounding. Current popular science tends to offer that fainting at the site of blood, needles, or other common triggers may be linked to vasovagal syncope—a condition in which one’s blood pressure and heart rate drops suddenly from a given trigger causing a fainting spell.<sup>165</sup> However the notion of fainting as

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<sup>165</sup> See, for example, Regan Olsson, “Faint at the Sight of Blood? It Could be Vasovagal Syncope,” *Banner Health*, 7 August 2020 <<https://www.bannerhealth.com/healthcareblog/teach-me/faint-at-the-sight-of-blood-it-could-be-vasovagal-syncope>> [accessed 14 May 2022]; Mayo Clinic Staff, “Vasovagal Syncope,” *Mayo Clinic*



linked to the trigger of seeing blood seems culturally overstated since other common triggers (such as heat exposure, straining during a bowel movement, standing for long periods, or dehydration) do not seem to be treated with the same moralising notion that they are therefore something that is so non-normative, or even “unnatural,” as to be pathologised. It is hard to imagine those triggers (heat from the weather, waiting to pay for groceries, or going to the toilet) being pathologised. But it is easy to imagine the pathologising of a performance artist for the fainting of someone due to seeing the artist’s blood.

Such pathologising may be predicated on the notion that fainting indicates suffering or distress for the fainter, but this too is not such an easy assumption to make. Jennifer Doyle speaks to this when she writes about a friend reporting that witnessing a performance of Athey’s in the 1990s, “changed her life even though at the sight of so much blood she (like quite a few others audience members) passed out.”<sup>166</sup> Doyle adds,

Writing by people who have attended performances by Athey and his company abounds with descriptions of people fainting, but those accounts also marvel at the fact that many of those people stay with the performance when they come to. The performance studies scholar John Edward McGrath described his own fainting spell as “like that of religious possession.”<sup>167</sup>

Doyle’s point is here well made: clearly, even physiological responses like fainting do not necessarily indicate the moral or political opinion of the person who faints. For this reason, I

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<<https://www.mayoclinic.org/diseases-conditions/vasovagal-syncope/symptoms-causes/syc-20350527>> [accessed 14 May 2022]; Steven Kang and Stacey Wojcik, “Vasovagal Syncope,” *Cedars Sinai* <<https://www.cedars-sinai.org/health-library/diseases-and-conditions/v/vasovagal-syncope.html>> [accessed 14 May 2022].

<sup>166</sup> Jennifer Doyle, *Hold It Against Me: Difficulty and Emotion in Contemporary Art* (Durham: Duke University Press, 2013), p. 27.

<sup>167</sup> Doyle, p. 158, n. 39.

also find that reading perceived audience response (i.e. fainting) as a way of analysing such works to be faulty. The experience of audience members and their potential pathologising reception of performance art whilst witnessing it is not my focus, even as I deal deeply with critical reactions to the work. I find it problematic—particularly with a field of art that is not typically oriented towards mass appeal (both economically and ideologically)—to generalise audience response let alone mobilise these responses as proof to support an argument towards or against pathologising an artist through their work. Doing so too often imagines the audience as the norm who throw into relief the artist or performer’s abnormality. Furthering thinking that contracts normativity to sickness is a tactic of power that can be mobilised to organise and contain those who do not align with power. Therefore, the individual positive or negative responses to these performances are both difficult to obtain in any sort of thorough way. Thus, common-sense and gut responses are not the measure by which a performance’s value can be decided and should, I urge, be interrogated further, especially when they appear to justify a pathologising response.

### **Decentring Pain**

Overwhelmingly, studies at the intersection of “self-harm” and performance art have centred on or strongly attended to pain. Most quote Elaine Scarry’s touchstone account of pain and the body to engage Scarry’s assertion that “pain cannot be easily objectified into any form, material or verbal.”<sup>168</sup> Scarry’s assertion of the unrepresentability of pain mirrors Phelan’s assertion on the “untouchability” of trauma.<sup>169</sup> This notion of the unrepresentable or unspeakable seems to haunt and link the studies of trauma and of pain in performance. Yu-

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<sup>168</sup> Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1987), p. 162.

<sup>169</sup> Phelan, p. 5.

Chein Wu, for example, compares Phelan's reading of Caravaggio's painting of Christ to Abramović's *Lips of Thomas* in order to assert pain as that which can transfer from wound to witness, pain itself becoming the haunting element of trauma or wounding.<sup>170</sup> This is to say that pain has been taken up in myriad ways in relation to performance, but often in ways that include notions of trauma.

Landmark studies at the intersection of pain and self-wounding in performance include Jane Blocker's important *What the Body Cost* (2004)—which I engage more deeply in Chapter 1—in which Blocker suggests that “pain is an integral part of aesthetics” whilst refusing to romanticise it and looks to various renderings of pain in order to examine the structures of desire in performance art and its criticism.<sup>171</sup> As well, Kathy O'Dell's significant *Contract with the Skin: Masochism, Performance Art, and the 1970s* (1998), relies on pain as deeply effecting of audience-performer relations.<sup>172</sup> Here, O'Dell examines the works of Chris Burden, Vito Acconci, Gina Pane, and the duo Ulay/Marina Abramović, whom she feels “exemplify the characteristics of masochistic performance.”<sup>173</sup> These characteristics include “the mechanics of alienation in art and everyday life; the psychological influences of the domestic site on art and everyday life; the sensation of being both a human subject and object; the function of metaphor in art; and, especially, the relationship between artist and audience.”<sup>174</sup> This last point is amplified through O'Dell's exploration of the “masochistic contract”<sup>175</sup>—a term she borrows from Gilles Deleuze's

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<sup>170</sup> Yu-Chien Wu, “Who is in Pain? The Transforming of Symbol in Performances of Marina Abramović,” *Performance Research*, 14:4 (2009), pp. 69-73.

<sup>171</sup> Jane Blocker, *What the Body Cost: Desire, History, and Performance* (Minneapolis and London: University of Minnesota Press, 2004), p. xiii.

<sup>172</sup> Kathy O'Dell, *Contract with the Skin: Masochism, Performance Art, and the 1970s* (Minneapolis: University of Minnesota Press: 1998).

<sup>173</sup> O'Dell, *Contract*, p. 2.

<sup>174</sup> O'Dell, *Contract*, p. 2.

<sup>175</sup> O'Dell, *Contract*, p. 4.

*Présentation de Sacher-Masoch* (1967)—as one in which artists dramatise the structure of the contract in order to draw attention to it in their works.<sup>176</sup> She argues that the literal contracts of Léopold von Sacher-Masoch’s novel *Venus in Furs*, namely between his protagonist Severin and women who would “commit violence against his body” for his own sexual fulfilment, are similar to the social contracts in masochistic performance art between co-performers or between the audience and the performer.<sup>177</sup> The proposition of the social contract between witnesses of the works and performers is one of the key contributions this text has given the field. O’Dell’s articulation of this contract as a process in which both parties negotiate and accept or deny the agreement in the same ways they might for a written legal contract, has usefully allowed consideration of the performer-audience relationship that acknowledges the possibilities of interdependent agency for each party as well as the possible conditions that might force, inhibit, or distort agency. O’Dell points to an ethical problem with that dynamic in which, by accepting or denying such an agreement, one appears to consent to and therefore condone the action being undertaken including unusual, harmful, or disturbing ones. This book has been important and generative for thinking through performer-audience relations when broaching “masochistic” body-based works, including self-wounding in performance art.

More recent scholarship has studied pain in performance art in order to examine how witnessing pain operates within audiencing, curating, and documentation.<sup>178</sup> Some have looked to pain’s neurological effects as an object of communication in performance, even as

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<sup>176</sup> O’Dell, *Contract*, p. 2.

<sup>177</sup> O’Dell, *Contract*, pp. 3-4.

<sup>178</sup> Helge Meyer, “‘The Image Is Pain’ – An Extensive Research About Suffering and Self-Inflicted Injuries Within the Field of Performance Art” (unpublished doctoral thesis, *Staatliche Akademie der Bildenden Künste Stuttgart*, 2006), Introduction. Thanks to Meyer for sharing the in-process English translation of this work with me.

(like trauma) pain's "existence can only be believed in, but not proven."<sup>179</sup> Some have compared self-wounding in performance to acts that occur within distinctly different frameworks such as Renata Salecl's comparison of clitoridectomy to the performance art of ORLAN, which I address closely in Chapter 1.<sup>180</sup> For now, it's useful to bear in mind that the logic of these gestures as comparable offers a startling elision of consent, framing, and context, and that such elisions are not particularly uncommon in the pathologising of performance art.

Amelia Jones, following Scarry's thinking on pain, has contributed to these conversations in her landmark book *Body Art / Performing the Subject* (1998). She discusses the self-wounding practices of Bob Flanagan and Sheree Rose as well as ORLAN by examining pain's shareability through projecting its effects onto others, "such that *they* become the site of suffering."<sup>181</sup> Of Flanagan she writes, "his flamboyantly performed relationship to pain draws us [the audience] in (paralleling our own psychic traumas) and yet removes him from himself and thus for us as we have identified with his pain."<sup>182</sup> Jones here centres pain and its shareability between the subject of the performer and the audience members by thinking through how imagined pain means in relation to psychic trauma and identification. Petra Kupperts has critiqued Jones' reading of Flanagan's work because it is predicated on "binary of body and self" that points towards an intersubjective shareability of pain.<sup>183</sup> Instead, in her own reading of Flanagan's and Rose's self-wounding works, Kupperts, also following Scarry,

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<sup>179</sup> Jareh Das, "Bearing Witness: On Pain in Performance Art" (unpublished doctoral thesis, Royal Holloway, University of London, 2006).

<sup>180</sup> Renata Salecl, "Cut in the Body: From Clitoridectomy to Body Art," in *Thinking Through the Skin*, eds. Sara Ahmed and Jackie Stacy (London & New York: Routledge, 2001), pp. 21-35.

<sup>181</sup> Amelia Jones, *Body Art/Performing the Subject* (Minneapolis and London: University of Minnesota Press, 1998), p. 230.

<sup>182</sup> Jones, *Body Art/Performing the Subject*, p. 230.

<sup>183</sup> Kupperts, *The Scar of Visibility*, pp. 85.

looks to pain as incommunicable due to its objectlessness.<sup>184</sup> Koppers' interest in pain in performance is centred on those who deal explicitly with their experience of non-voluntary pain in their works (for example, linking Flanagan's work to his experience of cystic fibrosis).<sup>185</sup> Koppers sees the "widespread use of cutting and piercing techniques in contemporary performance art" as interpretable by understanding "pain as an affirmative mode of experience, creating life and sensation in the face of dullness and loss of subject boundaries (an explanation often used in popular accounts of self-cutting by teenagers...)." <sup>186</sup> She argues that though "pain incites meaning making" it is also "radically unknowable" given its "highly subjective nature."<sup>187</sup> In this way, Koppers is able to centre pain whilst resisting readings in which pain is knowable by those who witness it. She argues that Flanagan's and Rose's work prompts the question, "if this body works according to principles different from mine, what does that say about the knowledges I hold as generally applicable about my own body?"<sup>188</sup> This is productive, she finds, because "if the relations between embodiment and meaning become unstable, the unknown can emerge not as a site of negativity but as the launch pad for new explorations."<sup>189</sup> Concurrently, if the relations between embodiment and meaning are utterly solidified, as in Stiles' form of pathologising reading, the possibility of new and as yet unknown knowledges cannot emerge. In other words, new knowledges—that which is needed to create new forms of relationality and thus new ways of making worlds—are foreclosed when the meaning of self-wounding forms of embodiment are explained as only and always manifestations of the pathological mind.

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<sup>184</sup> Koppers, *The Scar of Visibility*, pp. 76-77.

<sup>185</sup> Koppers, *The Scar of Visibility*, p. 76.

<sup>186</sup> Koppers, *The Scar of Visibility*, p. 87.

<sup>187</sup> Koppers, *The Scar of Visibility*, p. 88.

<sup>188</sup> Koppers, *The Scar of Visibility*, p. 89.

<sup>189</sup> Koppers, *The Scar of Visibility*, p. 94.

Jones returned to the question of pain in potentially self-injurious performance art in her article entitled “Performing the Wounded Body: Pain, Affect, and the Radical Relationality of Meaning” (2009). She centres her reading on the performance art of Ron Athey to ask about imagined pain. Jones writes that, “the wound is in fact precisely a mode of signifying that makes the body of the other available as meaningful through identification. It makes pain readable as inscribed in and on the body.”<sup>190</sup> For Jones, mediatisation is always present in one’s experience of another’s pain or suffering. She ultimately argues that the “live” wound is “not necessarily more affective (or for that matter politically *effective*) than a representational one.”<sup>191</sup> In part arguing that the affectiveness of such wounds is necessary to their political effects, Jones enters into a conversation with film spectatorship theory, drawing largely from Lisa Cartwright’s notion of empathic identification in *Moral Spectatorship*, which in turn draws from sociological and psychological theories.<sup>192</sup> In a sense, Jones is writing about how the witness feels in relation to the self-wounding performer, arguing that it is the vulnerability of one’s own body to wounding that makes witnessing chosen wounds that are perceived as “real,” to be affecting. Here, pain becomes a communicative and even potentially galvanising tool rather than something that should insight pathologisation. In another article on Athey, “How Ron Athey Makes Me Feel: The Political Potential of Upsetting Art,” Jones argues that the feelings inspired by the artist’s self-wounding acts, but also his tender, loving, and otherwise touching acts in performance, refuse a cohesive closure for the witness and thus might result in political activation.<sup>193</sup> She argues against the

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<sup>190</sup> Amelia, Jones, “Performing the Wounded Body: Pain, Affect and the Radical Relationality of Meaning,” *Parallax*, 15:4 (2009), 45-67 (p. 50).

<sup>191</sup> Jones, “Performing the Wounded Body,” p. 50.

<sup>192</sup> Jones, “Performing the Wounded Body,” p. 51.

<sup>193</sup> Amelia Jones, “How Ron Athey Makes Me Feel: The Political Potential of Upsetting Art,” in *Pleading in the Blood: The Art and Performances of Ron Athey*, ed. Dominic Johnson (Bristol and London: Intellect and Live Art Development Agency, 2013), pp. 152-178 (p. 171).

“mystifying [of] live art as authentic and unmediated” in that it “evacuates feeling (specific feeling, tied to specific personal-cum-social structures of meaning[...]) from the picture, rather than ratifies or confirms it.”<sup>194</sup> She continues, “It is by understanding all feeling as representational that we can understand how Athey’s work affects us as much as it does (after all, we are not feeling what he is feeling; we are experiencing it representationally).”<sup>195</sup>

Ultimately, she asserts such work’s capacity to engage the audience as active witnesses in contrast to passive spectators which has the potential to catalyse political activation.<sup>196</sup> Jones manages to deal closely not only with pain but with the varied feelings, including repulsion, that might arise from witnessing it without resorting to pathologising tactics. Her urging of vigilance in how witnesses interpret or extrapolate from their impressions of apparent painfulness in an image or action is mirrored in the work of my thesis which similarly sees a need to closely examine the modes of reception that self-wounding works seem to garner.

My study actively decentres pain in examining self-wounding in performance art and instead centres an examination of the reading tactic of pathologisation itself. I look forward to outline what pathologising the artist that self-wounds in performance does to the meaning making of the performance. And I look back, to ask what historical baggage and ideologies pathologisation might be quietly taking with it into its examination of performance art. Common-sense interpretations of gut reactions often occur when the audience imagines the pain of the performer. What can be seen if we denaturalise the link between self-wounding performance and pain? I propose that not all wounds, or even all breaches of the skin in performance can be argued to be based in, focus on, or involve physical pain. Further, my three points here are also applicable to notions of psychic pain.

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<sup>194</sup> Jones, “How Ron Athey Makes Me Feel,” p. 176.

<sup>195</sup> Jones, “How Ron Athey Makes Me Feel,” p. 176.

<sup>196</sup> Jones, “How Ron Athey Makes Me Feel,” p. 177.



Firstly, physically felt pain on the part of the performer is an incredibly slippery thing to determine both because there may or may not be access to the performer's reports of their experience of pain and, more importantly, experiences of pain are notoriously incommensurate outside the experience of one's own body. Pain is, in fact, so hard to measure that clinical medicine's most used scientific tool is still the pain scale. The scale is a blunt tool used to categorise responses to the question, "How much pain are you in on a scale from 1-10?" This simple question makes visible how difficult pain is to know or communicate. Developed in the 1970's by Dr. Ronald Melzack and Dr. Warren Torgerson, the basic idea of any pain scale is that subjective self-determinations of pain are one of the best (and only) modes of quantifying them. At the same time, memory is notoriously variable and independent, a shifting faculty that changes the content of experience with each revisitation. What can be surmised from this is both that the most accurate view of a performer's experience of physical pain can be gained only from their own direct reporting of it – which, in practice, is exceedingly rare – but also that that report after the fact may be altered by the act of remembering itself. And because of pain's incommensurate nature it is not possible to equate an audience member's impression of pain with the actual experience of a performer making it, not least because the adrenaline or altered states that some performers experience might while performing mean that self-wounding feels very different to how it might feel outside of performance. To assume the density and intensity of the experience of pain on the part of the performer is to assume sameness, where remembering the simultaneity of sameness and difference might be more generative. Just as some people experience slapping as painful and some as pleasurable, the conditions being in part a determining factor, it seems assumptive to link self-wounding inherently to pain.

Secondly, to centre pain in performances that break the skin or exhaust the muscles seems to overstate it in comparison to the pain that occurs often incidentally in many kinds of

performance. From exhaustingly long shoot days on a film set or the disequilibrating effects of performing demanding stage shows night after night, to specific forms of physical exhaustion and control elicited by the technique of certain dance, circus, or sports forms, many performances entail at least some level of possible pain on the part of the performer. Yet, readings of ballet, pro sports, or even long runs of plays and musicals in London's West End or New York City's Broadway hardly ever centre pain in their readings and analysis of the work. Doyle, in her impactful study of the links between difficulty and emotion, examines works involving self-wounding by performance artist Ron Athey in order to argue that attention to a work's controversy often diverts attention away from the difficulty of the work itself.<sup>197</sup> In comparing the critical reaction to Athey's bloody performances to the normalised dangers of American football, Doyle points out that the risk of serious bodily effects is incomparably higher in the latter and yet, these games are broadcast on television and children are encouraged to play them.<sup>198</sup> "The idea of shutting down the sport spectacle would strike fans as bizarre, but the controversy produced around art should strike people as even crazier, because in contrast to sports, in art one risks basically nothing *but feeling*."<sup>199</sup> This cogent denaturalising of response first got me asking why pathologisation seems to be a reflexive rejoinder to self-wounding works and has influenced the ways in which I think about and neutralise pathologising practices throughout my thesis. This tells me that *framings of pain are aesthetic and cultural*. It is for this reasons that I take a completely disinterested stance to questions of why an artist might wound themselves or how they experience pain in these works. I think, like Doyle, that this so often side-lines the complexity and challenge

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<sup>197</sup> Doyle, p. 20.

<sup>198</sup> Doyle, p. 19.

<sup>199</sup> Doyle, p. 19-20 (emphasis original).

actually presented in a work. Decentring pain allows me to ask instead what the *perception* of pain or harm provokes in its critical reception.

The normalising of pain is not specific to professionals that are highly physically active. For example, numerous recent studies have come out depicting the ways in which academic contexts disproportionately encourage mental health problems that are based in bodily wounds such as overwork that strains the physical body.<sup>200</sup> On the other hand, scholars and university students who experience mental health problems and strain in the physical body as a by-product of their work aren't typically treated as though their research prioritises pain, nor does there tend to be a demand that their research (whatever its field) be read through the lens of pain or illness. Rather, pain is often culturally received as a part of the process of making their works happen. It may be more or less central or incidental to the work of the work. In other words, some practices of creation that entail pain are culturally pathologised and some are not. Next to these lay myriad self-wounding practices in which the wounded body either enacts or consensually inflicts a wound to alter the physical body such as tattooing, bodybuilding, or cosmetic surgery. Here, documented experiences of illness or pain based in the use of the body towards work might productively be compared to the work of the performance artist for whom pain is incidental to the creation of the work. My comparison asks about cultural responses to pain that comes from doing these different but often overlapping forms of labour in order to denaturalise them.

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<sup>200</sup> Paul Gorczyński writes, “one recent survey found that 43% of academic staff exhibited symptoms of at least a mild mental disorder. This is nearly twice the prevalence of mental disorders compared with the general population.” See: Paul Gorczyński, “More Academics and Students Have Mental Health Problems Than Ever Before,” *The Conversation: Academic Rigour, Journalistic Flair* (2018)  
<<https://theconversation.com/more-academics-and-students-have-mental-health-problems-than-ever-before-90339>> [Accessed 30 April 2018].

I assert that framings of pain are cultural and aesthetic and thus cannot be assumed. In decentring pain, my study finds a gap in previous works. By doing this, I can decentre the focus on the individual body's experience or psyche. This enables me to see *responses* to the perception of pain or harm in performance art and ask what pathologisation *does* to performance art. Decentring pain and individualised readings also allows me to ask about the systemic impact of social inequity and colonial contexts on pathologisation and wonder how this baggage might be brought along when applied to performance art.

### **Personhood**

In Chapter 3, I ask how the pathologising position creates forms of personhood and interrogate the qualities of those formations. I do so to demonstrate how the pathologising position manifests forms of personhood which are, in turn, technologies of power that reify certain systems of dominance, including white supremacy and capitalism. Personhood, as I consider it here, is made and monitored by governing bodies: the kinds of knowledge power-based institutions that Foucault points to in his articulation of biopolitics, and which I discuss in the beginning of Chapter 2. Forms of personhood are granted, are contextual, and can change.

Why, the reader may wonder, is personhood used here instead of other correlative ideas such as *subjectivity* or *selfhood*? Many possible concepts, including the examples of *subjectivity* and *selfhood*, carry the weight of manifold mobilisations throughout fields such as philosophy, critical theory, and performance studies. Generally, they are used to denote a specific and individuated subject (a "self"), often intertwined with ideas of agency. Further, they are often positioned in contrast to objecthood by denoting the existence of interiority and self-reflexivity. The difficulty with such terms in my arguments is that they are easily elided with the state of humanness. To shore up my intentions, I mobilise personhood because it is

more often linked in English to legal logics and thus more closely associated to policy and law deciding “self-determination,” than to a confusing conglomerate of philosophical and existential arguments. This association better delineates my use of personhood as a constructed framework. Whereas subjectivity might suggest details about a more entire existence or way of being, personhood does not require a sense of individuality, intention, or psychological nuance. Instead, understanding personhood as a biopolitical technique allows one to understand it as systemic, even if acts such as the uneven withholding of resources, as discussed through the performance works of Kris Grey, might be justified at the level of the individual.

How is personhood relevant to my arguments? Personhood is crucial to my reading because its firm framing as a social and political tool prohibits my reading of pathologising criticism to fall into the forms of ahistorical thinking that would deny the uneven access to personhood which different kinds of bodies are born into. I argue this by showing that it is imperative to consider occurrences of pathologisation beyond the remit of the legal sphere to understand the stakes at hand. Pathologisation occurs not only through access to state-run rights (such as passports, citizenship, working visas, etc) but through a myriad of institutions (such as penal institutions, schools, healthcare systems, etc.), and beyond. Pathologisation is much more widespread than the medical sphere, the spaces of the hospital or clinic. The problem becomes, then, how to articulate the relational and social spheres of personhood? And this is where performance as an entry point becomes extremely useful.

In the second half of my text, I trace the notion of personhood as read by performance art works by Esther Neff and Kamil Guenatri. I argue that personhood helps to make clearer the goal of biopolitical techniques: to enforce the flourishing of a specific form of personhood. In questioning which forms of personhood are encouraged through pathologisation, I look to self-possession and self-mastery as compulsory (requiring a

consideration of racial and gendered capitalism). Their lack often results in the stripping of personhood from a person. Articulating the ideal forms of personhood underpinning these taxonomical tools, following the work of Atwood D. Gains, makes visible their predication upon Western enlightenment notions of individuality. This also makes visible the assumptions that frame “self-harm” in performance art as pathological and individual, assuming an autonomous “self” that is linked to a body which is harmed by being wounded. Following these threads shows how pathologising criticism can summon entire formations of relationality that snap into place, creating not only an ideal personhood but an entire mode of a relationality: a worlding. I then look to how the works of performance artists Esther Neff and Kamil Guenatri attempt to slip out, destabilise, or disallow the forms of personhood which are predicated on individualisation.

Personhood, thus, allows my overall arguments to be understood in their full potential as an exploration of the unseen qualities and effects of pathologisation which open up beyond performance art and its study into many more expansive contexts.

## **Worlding**

Why does how performances are read matter? What are the stakes of these processes? José Esteban Muñoz in *Cruising Utopia* well describes how performances effect the world beyond what appears to be their spatial-temporal limits. Building on Ernst Bloch’s ideas in *The Principle of Hope*, he argues that “a Blochian approach to aesthetic theory is invested in describing the anticipatory illumination of art, which can be characterized as in the process of identifying certain properties that can be detected in representational practices helping us to see the not-yet-conscious.”<sup>201</sup> According to Muñoz, Bloch’s disinvestment in art’s limit as

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<sup>201</sup> José Esteban Muñoz, *Cruising Utopia: The Then and There of Queer Futurity* (New York: New York University Press, 2009), p. 99 (p. 2-3).

beauty is because “it is simply not enough. The utopian function is enacted by a certain surplus in the work that promises a futurity, something that is not quite here.”<sup>202</sup> But that not-yet is marked by an “educated hope” and is “a place where entrance and, above all, final content are marked by an enduring indeterminacy.”<sup>203</sup> Muñoz asserts that “the real force of performance is its ability to generate a modality of knowing and recognition among audiences and groups that facilitates modes of belonging, especially minoritarian belonging.”<sup>204</sup> He writes, “potentialities have a temporality that is not in the present but, more nearly, in the horizon, which we can understand as futurity... Reading for potentiality is scouting for a “not here” or “not now” in the performance that suggests a futurity.”<sup>205</sup> In other words, by stepping beyond the limits of the field of vision that current systems of power allow (which is not to say, “outside” of those systems of power but rather, into a position from which one can imagine what is not yet possible) it becomes possible to sense and learn ways of being that cannot be reached from within. It becomes possible, too, to sense the fruitfulness that certain as-yet-legible ways of being hold, refusing the contraction of rejecting the illegible by cordoning it off as pathologisation does. Muñoz gives a description of the generative forms that performance can create and their potential to allow for perceiving different ways of living, now and in the future. This sense of what is not-yet, is that which I point to as making possible new worlds. New and so hard to sense from within the systems of power ubiquitously enveloping us all. But *necessary* to sense in order to create these other ways of living together as possible. For example, the possibility to feel need without scarcity or feel desire without the impulse to possess, in other words feelings that might call for other relational behaviours and so hail new worlds towards us. It is this process that I call worlding.

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<sup>202</sup> Muñoz, *Cruising Utopia*, p. 7.

<sup>203</sup> Muñoz, *Cruising Utopia*, p. 3.

<sup>204</sup> Muñoz, *Cruising Utopia*, p. 99.

<sup>205</sup> Muñoz, *Cruising Utopia*, p. 99.

For Joshua Chambers-Letson, to describe a performance as making or producing new worlds, is to invoke “a problem faced by Marx and performance theory alike: What does the labour of performance produce, or make?”<sup>206</sup> Of Marx’s confusion on the topic, Chambers-Letson writes that it, “reveals performance to be that which confounds quantification, confuses definition, and reorganizes the very notion of value, opening up new ways of conceptualising and organising the world beyond the limits defined by capitalist mode of production.”<sup>207</sup> It is this confounding, confusing, and reorganising capacity of performance that allows the opening up of the senses to the not-yet-here. And sense, as Chambers-Letson learns from Marx, “is the means through which the individual knows or apprehends difference, the other, and the external world.”<sup>208</sup> Following Muñoz, Chambers-Letson asserts that it’s not only the phantasm of sensing the not-yet-here that performance allows but its emergence in the actuality of the performance itself, however momentary or contingent.<sup>209</sup> Ultimately, Chambers-Letson focuses on performance’s reproductive potential to sustain and encourage imperilled life in the minoritarian subject, encouraging new worlds and ways of being together in them, as well as “producing freedom and More Life and the point of the body.”<sup>210</sup> It is Chambers-Letson’s work, building on Muñoz’s, that shows how, “Performance doesn’t just rehearse a different world, it makes it anew, again and again.”<sup>211</sup> It is these new and as yet unknowable worlds that I point to in their active verb form of *worlding*—a way to highlight their non-static state—that are at stake in pathologising self-wounding performance art. If performance is to have any such capacities for Muñoz’s critically utopian gesture of dreaming up that which is not yet, it must be able to escape the pathologising position

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<sup>206</sup> Joshua Chambers-Letson, *After the Party: A Manifesto for Queer of Color Life* (New York: New York University Press, 2018), p. 20.

<sup>207</sup> Chambers-Letson, p. 20.

<sup>208</sup> Chambers-Letson, p. 25.

<sup>209</sup> Chambers-Letson, p. 24.

<sup>210</sup> Chambers-Letson, p. 4.

<sup>211</sup> Chambers-Letson, p. 24.



because, as I will show, the discourse that results from such a position can call performance back into and reinforce that which already is. Therefore, a detailed critique of that discourse is important so that we can ensure it can be seen when it operates.

### **Structure of the Thesis**

My examination here is necessarily interdisciplinary, drawing on theoretical material primarily from performance studies, disability studies, art history and criticism, and medical sociology. I also engage with specific contributions from the fields of anti-racist feminist Marxism and critical Indigenous studies, which allow me to articulate how the pathologising of art practices can reify and affect the ways in which we understand relationality and thus how we shape the world. Though the interests of my thesis require an engagement with medicine and psychiatry, I approach these fields as an informed layperson. The specialism of this thesis is firmly planted in the realm of performance studies and will, I hope, enter into direct dialogue with those studies that have already begun investigating the performance art that is perceived as “self-harming.”

Throughout this thesis, I theorise how pathologising readings of self-wounding in performance art unfurl. I trace their path to chart their effects throughout the first chapter. I then use Chapters 2 and 3 to look at four different ways this plays out through the performance works of Raeven, Grey, Neff, and Guenatri, each of whose practice illuminates different and important elements of this phenomenon. My thesis is thus structured by three large chapters, each with two parts.

In Chapter 1, I examine critical writings that pathologise performance. I do this because I am interested in the ubiquity of pathologising *responses* from those witnessing the work. This pathologising response is, I argue, under-recognised as such and thus under-articulated. It also affects not only how one understands the work, but ultimately, what kinds of work get

made. In Part 1 of this chapter, I engage in a form of discourse analysis, similar to Jane Blocker's reading of readings. I examine critical arts writings that have medicalised, pathologised, or diagnosed artists with self-wounding performance practices in order to ask what these readings do to understandings of the work, particularly in terms of power and agency. I undertake an examination of the critical framework mobilised by Kristine Stiles as an exemplary case of what I call the pathologising position. I also trace Stiles' influence by looking at the performance art scholarship of Karen Gonzalez Rice. Because Stiles' work is so influential, and because it is such a rich site for really teasing out the stakes of pathologising performance, I undertake a sustained examination of her work. This allows me to go deeper in my analysis, first clarifying a definition of the pathologising critical position (which does not necessarily require self-wounding) and then adding the layer of its analytical effects on self-wounding performance. In doing so, I ask: In what ways might criticism enact pathologising readings of performance art works? What dynamics and positions are offered to the performer, reader, and audience member when a pathologising tactic is used and to what end? And, in what ways might these readings limit or open other forms of knowledge and world making? I ask what the lens of pathologisation makes visible and what it forecloses. I also explicate the ways in which I see techniques of power and control slipping in through the use of frameworks such as Stiles' diagnostic one, through the thinking of Petra Kuppers.

In Part 2 of this Chapter I continue to look at the criticism of Stiles by focusing on her analysis of the performance art works of ORLAN in order to zoom in on how pathologising positions read "self-harm" into self-wounding works. I argue that such a positioning collapses any distinction between *art* and *artist* which aligns with Jane Blocker's and Jennifer Doyle's descriptions of certain kinds of works and bodies being read too literally as a way of critically marginalising them. I find that this literal reading is obscured by framing the artist as

compulsive and thus without agentic choice. As well, I examine the forms of missionary humanitarianism and carceral care that underpin whiteness within these particular pathologising positions. In asking whether representations can ever be recuperated, I use the thinking of Stuart Hall to complicate my understanding. This allows me to ask how differing feminisms can view the same self-wounding gesture as empowering or oppressive. I do this by focusing in on Stiles' impassioned reading of performance artist ORLAN's work and use this case study to unpick and better understand the ideological and moral underpinnings of the feminism that Stiles is drawing on. I contrast Stiles's essay to Tanya Augsberg's reading of ORLAN's work in order to draw out the differences and similarities in their arguments. I argue that both positions maintain a similar notion of the body as something a self can be in possession of, a problematic which I take further in the next chapter on personhood. I also mobilise José Muñoz's theory of disidentification to contrast Stiles' reading of ORLAN and argue that pathologisation often results in foreclosing the critically utopian gesture of worlding.<sup>212</sup> Ultimately, I argue that pathologisation's attempt to rein performance into the limits of the legible is an investment in foreclosing the sensing of futures in which radically different ways of being might occur. In explicating a multiplicity of approaches, I aim to denaturalise the critic's position as necessarily pathologising when dealing with self-wounding performance.

In Chapter 2, I begin to examine the effects of pathologising self-wounding in performance. To do so, I look at the works of L.A. Raeven and Kris Grey, whose bodies are pathologised beyond performance and result in them investigating pathologisation within their works. In Part 1, the scholarly and popular reception of the controversial performance for video works of Dutch duo L.A. Raeven demand an investigation of mainstream media's

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<sup>212</sup> José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis: University of Minnesota Press, 1999).

pathologisation of self-wounding in performance. I assert that arguments as to whether Raeven do or do not promote anorexia are caught on the level of diagnosis which distracts from the pathologising logics that are actually at play in much critical writing about their work. I explore how their work is made to mean differently when it is understood as a manifestation of pathology instead of as legitimate art that engages with the process and effects of pathologisation. In Part 2, I explore the performance works of Kris Grey, who articulates the ambivalent but very real material ramifications of differing applications of medicalisation, pathologisation, and diagnosis. Grey's work reveals how the wound in performance can be considered a site of resistance to the biopolitical control of sex and gender. In Grey's instance, their focus on the pathologisation of people who are transgender demands a consideration of historical violence linked to pathologisation and the alternatives that are available within or in relation to medical discourse. I point to the positive possibilities that formal diagnosis can bring and the dangers of being barriered from medicalisation. I do this in order to underline the hazards of rejecting pathologisation completely, a move that reactionary responses to my overall arguments might imply. Instead, I posit, we need to recognise pathologisation as a bio-political project with histories rooted in the subjugation of some people for the benefit of other people. Overall, this chapter allows me to highlight that models of pathologisation within and beyond performance art share shifting boundaries as well as highlight the concrete effects of pathologisation on careers, identities, and lives.

In Chapter 3, I look to the effects of pathologisation on a less tangible level. I investigate the ideologies underpinning pathologisation as a practice in order to see how those values shape self-wounding in performance when deployed there. In Part 1, the performance of Esther Marveta Neff deals explicitly with the mental pathologisation of womb-bearing people, which elicits an examination of the *DSM-5*. Through the thinking of

Johanna Hedva and Atwood D. Gaines, I am able to articulate a demand to inhabit a specific form of personhood as an orientation of the *Diagnostic and Statistical Manual*. Further, that this form of personhood is white, adult, male and predicated on self-possession. Neff's performance resists individuation through communalising the piercing of her skin. Her work makes visible this form of personhood by throwing into question the stability of the "self" that "self-possession" requires. Neff's focus on the womb allows me to explore the gendered historical dimensions of womanhood and madness. I do this through the thinking of Silvia Federici who shows how the privatising of healing knowledges in the transition of primitive accumulation from feudalism to capitalism was predicated on pathologising womb-bearing people, as exemplified in the witch hunts of the Early Modern period. The form of personhood underpinning pathologisation is thus imbricated with colonialism, whiteness, misogyny, and other forms of domination that become illuminated through the thinking of Aileen Moreton-Robinson and Julietta Singh. Whiteness is here understood as a system of power that is predicated on self-possession and self-mastery. The stakes of recognising this are high: whilst these formations remain obscured as a result of whiteness' commitment to naturalising itself, their effects cannot be examined. This risks reifying white supremacy through pathologising strategies.

In Part 2, the performance works of Kamil Guenatri negotiate unique demands because of the way ableism, notions of physical disability making the artist into a patient, and the pathologising of his assisting people and objects play out across his works. Dealing with this in a complex and artful way, he turns pathologisation on itself without limiting his work to responding only to this. Thus, his gestures of "self-harm" illuminate much about the witness' projections of agency and the limits of the body. Inventing a plural-bodied existence that includes the more than human, Guenatri confounds the delineation of bodies that self-possession and self-mastery require and so demands the imagining of new ways of

understanding bodies and relationalities. This is both a way of resisting the pathologisation of his work *through* self-wounding but also a way to open perception to new potential ways of living and being together, which demonstrates the stakes of what might be foreclosed by pathologising readings.

Ultimately, I argue that the pathologisation of self-wounding in performance should be of concern because the subjugation of the abnormal into the pathological risks foreclosing new knowledges. If the meaning of self-wounding forms of embodiment are always framed as pathological, then any new knowledges they have to offer are made illegible. As opposed to suggesting that medicalising or medical logics should not be used, I assert that pathologising logics mobilised to read self-wounding in performance can foreclose important experiencing of potential future ways of relating to the body. Because reconceptualising bodies has implications for structural and political practices, the risks of foreclosing the possibility to imagine other, better futures which we so badly need can be damaging.

### **Methodology and Geographical Scope**

This world perhaps always seems in a state of crisis from a certain vantage point. I am wary of overarching statements that try to emphasise the current moment as the fastest, sickest, or most dire in history and yet, the global political climate *is* integral to the research I do.

Commencing this project in the midst of mass refugee movements from Syria (beginning 2011), followed by Donald J. Trump's U.S. Presidential inauguration (January 2017) outlined the global rise of fascism and its attendant ideologies including sexism, racism, ableism, and classism, amongst others. This project's mid-point was marked with the global COVID-19 pandemic and the bright blaze of the Black Lives Matter movement. One year into the pandemic, the U.K.'s exit from the European Union officially completed (December 31, 2020), the effects of organisational techniques on bodies felt incredible in their relevance and

necessity as areas of socio-political research. The asymmetrical distribution of COVID-19 vaccines led to a prominence in public considerations of the relationship between the state and the body: as some fight for the right to refuse vaccination, whilst the disparity of access to vaccines between richer and poorer countries makes global inequity blindingly clear. And now, as I close this project, we are amid another wave of mass refugee movement from the conflict in Ukraine that both highlights ongoing issues of racism in Europe as well as environmental strains on the planet.

We are, indeed, in a moment when discussions of power are globally urgent. Much of the formulations of the neoconservative and late neoliberal ideological powers we see exerted can be understood biopolitically as the *ability to move or immobilise bodies*, often in ways that are anchored to logical identity markers (gender, race, class, ability, etc.). As a scholar and maker of performance art, I'm interested in examining systemic circulations of power that become illuminated and perhaps even altered through moments of performance. I have attempted to give voice to the moment which inspired me to embark upon this research through the somewhat autoethnographic interludes throughout this introduction. I find performance art to be a particularly apt site of examination because of its historical centring of the body, interest in non-representation, and positioning as a "public" act. As such, my research centres on performance art as an "object" of analysis but also as that which catalyses and enacts theory. Further, the capacity of performance studies to account for the Austinian performative of not only utterances but gestures' impacts in the world allows for an important accounting and analysis of systemic power flows that is not limited to that which is framed as performance. Thus, my research is firmly seeded within and responding to performance studies as an interdisciplinary field, and I think closely with contemporary works by Jennifer Doyle, Petra Kuppens, Patrick Anderson, José Muñoz, and others. As such, my thesis is also in close contact with overlapping areas of research including theatre, contemporary art,

critical disability studies, gender and sexuality, queer theory, and critical race theory. I also mobilise thinking from somewhat more art historical backgrounds such as Kathy O'Dell and Jane Blocker, that latter of whom my first chapter follows in its discourse analysis of sorts, becoming a Barthesian “second-degree reader” to, as Blocker writes, create “not, strictly speaking, a history of performance, though [...] often interested in performances and histories,” but rather to engage in the task of reading and tracing the effects of others’ readings.<sup>213</sup> My engagement with the history of medicalisation, pathologisation, and diagnosis draws on studies largely from medical sociology but also from bioethics, nursing studies, and others. This engagement is also predicated on post-structuralist ideas, specifically the research of Michel Foucault. In Chapter 2, the discourse analysis shifts towards a focus on linking the real material effects of discourse to its theoretical examination as I look at media coverage of L.A. Raeven and the impacts of pathologising transgender bodies through the work of Kris Grey. In Chapter 3, my background in critical race and anti-colonial, critical disability, and queer feminist studies is drawn upon as I mobilise research from Indigenous studies postcolonial, literary, and feminist studies (Federici, Moreton-Robinson, and Singh).

Overall, this thesis was also largely impacted by the COVID-19 pandemic in that it was no longer possible to see live performances, something that my research until now has largely been predicated on. This was a serious limitation to my research process. As such, I drew largely from documentation of performances, both lens-based and through discussion with artists and attendees of performances past, without prioritising the supposedly “live” (about which the likes of Peggy Phelan, Amelia Jones, and Philip Auslander write), but whilst still remembering that there are distinctions from the already recorded such as being able to

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<sup>213</sup> Blocker, p. xiii.



choose where one looks. As such, my history of living in the globally privileged countries of Canada, the U.S., the U.K., and Germany, largely impacted the exposure to performances that could be drawn from and the lack of access to archives during this time also meant that many of the documents were mediated through internet access or other scholarly recordings. Where this was most detrimental was in my research of both Black and Indigenous performance artists who employ self-wounding. This likely reflects the ongoing underrepresentation of these artists due to systemic inequality. Because of lack of documentation access and the impossibility of travel, some of my core case studies had to be abandoned and this is the greatest limit to my research. Two good examples of artists' whose work I wanted to include but was not able to for these reasons are Preach R. Sun—a self-described Black man based in the U.S. South; and SJ Norman—a self-described non-binary transmasculine person and a diasporic Koori of Wiradjuri descent, born on Gadigal land (colonially called Sydney, Australia). Unfortunately, at the time of this research adequate information was not available to give a robust analysis and I urge this research to be taken up in the future. My own personal limitations, losses, and struggles due to the pandemic also, of course, deeply impacted my research and capacities.

The political through line of the locations in which I centre my examination, the U.K., Canada, and the U.S. should be evident in their shared imperial history. Though geographic and economic relations between each are specific, the depth of historical alignment amongst colonisation and migration makes my investigating the mechanism of pathologisation translate well between these places. This thesis is focused on English language scholarship with some French language included, due to the limit of my own language proficiencies. As such, it makes arguments only about English language pathologising practices and leaves any resonance with pathologising practices in other languages and contexts to those qualified to make such assertions.

My performance case studies include ORLAN, France; Raeven, the Netherlands; Grey and Neff, U.S.; Guenatri, Algeria and France; as well as slighter studies of Rita Marcalo (Portugal and U.K.) and Petr Pavelnsky (Russia and France), whom I focus on through media coverage largely from the U.K. These case studies situate my comparative examination in the rich muddle of intersecting white colonial settler histories. Beyond maintaining themselves as white settler colonial projects, each nation-state is invested in imperialist ideologies, white supremacy, hetero-patriarchy, and is positioned as a beneficiary of neo-liberal capitalism and globalisation. Though these investments appear and activate in different ways, they are commonalities that make even more interesting the large differences that group within each space. Though I do not explicitly explore other locations with similar positions, I imagine that the reader may find continuities with, for example, Australia, New Zealand, and Hawai'i.

It is here important to note that where I use the colonial names for a given land formation, I do so provisionally, for the sake of communicating widely and clearly. I also do so while acknowledging that most of the land and wealth accrued to these nation-states has been done through the stolen labour, lives, and sovereignty of Indigenous peoples on those lands as well as the plundering of bodies based elsewhere, especially Black people and all non-white people.<sup>214</sup>

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<sup>214</sup> On my use of capitalisation for the word "Indigenous:" because the MHRA (Modern Humanities Research Association) does not give guidance on the capitalisation of the word "Indigenous," I am following the precedent set by the global news organisation the Associated Press in that the word should be capitalised always when "used to refer to original inhabitants of a place." See: Associated Press Style Guide, "Race-Related Coverage," Associated Press Style Book <<https://www.apstylebook.com/race-related-coverage>> [accessed 30 March 2022]. On my use of capitalisation for the word "Black:" because the MHRA also does not give guidance on the capitalisation of the word "Black" when referring to the identity of a person or group of people, I am following the precedent set by the global news organisation the Associated Press in June 2020 that the word should be capitalized when used in "a racial, ethnic or cultural sense, conveying an essential and shared sense of history, identity and community among people who identify as Black, including those in the African diaspora and within Africa. The lowercase black is a colour, not a person." Further, I adhere to their guidelines in not

These relatively rich nations and sit squarely within the bizarre but consistently used nomenclature “The West.” In this thesis, when I draw on the term “The West,” I am following Chandra Mohanty and Gada Mahrouse in acknowledging that this is not a geographically or spatially defined category.<sup>215</sup> Rather, this empirically imprecise and purposefully vague category is an analytical and methodological positioning that points to the affluence and privilege of these nations and communities. By extension, as outlined initially by Edward Said, the West knows itself as such through contrasting itself to the non-Western Other.<sup>216</sup> I use this term strategically, not to reify it, but to articulate real flows of power that fall along these thought-lines.

Since much of my thinking in this project leans upon the functioning of healthcare systems in tandem with critical writing on performance art published in English, I analyse Western social norms and techniques of power. This does not mean that the analyses within are irrelevant to other locations, but that I understand every thought as spatial, embodied, and site-specific. Therefore, nuance and particularity must be addressed if applying these ideas to different geographic or linguistic spaces.

The original contribution of this thesis to the field is to refocus from previous inquiries which centre pain or result in psychological explorations. This allows me to argue that pathological readings are systemic inclinations and not individual moral failings. In eschewing an audience studies approach, I posit that a socio-cultural examination of the

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capitalising “white” when referring to the identity of a person or group of people because this “is done by white supremacists, [and thus] risks subtly conveying legitimacy to such beliefs.” See: Associated Press Style Guide, “Explaining AP Style on Black and white,” Associated Press News Online (20 July 2020) <<https://apnews.com/article/9105661462>> [accessed 9 January 2021].

<sup>215</sup> See Chandra Talpade Mohanty, *Feminism without Borders: Decolonizing Theory, Practicing Solidarity* (Durham: Duke University Press, 2005); Gada Mahrouse, *Conflicted Commitments: Race, Privilege and Power in Solidarity Activism* (Montreal: McGill-Queen’s University Press, 2014).

<sup>216</sup> Edward Said, *Orientalism* (New York City: Pantheon Books: 1978).

ideologies that make pathologised readings make sense better exposes the forces and flows of power at play. My doctoral project attempts to articulate the links between the physical reality of body-based performance art and a global context of biopolitics. My hope is that this rendering will offer tools to my colleagues and students in the fields of theatre and performance studies, as well as performance artists themselves.

## Chapter 1: Pathologising in Practice

*In the moments, following a performance, when I've excused myself to a back room or bathroom to clean my wounds and breathe: I wait. For the other shoe to drop. The deep, felt sense that The State is about to troop in and take me away, marked as crazy, hasn't left me even as I see support for the work increasing. For those few minutes I wait in terror, certain I've finally pushed the limits too far and that this time someone has called Them and They are about to take me away. Tiny and rat-like I back against a wall, heart-pounding, flickering between sly smiled assurance that I'm going down guns blazing, and the panic inducing recognition that larger systems always win and that once you're in a mental ward, nothing you say is called sane.*

*When my heart slows, or someone knocks, I pull it together, force myself to feel the floor, see the walls, be with what is here. I finish blotting my blood with toilet paper or facial tissue and plunge back into the buzzing room of post-performance people. Lifting my eyes to meet theirs is a white paper I keep dropping. Straining against my impulse to dodge and run.*

*In my mind, there's still the spectre of pointed fingers shooting yells at me. Yelling that frames me, my work, as sickness.*

## Part 1, The Pathologising Critic: Kristine Stiles

In order to understand the moment in which an audience member sees a performance that entails self-wounding and may think, “that performer must be doing that because they are traumatised,” I look backwards at the potential underpinning pathological logics. I do this because I am interested in the ubiquity of pathologising responses from those witnessing such works. This pathologising response is, I argue, under-recognised as such and thus under-articulated. I here turn my attention to critical writings that pathologise performance. Why focus on scholarly critical writings of performance art instead of directly on performances themselves? Because these responses affect not only how one understands the work, but ultimately, what kinds of works get made. Since this thesis decidedly is not, as previously outlined, engaged in audience studies research, critical writing becomes a convenient flash point from which to study the ideologies that underpin pathologising performance.

How such work is discussed and written about affects how the work is received. As Theron Schmidt articulates, critical writing is an important part of this cycle of witnessing, digesting, and discussing that often crowds around an audience’s experience of a particular performance.<sup>1</sup> Critical writing, Schmidt argues, “can shape the contexts in which work is made and received, playing not just a responsive role but actively shaping how and what it is possible to make, see, do, and say.”<sup>2</sup> Just as media coverage of a crime might affect the jury’s opinion of a high-profile case, the ways in which analyses of all kinds articulate performance art affects how it is received. Writing about performance can change the circumstances (economic, socially sanctioned or taboo, imaginable, etc.) that encourage or disallow the creation of certain kinds of works. It can also *change what one is able to perceive* of the

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<sup>1</sup> Theron Schmidt, “How We Talk About the Work is the Work: Performing Critical Writing,” *Performance Research*, 23:2 (2018), 37–43.

<sup>2</sup> Schmidt, p. 37.

work. In other words, critical writing about performance has the potential to shape the contours of communication in any socio-political or liberatory projects performance may embark upon. This is not to discount that the small chats and exchanges with friends and colleagues, the gossip and co-learning that are integral to the small alternative scenes which are hubs of underground performance globally, are also deeply affecting of how the work is understood. Delineating the difficulty, discomfort, shock, or anger an audience might have in receiving self-wounding performance cannot be separated from anecdotes of conversational exchange or community gossip. But such forms of communication are difficult to track in a scholarly manner as well as potentially having a different quality of consideration. Though immediate audience responses are arguably worth examining, I find it revealing to examine pathologising tendencies in the reception of work that is deliberated on in a longer, deeper way. Critical writing is a practice that is typically considered thought-through instead of knee-jerk. It is a practice in which critics are expected to thoroughly examine and articulate their responses to a given performance over a longer period of time. For these reasons, critical writing on performance art is an ideal place to start when considering how performance art's capacity for worlding is enabled or limited by the structures of logic it is received through. I examine what these texts do because they have real material effects not just on how a reader views the performance but on how the reader views the world.

So, in Part 1 of this chapter, I directly discuss critical arts writings that have medicalised, pathologised, or diagnosed artists with self-wounding performance practices in order to ask what these readings do to understandings of the work, particularly in terms of power and agency. In order to effectively discuss pathologising practises within the field of art historical writings and theory on performance, it is useful to identify specific scholarship that has been particularly influential. It is for this reason that I here undertake a sustained examination of the critical framework mobilised by Kristine Stiles. To this end, I also trace Stiles' influence

by looking at the more recent scholarship of Karen Gonzalez Rice. In doing so, I ask: in what ways might criticism enact pathologising readings of performance art works? What dynamics and positions are offered to the performer, reader, and audience member when a pathologising tactic is used and to what end? And, in what ways might these readings limit or open other forms of knowledge and world making? I ask what the lens of pathologisation makes visible and what it forecloses. I also explicate the ways in which I see techniques of power and control slipping in through the use of frameworks such as Stiles' diagnostic one.

Denaturalising such pathologising readings is my core goal in this chapter. Rather than suggesting that the logics of pathologisation should never be used, I am suggesting that they might have serious consequences when used to read self-wounding performance art. I am asking that readers using such lenses become conscious of using them and the effects that they can have because too often concerns for the "wellbeing" of a performance artist and the ideologies these "concerns" are upheld by are under-examined. The presence of self-wounding can quickly make pathologisation seem obvious to the point of common-sense. In first identifying and proving the use of pathologising frameworks before centring on self-wounding in performance, I can more clearly resist a conflation of the two, which, in turn, makes visible pathologisation's tactic of assimilating the "strange" into the "sick."

### **Kristine Stiles: Diagnostical Detective**

Kristine Stiles is an American academic, art historian, and occasional curator who teaches at Duke University. Her profile is significant, and she is credited by some as, alongside RoseLee Goldberg, one of the first scholars to take performance art seriously as an object of study within English language art history.<sup>3</sup> Her decades of critical engagement since the late

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<sup>3</sup> Kathy O'Dell proposes as much in *Contract with the Skin: Masochism, Performance Art, and the 1970s* (Minneapolis: University of Minnesota Press: 1998), p. xii.



1970s may have led to a certain embeddedness within the growing Anglophone research on self-wounding in performance art. This is observable in footnotes and acknowledgments in the works of other scholars in the field. For example: Kathy O'Dell's *Contact with the Skin: Masochistic Performance Art and the 1970's* is an important contribution to the study of self-wounding in performance art; O'Dell references Stiles' impact on her thinking in the book and thanks Stiles for "serving as [her] mentor in this intellectual pursuit" and for "our years of friendship, conversations over coffee, critical readings, and mutual support."<sup>4</sup> O'Dell also writes in her footnotes: "I am indebted to Kristine Stiles for first stimulating me to consider issues of complicity in performance art in the 1979 seminar she taught on the history of performance art at the University of California at Berkeley."<sup>5</sup> That she was one of the early university lecturers in the United States to teach courses focused exclusively on performance art and trauma is an important element of Stiles' influence. Indeed, many of the conversations within the field surrounding performance art and bodily harm will find her name lodged somewhere within their pages, whether as comrade or challenger. Art historian Susan Jarosi, who also does research at the intersection of trauma studies and performance art and whom I mention in my introduction, previously had Stiles on her doctoral thesis committee. In a later published article on violence, performance art, and trauma, Jarosi thanks Stiles for comments and suggestions as well as "bringing me with her to Prinzendorf in August 1998 to experience OMT [Hermann Nitsch's *Orgies Mysteries Theatre*]."<sup>6</sup> These examples concretise that Stiles' embeddedness and influence in this area of research is extensive. Just how many peoples' work and thinking on the pathologising of performance art she has influenced would be hard to measure but suffice it to say her thinking on the matter has been extensively

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<sup>4</sup> O'Dell, p. xii.

<sup>5</sup> O'Dell, p. 92, n. 71.

<sup>6</sup> Jarosi, "Traumatic Subjectivity and the Continuum of History: Hermann Nitsch's *Orgies Mysteries Theater*," *Art History* 34:4 (2013), 834-863 (p. 861).

transmitted and taught. Indeed, she has written the article entry on “Performance Art” for *Oxford Bibliographies*, which is perhaps as close to “writing the dictionary definition” as a contemporary scholar might get.<sup>7</sup>

Certainly, a celebration of her contributions is warranted. Stiles’ major contributions centre on retrieving and making visible important histories in performance. These include initiating the English language scholarly study of performance art developed in Eastern Bloc countries during socialism, particularly of Prague-based, Czech artists.<sup>8</sup> As well, she worked to recover the performances of artist John Duncan and to debunk the decades-long myth that artist Rudolf Schwarzkogler had castrated himself and then died in his piece *Action #3* (1965).<sup>9</sup> There can be no doubt, I think, that Stiles’ multi-decade investment in the scholarly study of performance art has contributed considerably to the growth of the academic discipline and deepened the intellectual consideration of such practices.

But it is another of Stiles’ major contributions that I will most closely examine in this chapter: her investment in reading performance art itself as a field generated primarily by traumatised people. This, in turn, seems to serve as justification for her mobilisation of psychiatric tools to make sense of performance art works. Stiles’ teaching and writing has regularly focused on themes of trauma and destruction, from her 1987 doctoral thesis on “The

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<sup>7</sup> Kristine Stiles, “Performance Art,” *Oxford Bibliographies in Art History*, ed. by Thomas DaCosta Kaufmann (Oxford: Oxford University Press, 2013).

<sup>8</sup> On performance art in the Eastern Bloc, see Stiles’ chapter and an introductory essay in *Body and the East: From the 1960s to the Present* (Cambridge: MIT Press, 1999). For her further writing on Czech artists in the 1970’s see, for example, Kristine Stiles, “Uncorrupted Joy: International Art Actions,” *Out of Actions: Between Performance and the Object, 1949-1979*, ed. by Paul Schimmel (Los Angeles: The Museum of Contemporary Art, 1998), pp. 226-329 (pp. 299-307).

<sup>9</sup> On Duncan see Kristine Stiles, “Uncorrupted Joy,” pp. 241-242; and Stiles, “Introduction,” in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago: The University of Chicago Press, 2016), pp. 1-26 (pp. 23-26); On Schwarzkogler see Kristine Stiles, “Notes on Rudolf Schwarzkogler’s Images of Healing,” *White Walls*, 25 (1990), 11-26.

Destruction in Art Symposium,” to her seminar entitled *Trauma in Art, Literature and Film* at Duke University (which has been taught since 1995 until the time of writing).<sup>10</sup> This is overviewed in her anthology of essays, *Concerning Consequences: Studies in Art, Destruction, and Trauma* published in 2016 and containing works written from 1978 to 2014.<sup>11</sup> Stiles writes that, “having introduced the phrase ‘cultures of trauma’ in 1993 to describe the situation in Romania and other Eastern European countries following the Velvet Revolutions in 1989, I must answer to having initiated perhaps the first trauma ‘ism’ in the arts.”<sup>12</sup> Stiles takes credit for “identif[y]ing the exponential advance of trauma as a worldwide phenomenon.”<sup>13</sup> Whether or not her foresight or use of such phrasing is originary, it is certain that her writings bringing together a psychiatric notion of trauma and the reading of performance art have been important in the ways we now think about self-wounding performance art. They are, I argue, exemplary in their pathologising relation to performance art.

In *Concerning Consequences*, Stiles traces a convergence of trauma studies and performance art as the enabling site of her work. While it is true that she has predecessors and contemporaries in writing at this convergence as outlined in the introduction, I have chosen to focus specifically on her work. I do this because it is exemplary in its almost

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<sup>10</sup> Stiles’ 1987 thesis was entitled “The Destruction in Art Symposium (DIAS): The Radical Social Project of Event-Structured Live Art.” For more on the seminar entitled “Trauma in Art, Literature and Film” at Duke University see: Kristine Stiles, “Acknowledgements,” in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago: The University of Chicago Press, 2016), pp. ix-xi (p. x); and also, Brainard Carey’s interview with Stiles for *WYBCX Yale Radio*, online audio recording, 4 September 2021 <<https://museumofnonvisibleart.com/interviews/kristine-stiles/>> [accessed 15 December 2021].

<sup>11</sup> Stiles, “Introduction,” p. 21.

<sup>12</sup> Stiles, “Introduction,” p. 20.

<sup>13</sup> Stiles, “Introduction,” p. 20.

exclusive focus on performance artists, in its clarity of commitment to pathologising self-wounding in performance art, and in doing so recurrently within this prolific body of writing. Focusing in on one strong example allows me to give a deep analysis which, in turn, offers tools to illuminate more ambivalent and opaque tactics of pathologisation elsewhere. As well, Stiles' aforementioned influence makes her a seed of a discourse whose commitments within a large body of scholarship and teaching now influence other scholars. Of particular interest in Stiles' pathologising methodologies is her investment in a certain form of feminism. This allows me to contrast feminist readings of the potential political power of self-wounding in performance art. I ask: what are the underpinning ideologies that build different understandings of the same self-wounding performance gesture as feminist or anti-feminist? What are the overlapping and divergent ideologies that enable this contrasting understanding of the same gesture?

It is imperative to make clear that my intention is not to paint Stiles' scholarship itself as the core issue I am concerned with, but rather that some of her writings are excellent examples of the risks of pathologising performance art which occurs in discourses far broader than the work of one author. It is these pathologising discourses that I believe most urgently need to be denaturalised.

My argument in this chapter takes the following shape: I begin by demonstrating that throughout many of her articles Stiles activates psychiatric diagnostic language and reading tactics to make sense of the trauma she sees in artists' works and biographies. I then show that this is also true of scholars she has influenced, taking Karen Gonzalez Rice's work as an example. Doing so demonstrates that Stiles' mode of reading is not singular or localised but has become a critical framework that is often used but rarely examined in its effects. I then argue that by mobilising frameworks typically deployed within a medicalised context by trained clinicians, Stiles pathologises these artists as if they were her patients. This does

several things: first, it places the critic in the false position of a trained clinical psychiatrist which requires, I think, the consideration of histories of oppression justified by the medical gaze. One result of this clinical positioning is that it seems to justify or prove the critic's ability to read art practices symptomatically and, as Dominic Johnson has pointed out in a critique of Stiles, may result in the fictionalising of artists' biographies.<sup>14</sup> I attempt to consider this medical gaze by drawing on Petra Kuppers' analysis of the intertwined histories of the medical theatre and the freak show in order to illuminate questions of agency and victimhood in the framing of performers on each stage. Second, the histories of medical oppression that slip in through pathologising thinking also mean that its stakes play out unpredictably across different bodies. Drawing on Jane Blocker's and Jennifer Doyle's theories of critical literalisation, I ask why strange, challenging, or marginalised self-wounding practices in performance tend to be pathologised more readily than traditionally accepted self-wounding practices (such as in ballet or professional sports). I argue that when the art critic is positioned as a medical expert, this too-literal reading practice is obscured by refocusing on and framing the artist as compulsive in relation to their supposed trauma.

### **Making the Strange into the Sick**

Stiles chooses to deal with performance in some very specific ways. Throughout the writings in which she strives to excavate the trauma she sees as embedded in a given performance, she draws on language and diagnostic frameworks from clinical psychiatric practices. For example, in the introduction to *Concerning Consequences*, Stiles defines the symptoms and causes of post-traumatic stress disorder, then complex post-traumatic stress disorder, and then

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<sup>14</sup> Dominic Johnson, "Psychic Weight: The Pains and Pleasures of Performance," in *ORLAN: A Hybrid Body of Artworks*, eds. Simon Donger with Simon Shepherd and ORLAN (London & New York: Routledge, 2010), pp. 85-99, (p. 92).

dissociative identity disorder (previously called multiple personality disorder) according to the earlier discussed American Psychiatric Association's (APA) *Diagnostic and Statistics Manual of Mental Disorders (DSM)*, as well as clinical and scholarly psychologists.<sup>15</sup>

Mobilising *DSM*-based diagnoses so early in her anthology is an indicator of how Stiles conceptualises much of her exploration of trauma in art. That is, within a framework heavily influenced by clinical psychiatry in which she positions herself as equipped to deploy the *DSMs* for decoding art and artists.

Within this anthology, Stiles' essay on artist Larry Miller's performance and installation *Mom-Me* (1973) is a strong example of her pathologising practice and is of special interest to me for how some of the language and reading tactics Stiles uses is later mirrored closely by Karen Gonzalez Rice. For *Mom-Me*, artist Miller underwent six sessions with a hypnotherapist in an attempt to assume his mother's identity. The performance is communicated through an installation which consists of a video document of the final hypnotherapy session in which Miller believes that he succeeded in assuming his mother's consciousness. It also contains photographs that Miller, in the consciousness of his mother, looked at and commented upon. Lastly, images drawn by Miller in the consciousness of his mother and then, upon waking from the hypnotic state, in his own consciousness are presented in this installation. Here, I focus not on analysing the performance but on analysing Stiles' reading of the work to elucidate what pathologising does to the positions of the critic and the artist.

Opening her 2003 essay with an outline of Miller's childhood, Stiles describes his relationship to his parents and highlights moments of rupture, disturbance, or violence. She then quotes a conversation with a psychiatrist specialising in incest and trauma to articulate

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<sup>15</sup> Stiles, "Introduction," p. 1-2.

Miller's childhood context as "what is described in the pathology of incest survivors as an 'incestuous environment.'"<sup>16</sup> Stiles asserts that this context made the artist hypervigilant and psychologically disassociated.<sup>17</sup> She is here drawing links between her reading of the artist's mental health based on interviews with him and on her interpretation of his childhood experiences. Overall, this section is strongly reminiscent of the style of opening paragraphs in patient case studies published by mental health professionals, in which the childhood traumas of the patient are laid out in order to explain their current behaviour. Stiles seems to be following a similar path in centring the artist's personal trauma which might then explain or justify the artwork by employing clinical psychiatric frameworks. To be clear, my argument is not about whether such artists are traumatised or not but rather to rethink the obviousness of clinical diagnoses as an art historical tool of interpretation by looking closely at the effects of such a practice.

Of *Mom-Me*, Stiles writes, "dissociation is key here."<sup>18</sup> She continues, "dissociation is frequently the primary instrument for survival from trauma" for the "severely traumatised individual."<sup>19</sup> She goes on to offer a list of cognitive behaviours attendant to dissociation, writing that these behaviours are "especially true of dissociative identity disorder (DID)—formerly called multiple-personality disorder (MPD)—a psychological behaviour that is primarily attributed to childhood sexual abuse."<sup>20</sup> Here, Stiles draws parallels between the traits she sees *in the performance* and the clinical taxonomic definitions of mental "disorders" in order to imply a kind of diagnosis for Miller. She is, essentially, treating the artwork as

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<sup>16</sup> Stiles, quoting Ronald Batson in Kristine Stiles, "Larry Miller's *Mom-Me* (2003)," in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago and London; The University of Chicago Press, 2016), pp. 121-133, (p. 122).

<sup>17</sup> Kristine Stiles, "Larry Miller's *Mom-Me* (2003)," p. 122.

<sup>18</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 129.

<sup>19</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 129.

<sup>20</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 129.

symptoms through which she can diagnose the artist. Stiles also highlights a link between traumatic experience and paranormal or psychic abilities.<sup>21</sup> Ultimately, Stiles seems to be arguing that the dissociation she reads into Miller's work and explains through his childhood trauma is both pathological and creative.<sup>22</sup>

Stiles' deployment of psychiatric versus psychoanalytic tools does not seem to happen in markedly different ways. Citing Sigmund Freud, Stiles writes: "*Mom-Me* has many suppressed oedipal and familial layers implied in Miller's use of hands, and the avoidance and sublimation of hands suggests traumatic experience played out in his interest in the anomalous and the paranormal. Miller's desire to 'become whole' evinces the fragmentation associated with traumatic subjectivity."<sup>23</sup> Here Stiles reads the artist's psyche and statements on the work as constitutive of his subjectivity, as evidence for her reading. Whereas theories from either psychiatry or psychoanalysis could likely be deployed in ways that encourage more dialogical dynamics, it seems as though Stiles wields both fields as tools with which to parse symptoms and then make sense of them through diagnosis. Stiles reads through these frameworks to argue that *Mom-Me* is a psychological project in which Miller attempts to heal his emotional and psychic trauma from childhood through creating a sense of unity and coherence of selves. By mobilising diagnostical terms in this way, her reading implicitly suggests that there is something problematic within Miller's psyche, something marked by trauma that requires healing if it is to be set to rights. In essence, Stiles' reading is that the artist is disordered, is somehow psychically ill, and the artwork justifies this diagnosis.

Stiles justifies her focus on the artist's psyche by writing that the work's "eccentricity... demands contextualisation within the psychodynamics of the artist's life, in order for its

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<sup>21</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 122.

<sup>22</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 130.

<sup>23</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 127.



strange focus and material (psychic phenomena and hypnosis) to make sense in terms of his trauma.”<sup>24</sup> Synonyms for “eccentricity” include oddness, unconventionality, strangeness, and weirdness. So, it is the work’s very strangeness that, Stiles argues, demands a biographical and psychological reading in order to make sense. Making sense seems here to mean determining a specific, unusual event that justifies the individualised trauma that Stiles sees in the piece, hence her outlining of Miller’s childhood and its traumas. Because the unconventionality of the performance is justification for pathologising it, making sense must mean to become legible to conventionality. Again, Stiles finds no way to make behavioural sense of Miller’s work with reference to social norms: its strangeness elicits her reading of his apparent trauma. Because strangeness is, by very definition that which is unfamiliar, unusual, surprising, that which is difficult to understand or explain, this style of reading depends upon an adherence to that which is “normal” or usual, not surprising, and easy to explain. It subtly upholds social norms as “healthy” and behaviour which deviates from those norms as only making sense when understood as sickness. This mode of reading therefore strives to reintegrate the eccentric, the unconventional, the strange, the odd, or the weird into social norms through relating to them as problems that need fixing. By making the strange into the sick, the strange not only becomes a problem but becomes legible to the status quo without threatening its world view. In short, this quickly becomes an assimilatory reading practice.

To pathologise strange or unusual works of art aligns suspiciously with biopolitical techniques of control when it results in casting so-called “eccentric” performances—meaning unconventional, strange, or weird works—as those which are created by a traumatised subject. Making the strange into the sick recasts such artists as patients. Importantly, they are

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<sup>24</sup> Stiles, “Larry Miller’s *Mom-Me* (2003),” p. 131.

not seeking diagnosis or asking for support in healing, as one might do when encountering a psychiatrist.

Stiles' investment in using psychiatric frameworks may seem like a simple scholarly choice about methodological and conceptual frameworks for analysis. However, the crossover between clinical psychiatric tools and art historical practices reinforces a larger project of attempting to contain and dismiss unconventional behaviours, a project that can ultimately only reify and protect the status quo.

### **The Critic, The Doctor**

“Right of Death and Power Over Life,” first published as the final part of Michel Foucault’s 1976 book *La Volonté de Savoir*, is widely recognised as a founding theorisation of biopolitics.<sup>25</sup> Foucault conceives of and traces a shift in power from the right of taking life, destroying, or forcing submission towards the realm of supporting, making flourish, and ordering certain humans over others, from the “right of seizure” (a kingly power) to the task of administering and managing life (such as the power of nation-states).<sup>26</sup> This morphing of power, he argues, arrives in two basic forms: the first is the anatomy-politics of the human body which concerns itself with the disciplining of the “body as machine.”<sup>27</sup> This form operates through elements like optimisation and extortion of the human body. The second is that of the biopolitics of the population. This form concerns itself with biological processes

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<sup>25</sup> Timothy Campbell and Adam Sitze read the text as such and give it a place of importance while still reminding readers that the narrative of a singular beginning to biopolitical thinking is suspect. See Timothy Campbell and Adam Sitze, “Introduction,” *Biopolitics: A Reader*, eds. Timothy Campbell and Adam Sitze (Durham and London: Duke University Press, 2013) 1-40.

<sup>26</sup> Michel Foucault, “Right of Death and Power over Life,” in *Biopolitics: A Reader*, eds. Timothy Campbell and Adam Sitze (Durham and London: Duke University Press, 2013) pp. 41-60 (p. 42).

<sup>27</sup> Foucault, “Right of Death and Power over Life,” p. 44.

that are organised and distributed as population controls through law and governmentality. This can include access to food and water, safe housing, and healthcare as well as environmental racism and classism, and any other form of systemic variation of access to that which encourages the state of being alive. For Foucault, biopolitics developed in the eighteenth century as a technique of power that operates through economic processes. These processes were tied in with the development of knowledges that are capable of creating distance from the unexpected and immutable power of death to take life (for example, medical and agricultural developments that lessen the threat of plague and food shortages). Though death is still power's limit, for Foucault, humans' strengthened capacity to organise and delegate life means that a subtle but ubiquitous form of organising has become a stronghold of power. Biopower, in contrast to previous power forms, is a power that qualifies, measures, appraises, and hierarchises life.<sup>28</sup> The closest to a definition of biopower written by Foucault is that biopower is, "what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life."<sup>29</sup> Key to this is that organising power, once instituted through laws, became instituted by norms that are upheld through myriad regulatory apparatuses such as schools, police forces, hospitals, prisons, etc.

Building on this Foucauldian understanding of power as diffuse, internalisable, and centred on the body and its optimisation, Petra Kuppers in *Disability and Contemporary Performance: Bodies on the Edge* traces the intertwining histories of freak shows and medical stages.<sup>30</sup> These two sites, she shows, were historically the only stages upon which

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<sup>28</sup> Foucault, "Right of Death and Power over Life," p. 48.

<sup>29</sup> Foucault, "Right of Death and Power over Life," p. 47.

<sup>30</sup> Petra Kuppers, "Freaks, Stages, and Medical Theaters," in *Disability and Contemporary Performance: Bodies on the Edge* (London & New York: Routledge, 2003), pp. 31-48.

disabled people were permitted to perform. In highlighting the exclusion of performers who are disabled from the “aesthetic” stage, Kupperts makes visible the positions that are offered instead: that of the *freak* or the *patient*. Her work reminds readers that both of these stages suggest different but overlapping views of performers as labourers, agential beings, and reference points for otherness. She argues that the side-show was superseded by the medical stage as a major platform to exhibit disabled bodies.<sup>31</sup> She writes, “this historical move from the sideshow to the medical theatre also doesn’t imply the loss of hierarchy... the medical spectacle relies on distance (the scientific gaze) and particularization (the search for symptomology). In both regimes of visibility, difference is the core factor.”<sup>32</sup> This quality of difference, Kupperts argues, is used to assure the audience of their own status as normal by creating the disabled performer as the knowable other by which they can measure themselves. Using Kupperts’ insights, I propose that a similar dynamic surfaces in the pathologising critical reading of performance. The critic frames the strangeness or “difference” of a performer’s actions not as artistic innovation but as a transparent expression of their psyche which can be seen and known by the critic. In doing so, the critic implies the performer as psychically *different*. The capacity to diagnose such a situation positions the critic as a diagnostical expert, reintroducing the hierarchy of the medical theatre, and shoring up their position as the normal by which the artist’s supposed difference can be measured.

Following Rosemarie Garland Thomson, Kupperts writes that in the Victorian period the freak show required a “clear demarcation of able and not-able, rational-irrational, the ‘man’ and animal.”<sup>33</sup> Kupperts’ asserts that by presenting some bodies as other the audience member’s sense of self becomes more clearly constructed as “happy, restrained, appropriate,

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<sup>31</sup> Kupperts, “Freaks, Stages, and Medical Theaters,” p. 37.

<sup>32</sup> Kupperts, “Freaks, Stages, and Medical Theaters,” p. 45.

<sup>33</sup> Kupperts, “Freaks, Stages, and Medical Theaters,” p. 36.

normal.”<sup>34</sup> The witness might experience “the movement from horror to satisfaction: a terror, a catharsis, that allows the viewer to newly appreciate his or her [or their] fortunate position.”<sup>35</sup> Similarly, in framing an artist as a victim rather than a performer, the critical reader becomes assured of their own normality and is inversely framed as healthy. Their ability to see sickness creates them as *more* well than the ill. In turn, the presumed “normalcy” of the critic, the reader, and the audience might be shored up by understanding the performer’s artistic decisions as indicators of overall dysfunction. Serving as justification for their abnormality which then suggests the notion of “healing,” where healing often means becoming better socially optimised. Difference (“eccentricity” in Stiles’ words) is folded back into legibility by naming that which is strange as sick.<sup>36</sup> In this, any delineation between the professional and private, between everyday life and the time of performance that might be made, is collapsed so that the critic can read the artwork not as constructed craft or technique but as a compulsive, repetitive expression of the deep psyche of the performer. Kuppers’ traces the ways in which visibly and physically disabled performers were historically kept from the “aesthetic” stage and confined, first, to the “freakshow” and then to the “medical theatre” which replaced it.<sup>37</sup> She therefore demonstrates the historical stakes of the pathologisation of performance and demands we reckon with those inheritances. Her work also helps me describe the insidious dynamics that come into play when framing a performance’s strangeness as sickness. Such a pathologising gaze is not, I think, a solidified subjectivity or identity but rather a *position*, a changing and dynamic critical practice. I also take inspiration from Eve Kosofsky Sedgwick’s description of reparative and paranoid readings, which she articulated as critical practices and not “theoretical ideologies (and

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<sup>34</sup> Kuppers, “Freaks, Stages, and Medical Theaters,” p. 34.

<sup>35</sup> Kuppers, “Freaks, Stages, and Medical Theaters,” p. 33.

<sup>36</sup> Stiles, “Larry Miller’s *Mom-Me* (2003),” p. 131.

<sup>37</sup> Kuppers, “Freaks, Stages, and Medical Theaters,” p. 31.

certainly not as stable personality types of critics), but as changing and heterogeneous relational stances.”<sup>38</sup>

To return to Stiles’s reception of Miller’s *Mom-Me*, I will examine how the pathologising position plays out concretely. Introducing Miller’s performance, Stiles writes that it:

[C]ontains no references to Miller’s traumatic childhood. In viewing this work, I recognised the signs of Miller’s traumatic subjectivity and questioned him about his childhood. Miller is extremely reticent about discussing his past and cautious not to overstate his childhood situation, fearing especially that his biography might interfere with the public’s ability to view his work in and for itself. Moreover, Miller has long psychologically suppressed the traumatic content in *Mom-Me*. Nevertheless, the content was vivid to me in its absence, quite simply because of its symptomatic references. Thus did I solicit Miller’s biographical recollections, and what follows is my reading of the various substrates of *Mom-Me*.<sup>39</sup>

Here, Stiles pathologises Miller’s refusal to talk to her about his biography which underlines the pathologising position’s ability to fold resistance back into itself to nourish her diagnostic tactics. She proposes that the presence of trauma requires her to consider the artist’s biography as well as to theorise any reticence to divulge biographical details. She then uses this biographical reading to substantiate her own psychological readings of the traumatic experiences she sees reflected in the work, even when those experiences are not confirmed by the artist’s biography. The implication is that Stiles can read the artwork-as-symptom to the extent that she is able to determine real experiences that the artist themselves has had but cannot admit or access. The pathologising position is thus able to reformulate almost any response to

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<sup>38</sup> Eve Kosofsky Sedgwick, *Touching Feeling: Affect, Pedagogy, Performativity* (Durham: Duke University Press, 2003).

<sup>39</sup> Stiles, “Larry Miller’s *Mom-Me* (2003),” p. 122.

its opinion as symptomatic and therefore further justification of its pronouncements, perhaps suggesting that the theorist is able to know an artist's lived experiences better than the artist themselves. Here, it is worth interjecting to state that I am not of the camp that believes that an artist's opinion or intention towards their works is of higher value than a critic's. Rather, I find it curious that a critic should be able to gain privileged access to an artist's lived experiences through analysing an artwork. This is also not to say that it is impossible for specialists in the field of art history to mobilise psychiatric and psychoanalytic thinking in ways that complicate rather than simplify art works, but rather to ask what the use of tools created specifically for clinicians such as the *DSM* might subtly activate when used.

Stiles justifies her pathologising authority by articulating a form of distance that allows her to "recognis[e] the signs" of "symptomatic references" that, though "long psychologically suppressed" by the artist, are "vivid" to her.<sup>40</sup> Positioned as an expert in reading the psychiatric and psychological symptomology of trauma into works of art and their makers, Stiles is positioned as able to see what others – especially the artist – cannot see. In this way, she reifies the hierarchy of the distanced, scientific gaze and the "search for symptomology" Koppers criticises.<sup>41</sup> Following Foucault, Koppers argues, "the medical theatre is a place of public performances: a body performs its materiality and meaning to a doctor, a specialist, who is empowered to read hidden histories and signs."<sup>42</sup> Here, the body is laid open to be read and understood by the expert who holds specialist knowledge and training. Stiles' training is not, however, in clinical psychiatry or psychoanalysis, but rather in art history. Koppers continues, "The diagnostic gaze of the medical practitioner can roam freely across the displayed bodies of patients, and only rarely are its intrusive and objectifying powers

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<sup>40</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 122.

<sup>41</sup> Koppers, "Freaks, Stages, and Medical Theaters," p. 45.

<sup>42</sup> Koppers, "Freaks, Stages, and Medical Theaters," p. 39.

acknowledged in the everyday encounter.”<sup>43</sup> In the same manner, Stiles’ position as critic-cum-diagnostician remains non-explicit which can obscure the power dynamics that slide into place through pathologising.

The one-way nature of the doctor/critic’s psychic access to the artist creates a sense of unmarkedness, an aura of invisibility in contrast to the artist’s ostensible display of self. This attempt to appear unmarked or objective has historically been used to benefit normative subjects and suppress non-normative subjects. This disinterested and distant medical gaze is one which can see without being seen in the same manner, just as the doctor can see into a patient on the operating table without being seen in return, but perhaps witnessed from the outside by those looking on, traditionally figured as medical students and scholars. In an analysis of just such a scene in Thomas Eakins’ painting *The Gross Clinic* (1875), Jennifer Doyle articulates the gendered way in which emotionality is foreclosed to the figure of the doctor and his students, “many of whom appear to be bored,” and localised in the sole woman who watches in horror from within the operating theatre.<sup>44</sup> Dr. Gross and his students are depicted, Doyle describes, as “masters of their emotion and masters of the body” whereas the patient is “an object of scrutiny and interest, the anesthetized body whose own incapacity for feeling gives permission to those who crowd around it to do as they will.”<sup>45</sup> Similarly, perhaps readers of Stiles’ texts are hailed as co-curious but impassive clinicians, learning from her authoritative demonstrations over the prone and passive body of the patient/artist. For Doyle, this dynamic may mask “the difficulty and interestingness” of such works of art.<sup>46</sup> Stiles’ use of clinical taxonomies to make sense of strange, even potentially disturbing

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<sup>43</sup> Koppers, “Freaks, Stages, and Medical Theaters,” p. 39.

<sup>44</sup> Jennifer Doyle, *Hold It Against Me: Difficulty and Emotion in Contemporary Art* (Durham: Duke University Press, 2013), pp. 41.

<sup>45</sup> Doyle, p. 41.

<sup>46</sup> Doyle, p. 47.



performances, may also obscure more complicated questions such works can bring forward, as Doyle argues of *The Gross Clinic*. Instead of attending to *Mom-Me's* complex provocations such as querying the consciousness' link to the body, intergenerational automatic drawing, or the framing of hypnosis sessions as an art practice, Stiles' reading treats the work with an almost lock-in-key sense of decoding, in which the critic holds the keys. Just as the authority of "the institutional apparatus that surrounds the painting (museums, scholars, and critics, city and state government and university officials) has given us a way to accept its difficulty," Doyle writes, perhaps the authority granted to the *DSM* and psychiatric practices in general offer a way to neatly understand, and even contain, the unusual and unwieldy nature of Miller's hypnotised performance.<sup>47</sup> This aligns with what Koppers elsewhere calls "the descriptive certainty associated with medical ways of knowing."<sup>48</sup> She further asks how this can be opened in productive ways that "do not merely negate the medical" but open to "moments of unpredictability in knowledge structures."<sup>49</sup> It is this very lack of unpredictability that makes me sceptical of Stiles' mode of pathological reading. This is because, "to escape the known is a desire that is at the heart of all liberatory movement" and so to foreclose the unknown should be a warning that begs inquiry.<sup>50</sup>

Koppers, too, notes that "the insertion of difference into a medical scenario," or in this case, the enwrapping of difference with pathologising logics, "often casts 'the patient' as patient, as a passive stage on which medical personnel acts."<sup>51</sup> Positioning the performer as the patient shifts understandings of agency. In this instance, Miller appears to have been cast

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<sup>47</sup> Doyle, p. 46.

<sup>48</sup> Petra Koppers, *The Scar of Visibility: Medical Performances and Contemporary Art* (Minneapolis: University of Minnesota Press, 2007), p. 59.

<sup>49</sup> Koppers, *The Scar of Visibility*, p. 59.

<sup>50</sup> Koppers, *The Scar of Visibility*, p. 59.

<sup>51</sup> Koppers, *The Scar of Visibility*, p. 39.

as a sort of un-agentic practitioner repeatedly expressing the traumas he has experienced. In this magnetised repetition, the performer is figured to be almost as helpless as the likely unconscious body on the operating table. On the other hand, more normative art practices are traditionally assumed to be intentionally crafted by a skilful creator, crafting which classifies the creator as an artist. It is hard to see how the patient here, regardless of histories of “outsider” art, might be considered a skilful artist when they are figured as unconsciously compulsive. For how precisely is one to feel if one identifies with the position of the performer in Stiles’ readings? Even if one identified with the diagnoses that Stiles’ offers, it is hard to imagine any kind of empowerment or joy in being positioned as the passive, ill, and compulsive patient.

The role of the critic is then figured as one which can grant the compulsive performer access to “normality” as described by specific ideologies of health (here, for example, the *DSMs*), creating the artist as sick and in need of healing. The performer’s potential “desire to be recognised, to be seen as an actor, as controlling rather than being controlled, guiding the audience’s gaze rather than being the immobile object of its stare” is foreclosed as they become only ever able to repeatedly represent their traumas until perhaps, one day, healing them.<sup>52</sup> The reader, then, of such a text is cast as less expert in their need for the critic to identify and communicate symptomology. At the same time, just like Kupperts’ audience to the freak show, the reader is allowed a distanced position that may assure them of their normalcy.

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<sup>52</sup> Kupperts, *The Scar of Visibility*, p. 37.

## The Traumatic Subjectivity of Performance Art

The pathologising positioning is not limited to Stiles' reading of Miller's work. Instead, it is regularly present in many of her readings, thus becoming for her a generic critical reading tactic or framework. Some examples: in an essay of 2007, of performance artist Kim Jones, Stiles calls on his diagnosis of PTSD as a lens through which to read his entire oeuvre, writing:

Jones replays, restages, rethinks, and rearranges the site of his traumatic experience, gaining control and mastery over that which eluded him in Vietnam. When I asked if the drawings were a response to the many wars that followed Vietnam, Jones replied, 'No, and they are not about Vietnam.' Nevertheless, in this regard, combat maps of Vietnam military campaigns that bear an odd resemblance to those made by Jones are available for purchase over the Internet.<sup>53</sup>

Here, Stiles frames Jones' work as if everything he creates must be considered a compulsive recapitulation of the trauma of his time as an American soldier in Vietnam. Even when Jones asserts that not all of his work is linked to his experience of PTSD, Stiles implies her positioning as an expert allows her to override this statement and see through Jones' apparently un-self-aware denial – even, or especially, when Jones states that this is not a relevant or appropriate inference. This is another demonstration of the pathologising position's ability to absorb opposition and reframe it as further proof of its own argument.

The pathologising of performance practice as symptomatic of a mental illness has the worrying effect of seeming to minimise the craft or creative decisions a specific artist makes. Rather than craftsmanship or technique, Jones' work becomes read as compulsive, as

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<sup>53</sup> Kristine Stiles, "Teaching a Dead Hand to Draw: Kim Jones, War, and Art (2007)," in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago and London; The University of Chicago Press, 2016), pp. 176-193 (p. 188).

magnetised repetition of his trauma, devoid of choice. Stiles' justification of such readings as traumatic implies that there are apparently non-traumatised artists who are able to choose what they create. Simultaneously, the figure of the critic is framed as beyond those limits and as holding the power and choice to decide what works one chooses to study and how such work is written about. This effect is worrying in that it follows a hegemonic discourse of ableism that privileges those seen as able to work and to maintain a sense of self-possession as worthy of resources and indeed, the possibility of a flourishing life. Here, artwork becomes not *work* but *symptom* which, in a capitalistic context, lessens one's right to a supported life. Again, such readings concerningly foreclose understandings of behaviour that might be socially "strange" as the pushing back against social limits, to reshape and create new forms of sociality. The social and political ramifications of making the strange into the sick, should be of concern to anyone who wishes for the world as it is to change, and especially to those who dream of revolutionary shifts in relationality.

Such a move buoys the critic's reading and disallows multiplicity or contradictions in a way that is eerily reminiscent of that ubiquitous figure in films and books of the sane person who ends up in an insane asylum or hospital ward and finds any protest they might make invalidated by their labelling as mentally ill. That figure has been shown on different occasions to be less fictitious than one might hope, as when American journalist Nellie Bly famously had herself involuntarily committed to the Women's Lunatic Asylum on New York City's Blackwell Island in 1887. Once admitted, Bly dropped the behaviours she had taken up in order to be declared insane by several doctors and began behaving as she usually would. She reported that the hospital staff saw her ordinary actions, including her pleas to be released, as symptoms of her supposed illness. The newspaper she was on assignment for finally secured her release and her subsequent articles became a book entitled *10 Days in a*

*Madhouse*.<sup>54</sup> Bly's real-life documentation of such an experience should remind us that the stakes of pathologisation are high: naming people "sick" often means treating them unequally by, for example, removing their agency in the name of treatment (as in, "it's for your own good"). That unequal treatment is a way in which larger systems of power organise and control bodies. Thus, certain uses of pathologisation can serve to reinforce asymmetrical power dynamics that include the domination of some people over others. Though I do not think that Stiles intends to further such a project, her overarching pathologising methods and diagnostic tactics do just that to the artists and works she examines in this way.

Within Stiles' oeuvre, Jones and Miller are not exceptions in being pathologised. In 2014, of performance artist Istvan Kantor, Stiles writes, "Kantor's shameless abandon displays a morbid pathology determined by growing up in the Eastern bloc, where he endured the stamp of the brutal Hungarian revolution and learned the language of violence, isolation, and silence."<sup>55</sup> She also writes, "among artists like Miller who associated with Fluxus, trauma is frequent, as in the cases of Yoko Ono, Henry Flynt, George Maciunas, Wolf Vostell, Nam June Paik, David Tudor, and others."<sup>56</sup> Similarly, in her article on the works of performance artist Barbara Turner Smith, Stiles writes:

A parallel exists between the ability to endure prolonged events and the protracted experience of trauma, and in some ways this equivalence accounts for the unusual number of artists who have performed durational works and who themselves have

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<sup>54</sup> Nellie Bly, *Ten Days in a Mad-House* (Andrews U.K., 2011), Electronic edn.

<sup>55</sup> Kristine Stiles, "The Ideal Gifts and *The Trinity Sessions* of Istvan Kantor (2014)," in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago and London; The University of Chicago Press, 2016), pp. 87-99 (p. 98).

<sup>56</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 123.

been traumatised. Indeed, traumatic subjectivity resides at the phenomenological centre of the majority of actions and events realised in performance art.<sup>57</sup>

Stiles footnotes this statement with an extensive list of artists' names that I here quote in full to emphasise the staggering geographic, social, political, cultural, and formal spread of performance art practices which Stiles reads as seeded in traumatic subjectivities. The list reads:

Marina Abramovic/Ulay, Ron Athey, Jerzy Bereś, Joseph Beuys, Günter Brus, John Duncan, Sherman Fleming, Terry Fox, Ion Grigorescu, Tibor Hajas, FX Jarsoni, Lynn Hershman, Tehching Hsieh, Zhang Huan, Istvan Kantor, Mike Kelley, Milan Knížák, Elke Krystufek, Oleg Kulik, Laibach, James Luna, Paul McCarthy, Linda Montano, Otto Mühl, Yoko Ono, ORLAN, Raphael Montañez Ortiz, Dan and Lia Perjovschi, William Pope L., Petr Štembera, Raša Todosjević, Wolf Vostell, and the list goes on.<sup>58</sup>

It appears Stiles is ultimately arguing that performance art itself is a field generated principally by traumatised people. Indeed, she repeats in another essay, "I have theorised that traumatic subjectivity resides at the phenomenological centre of performance art."<sup>59</sup>

Of course, this begs the question as to whether Stiles considers all people traumatised, thus explaining her tendency to read it so abundantly. However, her use of *DSM*-rooted psychoanalytic frameworks belies this possibility in that trauma is ubiquitous. At the time she wrote the above, Stiles might have been consulting what would have been the most recently published *DSM-4* or *DSM-4-TR*. Though these define trauma differently, they align in

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<sup>57</sup> Kristine Stiles, "Barbara Turner Smith's Haunting (2005)," in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago and London; The University of Chicago Press, 2016), pp. 252-262 (p. 257).

<sup>58</sup> Stiles, "Barbara Turner Smith's Haunting (2005)," p. 257, n. 23.

<sup>59</sup> Stiles, "Larry Miller's *Mom-Me* (2003)," p. 130.

treating trauma as events which are extreme, prolonged, or unusual. Further, Stiles writes that it was her commencement in 1978 of working on the Destruction in Art Symposium of 1966 that, “inevitably led [her] to consider trauma as an underlying condition in almost every artist who used destruction and violence in his or her [or their] art, and to recognise trauma in the preponderance of the biographies of artists working in performance art.”<sup>60</sup> This phrasing clarifies that Stiles considers some artists to be traumatised, but not all. Rather, she confirms my suspicion that, for Stiles, performance art is actually dominated by artists who are traumatised, thus making sense of her dedication to diagnostic detective work in her critical readings. Flipping this equation, one might ask what it is about performance art that causes witnesses to respond to it in pathologising ways

Though Stiles cautions against generalisation, her proposed frameworks for dealing with trauma have nonetheless become tools that encourage the reception of performance through a lens of pathologisation, both within her own body of work but also in the work of other scholars. It is the transplantation of such a positioning that should raise concerns.

### **Karen Gonzalez Rice and Fictionalising Biography**

Karen Gonzalez Rice, whose PhD thesis Stiles chaired in 2010, closely mirrors Stiles’ mobilisation of psychiatric diagnostic tools to read the trauma of performance artists through their works. I have proposed that Stiles’ pathologising tendencies in her scholarship have subsequently influenced other scholars in the field. As an example of this, I focus on Gonzalez Rice’s research because it is a recent and strong iteration of how Stiles’ diagnostic orientation pervades the work of subsequent scholars. I highlight Gonzalez

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<sup>60</sup> Stiles, “Introduction,” p. 21.

Rice's work not because I think her work is doing something uniquely problematic but rather because it is a particularly coherent and bold piece of scholarship.

In *Long Suffering: American Endurance Art as Prophetic Witness*, Gonzalez Rice sets out to reframe durational and/or endurance-based works by three American performance artists, examining them through the lens of their lived personal traumatic and religious experiences.<sup>61</sup> She looks at the works and biographies of Linda Montano, Ron Athey, and John Duncan. Gonzalez Rice reads endurance art—which she describes, citing Stiles, as “presenting a situation in which *something is wrong*”—as typically re-presenting traumatic wounds and “enact[ing] survival through the practice of self-discipline.”<sup>62</sup> Stiles suggests metonymy is an apt description for how the performing body functions in relation to an audience.<sup>63</sup> This idea was taken up by Kathy O'Dell and then, subsequently, by Gonzalez Rice as a way to articulate the blurring of “art” and “life” in both directions.<sup>64</sup> Stiles argues that any idea of eradicating the distinction between art and life completely is naive and impossible.<sup>65</sup> This argument offers Gonzalez Rice a way to frame endurance art as “both pathology *and* art.”<sup>66</sup> Gonzalez Rice sees religion and trauma as important touchstones for the formation of morality and ethics in endurance performance artists' works, particularly in the United States.<sup>67</sup> She highlights such works as “visualiz[ing] and embody[ing] profound suffering.”<sup>68</sup>

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<sup>61</sup> Karen Gonzalez Rice, *Long Suffering: American Endurance Art as Prophetic Witness* (Ann Arbor: University of Michigan Press, 2016). I do not deeply address Gonzalez Rice's engagement with religious experiences as a lens to approach the works because it is beyond the scope of this project.

<sup>62</sup> Gonzalez Rice, pp. 2-3 (emphasis original).

<sup>63</sup> As summarized in Gonzalez Rice, p. 6.

<sup>64</sup> See Kristine Stiles, “Never Enough is *Something Else*: Feminist Performance Art, Avant-Gardes, and Probity,” in *Contours of the Theatrical Avant-Garde: Performance and Textuality*, ed. James M. Harding (Ann Arbor: University of Michigan Press, 2000), pp. 239-289 (p. 6); and see Gonzalez Rice, p. 2.

<sup>65</sup> Stiles, “Never Enough is *Something Else*,” p. 6.

<sup>66</sup> Gonzalez Rice, p. 4-5.

<sup>67</sup> Gonzalez Rice, p. 4-5.

<sup>68</sup> Gonzalez Rice, p. 13.



In *Long Suffering*, similarly to Stiles, Gonzalez Rice draws on psychological and psychiatric theories in an effort to focus on trauma as rooted in actual lived experience.<sup>69</sup>

Gonzalez Rice states that her “work does not intend to diagnose or address treatment issues”; however, by mobilising diagnostical language and thinking Gonzalez Rice locates health and wellness in relation to pathologising logics and, like Stiles, orients her reading through psychiatric as well as psychological frameworks that are explicitly created as diagnostic tools.<sup>70</sup> “While research on PTSD has informed my work,” Gonzalez Rice writes, she “avoid[s] the language of PTSD because it indicates a particular diagnosis, a specific billable code in the *DSM*” and instead focuses on, “specific posttraumatic responses, including dissociation (Montano), nonsuicidal self-injury (Athey), and cyclical victimization (Duncan).”<sup>71</sup> As Gonzalez Rice herself notes, nonsuicidal self-injury is listed as a stand-alone condition in the *DSM-5*, begging the question of why this diagnosis is more appropriate or reasonable than PTSD.<sup>72</sup> Calling these artists “survivors of a diverse set of traumas” she writes that their artworks, “index the continued, intrusive presence of trauma with the visual marks of various posttraumatic responses.”<sup>73</sup> Whilst she avoids the label PTSD, Gonzalez Rice nonetheless reads these artists from the similar doctorly position that Stiles inhabits and demonstrates that it is not necessary to make specific diagnoses in order to bring pathologising practices into play. To support her argument she, like Stiles, focuses closely on examining the personal biographical histories of the three artists she discusses to identify traumas in their past that would explain their performance works. I look here briefly at Gonzalez Rice’s claims about the oeuvre of performance artist Linda Montano because of

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<sup>69</sup> Gonzalez Rice, for her use of *DSM*, see p. 70; all else p. 12.

<sup>70</sup> Gonzalez Rice, p. 13.

<sup>71</sup> Gonzalez Rice, p. 14.

<sup>72</sup> Gonzalez Rice, p. 70.

<sup>73</sup> Gonzalez Rice, p. 8.

similarities to Stiles' reading of Larry Miller, including a focus on dissociation and the inferring of specific traumatic events.

A key performance Gonzalez Rice examines is Montano's *Erasing the Past* (1977). The artist lay in the basement of the Women's Building in Los Angeles, covered with a bunched white sheet that exposed her belly and breasts, with "seven acupuncture needles in my conception vessel."<sup>74</sup> Immediately following this description, Gonzalez Rice infers that Montano was sexually abused in her youth. She writes,

Montano described her experience of sexual assault briefly in 'Love Sex: The Ecstatic Writings of Linda M. Montano,' an unpublished manuscript of erotic texts: 'At sixteen my world collapsed when I was betrayed sexually.' Montano's spare statement lacked specifics, and she has resisted further discussion of this event, but she has identified trauma as foundational for her endurance art practice: 'Much of my work is about... mending the past.'<sup>75</sup>

Here, Gonzalez Rice follows Stiles in interpreting to the point of fictionalisation the traumatic experience of an artist by treating their performances as symptoms. She interprets Montano's suggestive and vague phrase "betrayed sexually" to mean that Montano was sexually assaulted. While this is possible, it seems presumptuous when the phrase itself can suggest different registers of trauma or violence, for example being cheated on by a lover, punished for masturbating, and so on. Inferring or assuming that an artist experienced a specific violence, sexual assault, based on an unspecific phrase in an unpublished manuscript found in Montano's archives, seems overly deterministic. But such a reading is the required specific diagnostic anchor point that the pathologising reading needs. The critical lynch pin

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<sup>74</sup> Gonzalez Rice, p. 37.

<sup>75</sup> Gonzalez Rice, p. 37-38.

of a sexual assault having taken place explains Montano's work for Gonzalez Rice, and lends her the capacity to see and identify these vague statements as symptomatic proof.

The latter part of the quote from Montano—in which Montano asserts that “[m]uch of [her] work is about... mending the past,”—Gonzalez Rice uses as evidence that trauma is “foundational for [Montano's] endurance art practice.”<sup>76</sup> However, this phrase, too, is more vague than Gonzalez Rice is willing to suggest. Mending the past does not exclusively suggest trauma, it could also, for example, suggest memory, redress, regret, shame, or naivety. Overall, the evidence offered for asserting that Montano had this concrete, lived experience (and not that, for example, the work merely resonates with traumatic frameworks of sexual assault) is lean and vague. Such a reading in this instance seems to me to lend itself more towards reinforcing the key argument in Gonzalez Rice's text that, despite a lack of evidence, Montano's regard for the figure of the saint which shows up in so many of her works “resonated with the early traumatic experience of sexual assault” rather than to complicating any questions that Montano's work might be putting forward.<sup>77</sup> It also seems to give Gonzalez Rice the authority to pathologise not just artworks but an artist's entire biography. For example, she argues that when Montano joined a convent for two years prior to becoming a performance artist, she “exacerbated [her] posttraumatic dissociation” and that the “monastic routines repressed and postponed her confrontation with trauma.”<sup>78</sup>

Montano's “resist[ance to] further discussion of this event” is reminiscent of Miller's resistance to discussing his childhood with Stiles.<sup>79</sup> The lack of confirmation that a sexual assault happened does not stop Gonzalez Rice's project of doggedly identifying an explicit

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<sup>76</sup> Gonzalez Rice, p. 38.

<sup>77</sup> Gonzalez Rice, p. 23.

<sup>78</sup> Gonzalez Rice, p. 42.

<sup>79</sup> Gonzalez Rice, p. 38.

traumatic event as the root of Montano's performance work. Rather than explicitly asserting this as further proof of trauma like Stiles does, Gonzalez Rice repeatedly highlights the resonances she sees in the performances and life choices of Montano with other survivors of sexual assault in psychological and psychiatric literature.<sup>80</sup> Gonzalez Rice's reading of Montano's reticence still creates a situation in which, regardless of how Montano responds, Gonzalez Rice is able to recuperate that response as further evidence of Montano's trauma. By framing the work in this way, Gonzalez Rice designs a justification for the art works themselves through imagined traumatic experiences. As noted, this trap in which anything the person who is diagnosed says can be used to prove the authority and facticity of the opinion of the one who diagnoses, creates the medical gaze's hierarchy of authority underpinned by a specific ideology of what "health" is. This form of health seems invested in notions of wholeness that trauma "splits" leaving the sufferer fractured and longing to return to wholeness through healing.<sup>81</sup> This is not the only moment in which Gonzalez Rice executes such a framing. In another example, performance artist Ron Athey is quoted as clearly saying, "I'm not making art because it's therapeutic. If anything, it's the opposite."<sup>82</sup> Gonzalez Rice re-assigns meaning to this quote by arguing that Athey's healing project is not individual but communal.<sup>83</sup> At the same time, she undercuts the communality she proposes by analysing Athey's use of the razor in relation to cultural psychiatrist Armando Favazza's theory that cutting oneself is a gesture "intimately connected to healing" because it attempts to "unif[y] the self."<sup>84</sup> These contradictions seem to be a strategy. As mentioned, Johnson has

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<sup>80</sup> Gonzalez Rice, p. 38-41.

<sup>81</sup> Gonzalez Rice, p. 14 and p. 41.

<sup>82</sup> Gonzalez Rice, p. 84-85.

<sup>83</sup> Gonzalez Rice, p. 85.

<sup>84</sup> Gonzalez Rice, p. 72.

aptly observed, Stiles “fictionalis[es] artists’ histories of sexual violence.”<sup>85</sup> In choosing which parts of an artist’s statements to accept as truth, Gonzalez Rice is able to neatly fold back into her proposed diagnosis even the most blatant of refusals. This positioning of authority disallows any potential puncturing or problematising of the critic’s method.

I have traced how pathologising becomes possible when critics inhabit the authoritative medical gaze. In turn, this positions the artist as the passive patient, compulsively expressing their trauma. The making ill of the eccentric, odd, or strange artist then reassures the critic, the reader, and the audience of their comparative normalcy. Gonzalez Rice addresses precisely these concerns in her introduction. Echoing Aristotelian thinking that upholds dichotomies “underlying western discourses of human agency” she asks: “if these actions are grounded in pathology, how are they art? If endurance strategies react to trauma, are they simply compulsive rather than ethical?”<sup>86</sup> In reply, she argues “endurance art radically collapses these familiar dichotomies. Through the mechanism of performance, the endurance artist presents the suffering body as both art-making subject (artist) and art object (artwork). The irresolvable tension between these roles fundamentally opposes the Aristotelian split between agentive subject and passive object.”<sup>87</sup> However, as I have shown, it is precisely the re-assertion of such a split that the critic-as-doctor activates where one party is an expert able to read and know the other, passive party.

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<sup>85</sup> Dominic Johnson, “Psychic Weight: The Pains and Pleasures of Performance,” in *ORLAN: A Hybrid Body of Artworks*, eds. Simon Donger with Simon Shepherd and ORLAN (London & New York: Routledge, 2010), pp. 85-99, (p. 92).

<sup>86</sup> Gonzalez Rice, p. 4.

<sup>87</sup> Gonzalez Rice, p. 4.

## **Trauma and Pain Need Not Be Pathological**

The pathologising reading techniques that Stiles champions are merely one way of dealing with art that is made in relation to trauma. How else might we include trauma in our readings of performance art? Are there alternative frameworks through which the artist is not pathologised through their work, but that can still account for how past experiences may affect present ones?

It is common for research projects of this type—those who attempt to make visible the pitfalls of certain reading tactics—to then offer another, better way of reading art works. I will not do this. To offer a singular alternative would be to re-enact many of the very concerns I am attempting to illuminate in the pathologising position. However, I do think it useful to demonstrate a few other existing models of response in order to support my assertion that a pathologising critical position is not necessary. In this way, the readings I offer here are not meant as superior to the pathologising tactic, but rather as alternatives that do and see differently. To this end, I here briefly outline a few alternative critical approaches to self-wounding performance provided by writers who think through contemporary performance and art.

Dominic Johnson's reading of ORLAN's surgical works offer a way of using frameworks that are designed to deal with trauma but without activating pathologising tactics. He also grapples critically with pain without centring the gendered stereotypes that Augsburg warns against. Johnson finds that "the logic of 'self-harm,' which Stiles' essay reproduces, is a mostly punitive discourse that aims to pathologise invasive knowledge of one's own body."<sup>88</sup> At the same time, he finds that Augsburg's interpretation of ORLAN's refusal of pain as a feminist tactic, whilst perhaps apt, nonetheless "also has the effect of stigmatising other

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<sup>88</sup> Johnson, "Psychic Weight," p. 92.

bodies (and particularly other artists), and oversimplifies the psychoanalytic logics that she [ORLAN] draws upon throughout her practice.”<sup>89</sup> Instead, striving to account for pain and suffering without pathologising the work, Johnson argues that the “complex intermingling of pleasure and pain” in ORLAN’s oeuvre gives a prime demonstration of desire from a psychoanalytic perspective.<sup>90</sup> He goes on to discuss how the work of ORLAN and her contemporaries in self-wounding performance “refigures the logics of trauma, agency, and reciprocity.”<sup>91</sup> While he sees trauma as thematically important, Johnson writes, “I do not seek to pathologise the artist by assuming a teleological relation between fictionalised experiences and readings of works of art.”<sup>92</sup> And indeed, Johnson does avoid the trap of pathologising self-wounding works. He does this by creating a reading that functions from and within his chosen framework of examination, without claiming a larger truth about the lived experience of an artist or offering diagnostical language to name parts of the work. Johnson approaches ORLAN’s work in juxtaposition to the works of Gina Pane, Kira O’Reilly, and BREYER P-ORRIDGE to ultimately ask what can be critically illuminated when pain is neither evacuated nor ignored but thought through as an important part of such pieces. Here Johnson proves that it is possible to deal with pain, self-wounding, and psychoanalysis without resorting to a pathologising critical position.

Further, an examination of trauma does not require a pathologising position from which to make sense of it. Diana Taylor’s research on performance’s links to activism often centres on sites of trauma.<sup>93</sup> She focuses on “trauma-driven” performances to argue that they offer

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<sup>89</sup> Johnson, “Psychic Weight,” p. 86.

<sup>90</sup> Johnson, “Psychic Weight,” p. 86.

<sup>91</sup> Johnson, “Psychic Weight,” p. 86.

<sup>92</sup> Johnson, “Psychic Weight,” p. 87.

<sup>93</sup> See for example Diana Taylor, *Presente! The Politics of Presence* (Durham and London: Duke University Press, 2020); Diana Taylor, “Trauma as Durational Performance,” *O Percevejo Online*, 01 (2009), 1-12; Diana Taylor, “DNA of Performance,” in *Cultural Agency in the Americas* (Durham and London: Duke University

those involved “ways to address the society-wide repercussions of violent politics and also, indirectly, to relieve personal pain.”<sup>94</sup> She’s careful, however, to acknowledge the potential helpfulness of “programs that medicalise trauma as individual pathology” whilst simultaneously demanding that the potential for the collectivity of trauma and the socio-political elements of such a framing stay foregrounded.<sup>95</sup> Taylor’s work attends to the collectiveness that systemic violence creates in a way individualised readings cannot. When Taylor offers ways of critically accounting for trauma without atomisation, she creates a framework that allows her to critically account for the resistance that performance can do as part of its capacity to imagine worlds.

Stiles and Gonzalez Rice at times acknowledge the systemic nature of much trauma, but their methodologies tend, for the most part, to focus on the specific experience of an individual artist. For example, Gonzalez Rice acknowledges everyday occurrences of systemic oppressions such as racism or sexism but insists that Montano must have experienced a specific sexually assaultive event to have been so deeply impacted by trauma.<sup>96</sup> Stiles, too, refers to the systemic violence of misogyny, yet insists that the “apparent chronic disfunction” she reads into ORLAN’s work, “implies some form of long-term, particularly sexual, abuse.”<sup>97</sup> In centring extraordinary violence, both Stiles and Gonzalez Rice take the viewpoint of pathologising discourses which require extraordinary and unusual experiences to classify symptoms as trauma based. In contrast, when Taylor offers ways of critically

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Press, 2006), pp. 52-81; Diana Taylor, “Staging Traumatic Memory: Yuyachkani,” in *The Archive and the Repertoire: Performing Cultural Memory in the Americas* (Durham and London: Duke University Press, 2003), pp. 190-211.

<sup>94</sup> Diana Taylor, “Trauma and Performance: Lessons from Latin America,” *PMLA*, 121:5 (2006), 1674-1677 (p. 1674).

<sup>95</sup> Taylor, “Trauma and Performance,” p. 1674.

<sup>96</sup> Gonzalez Rice, p. 13.

<sup>97</sup> Stiles, “Never Enough is *Something Else*,” p. 257.



accounting for trauma without atomisation, she creates a framework that allows her to critically account for the resistance that performance can do as part of its capacity to imagine worlds.

The tactics of exception that Stiles and Gonzalez Rice mobilise cannot well account for the daily or banal forms of violence that thinkers like Ann Cvetkovich attempt to foreground. Cvetkovich's *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Culture*—part of an ongoing cadre of American scholarship that looks at queerness, affect, and feelings in political terms—argues that trauma theory which focuses on exceptional or unusual events as the inciting traumatic event is limited because it does not allow an understanding of the ways in which people function when crisis becomes the ordinary, when trauma is embedded within everyday experience. Cvetkovich rejects any sort of universal model of trauma, arguing that such a formulation risks eliding important differences between individual and communal traumatic experiences, historical contexts, and geopolitical locations.<sup>98</sup> Interestingly, Cvetkovich finds, not dissimilarly to Stiles, that “the life stories of performance art are often structured around, if not traumatic experience, moments of intense affect that are transformative or revealing.”<sup>99</sup> However, she decides to deal with this very differently. Professing to be “especially wary of the pathologisation of trauma because of its similarity to the pathologisation of sexual perversity and sexual identities in the name of constructing normative identities” she reminds readers that medicalisation is a “strategy whose effects can't be determined in advance.”<sup>100</sup> Seeking to “counter the assumption that clinical approaches are the only model for responding to trauma,” Cvetkovich turns to queer theory, feminist theory, critical race theory, and Marxist cultural theory as resources for generating a

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<sup>98</sup> Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Culture* (Durham and London: Duke University Press, 2003), p. 31.

<sup>99</sup> Cvetkovich, p. 26.

<sup>100</sup> Cvetkovich, p. 45.

demedicalised and depathologised model of trauma. Like Taylor, Cvetkovich insists on including the collective or political elements of trauma and their responses in refusing to foreclose their reading to models that privatise and individualise trauma. Cvetkovich proposes that working from depathologising models “open[s]... up possibilities for understanding traumatic feelings not as medical problems in search of a cure but as felt experiences that can be mobilised in a range of directions, including the construction of cultures and publics.”<sup>101</sup> In this way, Cvetkovich strives to “seize authority over trauma discourses from medical and scientific discourse in order to place it back in the hands of those who make culture, as well as to forge new models for how affective life can serve as the foundation for public culture.”<sup>102</sup> In this way, Cvetkovich offers an alternative framework for acknowledging and giving place to trauma within contemporary art works without deferring to diagnostical models which they find atomising and linked to problematic histories. For Cvetkovich and Taylor, this tactic seems to support each of their investments in seeking radical new ways of worlding and honouring alternative public cultural practices that live with and through art making.

## **Part 2, The Pathologised Performer: ORLAN**

Though pathologising practices are not limited to performance that is perceived as “self-harming,” it is often at its most acute and least interrogated in such cases. Thus, following my examination of Stiles’ and Gonzalez Rice’s pathologising of different performance artists to demonstrate their use of pathologising frameworks, here I re-focus on the work of performance artist ORLAN. Here, I continue drawing on Stiles’ pathologising reading practice, which becomes particularly virulent in response to ORLAN’s surgical performance

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<sup>101</sup> Cvetkovich, p. 47.

<sup>102</sup> Cvetkovich, p. 20.

works (which entail self-chosen wounding and modification of the body). To continue tracing the work of Stiles allows me to unpack further the ideologies that underpin pathologisation. To do so, I mobilise the thinking of Jane Blocker and Jennifer Doyle to see how literalisation is required for the pathologising position. In asking whether representations can be recuperated, I outline feminist arguments for and against self-wounding in performance to argue that both positions maintain a similar notion of the subject as based in self-possession (which I take up in further depth in my final chapter). As well, I examine humanitarian impulses that underpin the whiteness (where whiteness is a system of power) that tends to surface in the pathologising position. I also sketch, with the help of José Esteban Muñoz, a description of the generative forms that performance can create and their potential to allow for perceiving different ways of living, now and in the future. If performance is to have any such capacities for dreaming up what is not yet, it must be able to escape the pathologising position because making sickness out of strangeness, which results from such a position, can call performance back into and reinforce that which already is. Therefore, a detailed critique of pathologising practices in performance art is important so that we can ensure it can be seen when it operates.

## **ORLAN**

In her essay, “Never Enough is *Something Else*: Feminist Performance Art, Avant-Gardes, and Probité,” Stiles gives a particularly fervent reading of works by performance artist ORLAN. The clarity and boldness of this reading make it a good site from which to analyse how the pathologising approach plays out in ORLAN’s body modifying surgical works.

French contemporary artist ORLAN's best known, and most controversial works are the nine surgical procedures that comprise *The Reincarnation of Saint ORLAN*.<sup>103</sup> Each surgery, taking place between 1990 and 1993, focuses on altering ORLAN's facial features.<sup>104</sup> Documentation is central to communicating the works.<sup>105</sup> Not just the ongoing lived changes to her body but the operating theatre itself is activated as performance. In this way, ORLAN does not only frame a surgical procedure as performance or art, she also alters the surgical space and visually represents that alteration so that the moment of the surgery itself is theatrical, playful, and has a certain courtly foreboding.

Photographic documents of ORLAN's surgeries disclose clinical settings complete with a surgical bed, medical instruments, and other indicators typical of professional hospital surgical space: but always with a twist, like surgery room walls painted a vivid green or yellow instead of the typical white or beige. Also significant are the large set-piece-like elements ORLAN inserts into the space: a life-sized cardboard cut-out of her posing as Botticelli's Venus, or one of her dressed in a nun's habit with her breasts exposed. I also see an array of objects not typically found in a medicalised space: piles of fruits and vegetables, large black and white crosses, a plastic devil's pitchfork, placed throughout the space almost as a set dressing, sometimes even adorning the surgical bed or ORLAN herself. The surgical and documentary teams are dressed in famous fashion designers' garments by the likes of Paco Rabanne and Issey Miyake or, when not possible, designed by ORLAN herself. Sequins, harlequin motifs, to me everything looks like a Dada Ball mashed up with the

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<sup>103</sup> ORLAN, "Performance," *ORLAN.eu* <<https://www.orlan.eu/works/performance-2/>> [accessed 27 December 2021].

<sup>104</sup> ORLAN, "Performance."

<sup>105</sup> Though some of the surgeries are not documented or under-documented, it seems that as the project progressed ORLAN put much more attention on the possibilities of photo and video documentation. For example, ORLAN does not publish images of the 2<sup>nd</sup>, 3<sup>rd</sup>, 8<sup>th</sup> surgeries, and the 1<sup>st</sup> has only one widely circulating photo. See ORLAN, "Performance."

dentist's office in *Little Shop of Horrors*; the operating room is theatricalised with a sense of warped playfulness, a sort of fun house with a darkness to it. Her surgeons dress in styles reminiscent of clowns or clubs, amidst plastic and cardboard indicators of opulence that never quite execute the baroque luxury they gesture towards. And always, in the centre of it all: ORLAN.

Turning the pages of one of her monographs, I see a documentary image from her *4th Surgery-Performance* titled *Successful Operation* and dated 8 December 1991. In it, ORLAN dangles grapes above her open mouth as the bespectacled doctor, surgical mask down, chews on one just bitten.<sup>106</sup> In a photo on the next page I see ORLAN, laying on a surgical bed, seemingly reading aloud from a book while wearing a harlequin print hat. Her party dress is pulled up so we can see the thick thatch of her dark pubic hair framed by her white thighs, the thighs themselves marked with a surgeon's marker-drawn lines, like a butcher shop illustration of cuts of beef. As she waits to be sliced into, she's surrounded by no less than four reproductions of her own nude body, including one of a previous operation *1st Surgery-Performance* (1990), while two people in classical blue-green scrubs seem to discuss and prepare medical objects, off to the side.<sup>107</sup>

The physical changes to ORLAN's face were chosen as a collage of classical beauty ideals from the Western art history canon: the chin of Sandro Botticelli's *Venus from The Birth of Venus* (1485-1486); the lips of François Boucher's *Europa from The Rape of Europa* (c. 1747); the eyes of *Diana the Huntress* painted by an anonymous member of the School of Fontainebleau (c. 1530 – c. 1610); the nose of François Gérard's *Psyche in Cupid and Psyche*

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<sup>106</sup> The full title of the photo is "Tasting before [sic] the operation, 4th Surgery-Performance Titled Successful Operation, 8th December, 1991, Paris. Cibachrome diasec mount, 65 x 43 inch." From ORLAN, "Performance."

<sup>107</sup> The full title of the photo is "I'm reading, He's operating me [sic], 5th Surgery-Performance Titled Operation-Opera, Paris, July 6, 1991. Cibachrome in Diasec mount, 65 x 43 inch." From ORLAN, "Performance."

(1798); and, perhaps most famously, two bumps on ORLAN's temples meant to mimic the forehead of Leonardo da Vinci's *Mona Lisa* (1503).<sup>108</sup> These choices position the work in relation to racial and gendered art history, white Western feminine beauty ideals, and the possibility of intervention and collage in terms of the body and identity. ORLAN's later work takes up these themes, along with technological advances that allow the artist to morph her body digitally instead of physically into non-Western beauty standards. Though I have some questions about cultural appropriation and white supremacy, my attention goes back to the ORLAN of 1990s, whose work is surgical, bloody, and marked by documentation of the body's bruised and bloated recovery from each procedure. I decide to first focus on these seminal works from the early 1990s which are often discussed and thus a strong locus for ongoing conversations about self-wounding and its pathologisation in performance.

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<sup>108</sup> Rose writes that ORLAN takes "the eyes of Gerome's Psyche." See Barbara Rose, "Is It Art? Orlan and the Transgressive Act," *Art in America*, 81:2 (1993), 83-125. Since the time of Rose's publication, this phrasing has often been republished. I imagine that Rose might be referring to Jean-Léon Gérôme, however, I have not been able to locate a painting by him of Psyche. However, according to a photo that can be found circulating on the internet (see image on next page) in which ORLAN appears to be posing in front of a large, hung print of a diagram of her face which highlights the links between the planned surgically altered features to images from the art historical paintings inspiring each, I believe that ORLAN's surgical nose is actually taken from François Gérard's Psyche in *Cupid and Psyche*. Further, I have been unable to confirm which exact painting of the *Rape of Europa* is depicted in this diagram.

*Photo of ORLAN in front of a diagram of her interventions and their referents redacted due to copyright.*

*Figure 3: Photo of ORLAN in front of diagram of her surgical interventions and their referents. Photographer unknown.<sup>109</sup>*

I turn to the film documentation of these performances in order to see how my understanding of the images shift when sound and movement are added.<sup>110</sup> This includes documentation of *1<sup>st</sup> Surgery-Performance* (1990) in which ORLAN reads aloud from a book, *The Dress: A Psychoanalytic Essay on the Garment* by psychoanalyst Eugénie Lemoine-Luccioni as a surgeon cuts into the side of her face.<sup>111</sup> In fact, all of her surgery-performances are based on philosophical, psychoanalytic, or literary texts by the likes of

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<sup>109</sup> “Surgeries to Protest, This is Orlan’s Bioart,” *Fahrenheit Magazine* <<https://fahrenheitmagazine.com/en/modern-art/Visual/surgeries-to-protest-this-is-the-bioart-of-orlan#view-1>> [accessed 24 April 2022].

<sup>110</sup> Film documentation can be found in various places. Most accessibly in a documentary entitled *ORLAN: Carnal Art*, dir. by Stéphan Oriach (Myriapodus, 2001); as well as various online clips including “Omnipresence by ORLAN at PERFECTION,” posted by Science Gallery Dublin, *YouTube*, 23 July 2019 <<https://www.youtube.com/watch?v=9IM3ADSprFc>> [accessed 24 April 2022]; “SUCCESFUL OPERATION,” posted by ORLAN studio, *Vimeo*, 26 May 2013 <<https://vimeo.com/67017074>> [accessed 24 April 2022].

<sup>111</sup> My translation, the original is Eugénie Lemoine-Luccioni, *La Robe: Essai Psychanalytique sur le Vêtement* (Paris: Seuil, 1983).

Gilles Deleuze and Félix Guattari, Julia Kristeva, Michel Serres, and Alphonse Allais. Ostensibly, the attentive (and French-speaking) listener might be able to hear this from ORLAN's readings during the surgeries, might be able to hear the key conceptual nodes of the given text and use them to intellectually decipher the meaning of each prop and garment. However, I find this exceedingly hard to do myself. First, this is because of the hubbub of surgery preparations that ORLAN's voice competes with and then, because of the intensely visceral medicalised interventions into her body. I see close ups of surgeons cutting into the rim of her lips with a scalpel and restitching them. I watch them cutting her face along its jawline and around the ear, pulling and stretching it away from the fascia, before suturing it back into place. I am caught by the vigorous jiggling of liposuction needles inserted into her legs and the sound of her fat being sucked up. I cannot hear the words through the blood.

Nonetheless, I have the sense that I am being told by the artist that she has designed these works intellectually and that she is insistently asserting her conceptual clarity. In these surgeries, ORLAN is always awake: staring into the camera, reading aloud. Her presence in the works is that of an orchestrator. Dissolving the image of a passive patient, the unconscious body helpless before the surgeon's knife, she directs, she declares, she is the ringmaster of this warped circus. It feels warped because, unlike a romantic idea of entering the big top for a show, clutching cotton candy in anticipation, this circus is not entertaining. Even its spectacularity is more repulsive than amusing. In much of the video documentation of the works, the ringmaster ORLAN fights to be in control, intoning her readings and speaking directly to the surgeons. In the moments when she absolutely must lay still for surgical purposes, the tension between her position of authority and the fact that she needs another person to execute what she desires comes to the fore. But this does not dissuade any sense of her as utter commander of the situation. She has somehow convinced surgeons and anaesthesiologists to dress up in bizarre outfits and allow other performers and camera



operators and sound people into the space *during a surgery* and there she is, being sliced into and smiling seductively into the camera.

The codes of “elective” or “cosmetic” surgery also come into play, communicating that the body being sliced into has chosen this. It is perhaps for these reasons the *self* in “*self-harm*” is not what critics of the work question. Rather, the question of whether the work is *harmful* to ORLAN or not, seems to be the fulcrum from which pathologisation emerges. Newspapers ask, “is it art?” or “is she nuts?” and, even twenty years later, still place her on lists of “The 10 Most Shocking Performance Artworks Ever.”<sup>112</sup> Art historian Barbara Rose’s influential article from *Art in America* (1993) asks the “disquieting” but “crucial question” of “whether masochism may be a legitimate component of aesthetic intention, or whether we are dealing here not with art but with illustrated psychopathology.”<sup>113</sup> Rose states that the artist’s “focus on the fine line separating the committed artist from the ‘committed’ lunatic is a direct challenge to the ease of integration of much so-called critical art.”<sup>114</sup> Though Rose ultimately finds that ORLAN’s work is, in fact, “art,” the real question is why might it not be?<sup>115</sup> Because it is surgery? Because it is gory? Because it is bizarre?

In fact, her work has been extensively written about in scholarly and other contexts. Some of the most important scholars of performance studies have written about these works,

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<sup>112</sup> Sharon Waxman, “Art by the Slice,” *The Washington Post*, 2 May 1993  
<<https://www.washingtonpost.com/archive/lifestyle/style/1993/05/02/art-by-the-slice/2bc8e68d-fde2-4d85-b667-c916fa56ee96/>> [accessed 24 April 2022]; Jonathan Jones, “The 10 Most Shocking Performance Artworks Ever: Russian Artist Pyotr Pavlensky's Nailing of his Scrotum to Red Square isn't as Unique as You Might Think: Artists Have Shot, Burned, Disfigured, and Eaten Themselves,” 11 November 2013  
<<https://www.theguardian.com/artanddesign/2013/nov/11/scrotum-top-10-shocking-performance-art>> [accessed 24 April 2022].

<sup>113</sup> See Rose. Please note that where the artist’s name is quoted as “Orlan” this is because the given text was published previous to the artist changing her name to ORLAN.

<sup>114</sup> Rose.

<sup>115</sup> Rose.

including Philip Auslander and Amelia Jones.<sup>116</sup> Jones argues that these works “deeply interrogat[e] what it means to be a body/self in this hyper commodified end of the millennium” as well as “reinforcing the inexorability of our embodiment.”<sup>117</sup> Jones attends to the use of technology; similarly, Auslander argues that the work “balanc[es] celebrating technology with a critique of the ways that body may be made to serve dominant ideological interests.”<sup>118</sup> Both arguments seem to find that ORLAN’s use of plastic surgery is critical and not merely celebratory, in contrast to readings like Rose’s. Her work has been written about extensively in terms of the post-human, hybridity, and the cyborg.<sup>119</sup>

ORLAN herself staunchly asserts that her work is not about pain because she makes use of medical painkillers. Pain, for ORLAN, is obsolete and anachronistic. This assertion is much critiqued with those like Auslander disbelieving it but finding it strategically meant to foreground the immaterial body, or those like Augsburg (whose reading I will return to), who assert that it is strategic to resist the historical pathologising of women.<sup>120</sup> My own pivoting away from pain as the centre of my analysis allows me to focus on how pathologising of ORLAN’s work functions, as opposed to what is or is not “true” about ORLAN’s experience of pain.

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<sup>116</sup> See Philip Auslander, “Orlan’s Theatre of Operations,” *TheatreForum*, 0:7 (1995), 25-31; and Jones, *Body Art/Performing the Subject*, pp. 226-235.

<sup>117</sup> Jones, *Body Art/Performing the Subject*, pp. 17-18.

<sup>118</sup> Auslander, p. 26.

<sup>119</sup> On the cyborg/non-/post-human see, for example: Barbara Ursula Oettl, “ORLAN’s Hybridizations: From Virtual to Literal Cyborg // From Mortal to Immortal Being,” *Diversity and Otherness*, eds. Lisa Gaupp and Giulia Pelillo-Hestermeyer (Warsaw & Berlin: De Gruyter, 2021) 169-184; Ivy I-Chu Chang, “Feminist Performativity of Monstrosity; Cyborg, and Posthuman Subjectivity: Orlan’s Carnal Art,” *Tamkang Review*, 41:1 (2010) 75–96; Julie Clarke, “The Human / Not Human in the Work of Orlan and Stelarc,” in *The Cyborg Experiments: The Extensions of the Body in the Media Age*, ed. Joanna Zylińska (London & New York: Continuum, 2002) pp. 33-55.

<sup>120</sup> Auslander, p. 31; Augsburg, p. 292.

Though ORLAN takes centre stage in this portion of my discussion, this is not an attempt to salvage her work. Rather and distinctly, I engage with ORLAN in order to think through what is at stake when she and other performance artists mobilising self-wounding are pathologised. It is precisely because ORLAN's work is written about so extensively that makes her an excellent locus from which to ask these questions. What is it about this body and this body of work that activates such virulent pathologising responses in critics? And, most excitingly: what conceptual mechanisms allow such a work to be read as both a feat of feminist empowerment and the manifestations of a compulsive, traumatised mind? My project is not to recuperate ORLAN's work but rather to show the effects of the pathologising drift in criticism on work that breaches the boundary of the skin.

### **On Literalisation**

In "Never Enough is *Something Else*," Stiles' repeats her pathologising critical position. She writes that

Orlan's self-punishment—exhibited [in her art works] in the negative ways in which she represents herself, reconstructs her identity in multiples, sexualises her environment, and engages in self-mutilation (through instigating her own disfigurement at the hands of reconstructive surgery)—resembles the transference of psychopathological dissociative behaviours from the personal to the avant-garde. In this regard, the artist's work suggests exposure at some early point to identity-shattering psychological experiences, the dissociative effects of which now appear in her art in a manner that indicates posttraumatic stress disorder (PTSD).<sup>121</sup>

Stiles continues,

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<sup>121</sup> Stiles, "Never Enough is *Something Else*," p. 256.

The artist's apparent chronic dysfunction implies some form of long term, particularly sexual abuse in which the pain of experience has been sublimated and transformed into guilt, a self-loathing typical of traumatic subjectivity that equates the self with being despoiled and dirty.<sup>122</sup>

Notable in this reading is Stiles' naming of parts of ORLAN's work as expressions of "self-punishment" including her understanding of the surgical works as "self-mutilation."<sup>123</sup> Stiles suggests that ORLAN's artworks are negative autobiographical representations, which thus indicate psychological pain that has been redirected into "self-loathing."<sup>124</sup> This "self-loathing" is presented as somewhat unconscious (since the artist seems to need Stiles in order to become aware of this). Stiles is thus positioned as an expert clinician who can see that ORLAN's artwork resembles or metaphorizes her own "traumatic subjectivity" that has experienced sexual abuse.<sup>125</sup> Because this apparent sexual abuse is readable in ORLAN's work, it appears that this supposed trauma is being reproduced or responded to in perhaps all of her artworks. Here, the art itself is deemed a "chronic dysfunction" rather than intellectual or creative function and, when viewed as such, justifies the diagnosis of PTSD.<sup>126</sup> Stiles treats ORLAN's surgery-performances as if they are her psyche, unconscious reprisals which can be traced back, as a detective might follow clues, to the scene of initial crime which can be diagnosed through its symptoms: a sexual abuse.

I hope it is clear by now that this mode of analysis aligns with Stiles' well-used pathologising position from which it is possible to diagnose a performance artist by treating their performance work as symptomatic and thereby deduce the marked traumatic event from

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<sup>122</sup> Stiles, "Never Enough is *Something Else*," p. 257.

<sup>123</sup> Stiles, "Never Enough is *Something Else*," p. 256.

<sup>124</sup> Stiles, "Never Enough is *Something Else*," p. 257.

<sup>125</sup> Stiles, "Never Enough is *Something Else*," p. 257.

<sup>126</sup> Stiles, "Never Enough is *Something Else*," p. 257.

their past. This, in turn, positions the critic as knowing and seeing a deeper truth of the artist's state and life. As I have shown in the previous part, this capacity is justified through the morphing of the critic into the authoritative position of the medical gaze. In turn, this positions the artist as the passive patient who is compulsively expressing their trauma. The making-sick of the eccentric, odd, or strange act then reassures the critic, the reader, and the audience of their comparative normalcy. In this instance, enacting elective surgery to alter one's appearance—perhaps especially in unusual ways, such as the bumps on ORLAN's forehead—is read in a way that reduces the artist's engagement with the mutability of the body under contemporary medicine and technology into a traumatic disclosure. Such a reading forecloses, for example, the sense of potential future forms of bodying that might mobilise contemporary technology for modification and the questions this raises about bodies, identity, and the supposed nature/technology divide. Instead, it implies that any new ways of relating or worlds that might be imagined from new understandings ORLAN's surgeries offer are already seeded in self-loathing catalysed by (sexual) abuse. Casting such works as rooted in trauma almost implies a traumatic underpinning to any knowledges, insights, or revelations that may come from them. It appears to suggest a sort of polluting of these potentials because they might carry with them the framing of "sickness." But without the strange—the abnormal—how will we ever change the oppressions that are currently "normal"? In short, such a reading forecloses certain forms of meaning.

How and why are some artists and forms of art disallowed meanings beyond their supposed personal psychic trauma? The pathologising reading strategy activates a lack of distinction between the art and the artist. Such a move is recognised by Jane Blocker, in her historiographic study of other's readings of performance art, as a methodological tactic of

literalization.<sup>127</sup> Examining literalization more closely will help. According to Blocker, the literal interpretation of works is a potentially effective strategy to critically marginalise certain kinds of artworks and artists.<sup>128</sup> Blocker looks specifically at the ways literalization affects readings of art by cis women and artists who work with a sexual body especially when their bodies, flesh, or blood are referenced in the work. Because these artists bodies are always already marked as particular instead of a supposedly neutral, universal subject within a white patriarchal Western art context, Blocker shows, their work tends to be read “too literally, assuming it is real rather than staged.”<sup>129</sup> This “selectively implied literalist interpretation” functions, in the case of Stiles’ reading of ORLAN’s work not to differentiate the “staged” from the “real” but to collapse the differences between private “self-harming” practices and the artist’s intentional intervention into public discourse.<sup>130</sup> Instead, Stiles reads ORLAN’s surgeries in ways similar to how psychiatric diagnostic tools suggest that a patient’s “self-harming” should be read. This functions to erase the potential intellectual or intuitive choices an artist makes and disallows art from meaning beyond the artist’s traumatised psyche.

Jennifer Doyle furthers Blocker’s analysis by arguing that such a literalising tendency is also intimately imbricated with racialization and thus has flattening effects on the works of artists who are racialised as not-white, especially Black and Indigenous artists.<sup>131</sup> Considering Blocker’s and Doyle’s arguments, it becomes possible to see how Petra Kupperts’ previously discussed tracing of disabled performers’ historical exclusion from the aesthetic stage and

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<sup>127</sup> Jane Blocker, *What the Body Cost: Desire, History, and Performance* (Minneapolis and London: University of Minnesota Press, 2004), pp. 107-113.

<sup>128</sup> Blocker, p. 108.

<sup>129</sup> Blocker, p. 111.

<sup>130</sup> Blocker, p. 111; Stiles, “Never Enough is *Something Else*,” p. 256.

<sup>131</sup> See Jennifer Doyle, “Feeling Overdetermined: Identity, Emotion, and History,” in *Hold It Against Me: Difficulty and Emotion in Contemporary Art* (Durham: Duke University Press, 2013), pp. 94-112.

confinement to first the freak show and then medical theatre aligns with this literalization. For it is only in reading the visibly disabled performer as literally and only their body that the impossibility of such performers being *performers* makes sense. This is in contrast to Blocker's observation, following Merleau-Ponty, that "we are at one and the same time our bodies and *not* our bodies" (italics original).<sup>132</sup> Instead, in literalising the disabled performer to their body, the freak show and medical stage each render them as unable to make potentially complex art but rather as a threshold through which the witness might understand the ultimate reality of a disabled person's experience while affirming their own normative health. Similarly, Stiles' readings of performance artists as patients makes it impossible for them to be considered artists who might be designing or crafting their work because the artist becomes merely a compulsive body. Though perhaps compulsive bodies can be considered artists, this typically happens with a difference, as *art brut* or "outsider art" demonstrates. As coined in the 1940's by French artist Jean Dubuffet, such a term has come to indicate artists who create outside of what is considered an established art scene or boundary of culture. ORLAN, by contrast, is keenly aware of and makes work in relation to established art and culture, as demonstrated in her surgery-performances' citations of canonical paintings. I am not suggesting that Stiles is considering ORLAN's work as *art brut*, rather highlighting that reading an artist as a patient carries with it a lineage of considering their work to be somehow different than other artists' work.

Doyle further articulates Blocker's notion of the *literal body* not as a way of indicating merely the physical body, or a notion of something more natural and purer than a cultural product, but rather as the body that is required to make phobic discourses function.<sup>133</sup> Phobic discourses require a foil by which to define the regular, normative, or desired

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<sup>132</sup> Blocker, p. 7.

<sup>133</sup> Doyle, p. 65.

alternative to what is rejected, a figure which Blocker calls the “*hoped-for body*.”<sup>134</sup> This thinking aligns with Kuppers’ description of the freak or patient reassuring the audience. The freak becomes the foil for phobic discourses. And, through being pathologised, the artist who creates work involving self-wounding may also become the foil for phobic discourse on madness and body modifications.

Thus, literalization, according to Blocker and Doyle, is a way in which universal meaning is foreclosed to works made by non-normative subjects. This refusal to grant universal subjecthood to some bodies is a conceptual justification that can support systems of power distribution which are based in racism, sexism, homophobia, classism, and ableism, amongst others. It does so through creating some bodies as *not performing* in the sense that they are not capable of the distance and intellect that the normative white, cis male, straight, able-bodied, neurotypical artist is.<sup>135</sup> Assumptions of complexity attributed to some works are disallowed for these artists. Doyle points out that this often happens, for artists who are racialised as non-white, through an assumption of transparency which “reproduces the logic of visual transparency that lies at racism’s foundation.”<sup>136</sup> Thus, Doyle argues, this mode of reading seems to come with an “urge to read the artist’s work as naïve, earnest forms of self-expression with no awareness of the complexity of representation, art history, or political institutions.”<sup>137</sup> This *not performing* body might also be understood as the compulsive body who simply enacts what it is programmed to. In this pathologising critical practice, the traumatised body is forever re-enacting their wounds. It therefore cannot perform as an artist because its gestures are framed as choiceless.

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<sup>134</sup> For Blocker on this, see pp. 112-111; for Doyle on this, see p. 61 and p. 65.

<sup>135</sup> Doyle, p. 35.

<sup>136</sup> Doyle, p. 97.

<sup>137</sup> Doyle, p. 106.



In Stiles' framework, ORLAN must be framed as sick in order to justify her practice, replacing intention or choice (whether conscious or not) with compulsion. In doing so, Stiles frames ORLAN not only *as* traumatised but also as literally *becoming that trauma*. It is in this way that ORLAN's work can never be seen as empowering for Stiles, because ORLAN herself, her very gestures and acts on her own body, *become* the sexual abuse that Stiles reads into them. Indeed, in order for "women to become the handmaids of the system of our own abuse," as Stiles writes, and for art practices like ORLAN's to be understood as "sacrific[ing] our bodies as membranes to capital and patriarchy in the name of fame, sex, love, and theory" there must be an evacuation of the idea that the artist has selfhood at all. In becoming a membrane who merely continually recapitulates one's own trauma, the researched, ornate, operatic qualities that are present in ORLAN's multi-hour surgical performances through which she stays awake to read aloud whilst doctors incise, mechanically suck, and suture her body have little effect on Stiles' reading.<sup>138</sup> In reading her as nothing but her own supposed trauma, Stiles can relate to ORLAN as a creature to be pitied, to have empathy for, and to attempt to save through making her aware of her own subconscious evacuation of some supposedly truer form of "self."

My argument is that literalising the work is necessary to this diagnostical reading. In order to treat an art practice as symptomatic, it is necessary to remove the capacity to act non-compulsively in the ways that terms such as agency, skill, or technique imply. This is sometimes done through limiting meaning to apparent identity. This gesture is in turn made acceptable through dehumanisation—for, as Eli Clare reminds us, "once a person is deemed not human, then all sorts of violence become acceptable."<sup>139</sup>

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<sup>138</sup> Stiles, "Never Enough is *Something Else*," pp. 251-252.

<sup>139</sup> Clare, Eli, *Brilliant Imperfection: Grappling with Cure* (Durham and London: Duke University Press, 2017), p. 118.

However, literalization is not inherently oppressive. Rebecca Schneider attends differently to literalization in her monograph on feminist performance art, *The Explicit Body in Performance*. Schneider states, “to render literal is to disrupt and make apparent the fetishistic prerogatives of the symbol by which a thing, such as a body or a word, stands by convention for something else.”<sup>140</sup> Schneider ultimately builds an argument that explicates the ways in which feminist performance artists use literalising as a tactic to twist and denaturalise dominant ways in which their bodies are read. She gives the example of the Guerrilla Girls’ twisting of the literalization of their identities and bodies by collapsing “guerrilla” and “gorilla” into a pun that “confuses the space between symbolic and literal reading, and in so doing it both plays with and questions dominant habits of comprehension.”<sup>141</sup> Whereas Stiles’ use of literalization lays in reading the artist’s body as literally representing that which it stands in for (here traumatic experience), Schneider illuminates the literalization which is mobilised as a tactic by artists to resist the constant collapsing of their bodies and selves. She shows that artists who are *not* straight, white, cis male, able-bodied, and neurotypical with class mobility have long been aware of this mode of reading. And that such artists can mobilise literalization to undermine its flattening tactics through the very forms of “irony, self-reflexivity, ambivalence, and complexity” typically refused them.<sup>142</sup> As such, literalization cannot be regarded as a tactic that has only one direction.

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<sup>140</sup> Rebecca Schneider, *The Explicit Body in Performance* (London & New York: Routledge, 1997; repr. 2013), p. 6.

<sup>141</sup> Schneider, p. 2.

<sup>142</sup> Doyle, p. 106.

## Humanitarianism, Whiteness, and Carceral Care

Why would the critic pathologise performance in this way? What makes pathologising seem like a reading position that makes sense? What, really, is Stiles responding to that makes her pathologise ORLAN's work? As I have shown, there is a tendency to collapse the kinds of "self-harm" that one is warned to watch out for in teenagers with whatever gestures are read as "self-harm" in performance art. I think this echoes a broader social-cultural dearth of ways to relate to invasive body practices within contemporary Western societies. Instead, the primary social understanding of self-wounding is either in the realm of the aesthetic (relatively common body modifications such as tattoos, piercings, or socially acceptable forms of elective cosmetic surgery) or the medicalised model described below. Because ORLAN's work does not well align with normative beauty standards which might be the most legible motivation to do cosmetic surgery, it makes sense that the other most obvious reading would be to medicalise and thus pathologise her acts. However, where this logic becomes warped is, in reading ORLAN's surgeries as enacting the same gesture as that of the popularised figure of the teenage girl cutting herself in her bedroom, there is an inference of similar causal explanations. The most recent clinical studies on the causes of "self-harming" in adolescent girls echo generally held social beliefs around this phenomenon. They suggest causes include: not wanting to feel anything, feeling that no one cares that one is harmed, or feeling one deserves pain.<sup>143</sup> (Notably, this latter reason aligns with Stiles' reading of ORLAN as self-loathing.) They also suggest that "self-harming" can provide emotional regulation, be addictive, be linked to interpersonal issues, and can help to avoid suicide.<sup>144</sup>

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<sup>143</sup> Line Indrevoll Stånicke, "The Punished Self, the Unknown Self, and the Harmed Self – Toward a More Nuanced Understanding of Self-Harm Among Adolescent Girls," *Frontiers in Psychology*, 12:543303 (2021), 1-15.

<sup>144</sup> Michelle Miller, Marcus Redley, and Paul O. Wilkinson, "A Qualitative Study of Understanding Reasons for Self-Harm in Adolescent Girls," *International Journal of Environmental Research and Public Health*, 18:3361 (2021), 1-16.

Further, these studies suggest “that self-harm could be considered a compulsive rather than impulsive disorder.”<sup>145</sup> In this sense, “self-harming” becomes a tool to deal with internal issues and compulsions as contrasted to, say, an aesthetic decision within an artwork. This might offer a moral positioning to the pathologising critic who could see helplessness rather than (also moral) recklessness. Overall, the broadly held understanding of what “self-harming” means is something like “a cry of pain” “and/or a cry for help.”<sup>146</sup> Hence, to read ORLAN’s work as the same as the “self-harming” of the figure of the teenage girl is to be offered a clinical psychiatric lens and to imagine the artist’s personal pain, a cry for help. Understandably, when responding through these logics, some pathologising art historians seem to do so from a desire to help.

In reading Stiles’ and Gonzalez Rice’s texts, I observed a sense of humanitarian feeling being expressed. In introducing her project Gonzalez Rice writes, “in telling endurance artists’ stories, *Long Suffering* also limns my own autobiography. As the only child of a trauma survivor, since childhood I have enacted the role of witness to traumatic narratives: visual, verbal, and somatic; direct and indirect; conscious and unconscious.”<sup>147</sup> Here Gonzalez Rice seems to offer a justification for her expertise in identifying and giving witness to traumatic narratives. This disclosure might elicit a kind of empathy by a reader. But there is also a kind of psychological self-diagnosing that, according to this logic, suggests that the author is reproducing that which she herself is magnetised by. She continues, “In this book, then, I attend to the needs of survivors, and I continue to perform as listener and

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<sup>145</sup> Miller, Redley, and Wilkinson, p. 1.

<sup>146</sup> Gerrit Scoliers, Gwendolyn Portzky, Nicola Madge, Anthea Hewitt, Keith Hawton, Erik Jan de Wilde, Mette Ystgaard, Ella Arensman, Diego De Leo, Sandor Fekete, and Kees van Heeringen, “Reasons for Adolescent Deliberate Self-Harm: A Cry of Pain and/or A Cry for Help?: Findings from the Child and Adolescent Self-Harm in Europe (CASE) Study,” *Social Psychiatry and Psychiatric Epidemiology*, 44 (2009), 601-607.

<sup>147</sup> Gonzalez Rice, p. 15.

witness to the lived reality, everyday implications, search for moral meaning, and calls for justice embedded in representations of trauma.”<sup>148</sup> In seeing herself as attending, tending, to what is needed by those who have “survived,” Gonzalez Rice appears to imagine herself in a caregiving role, almost nursing those who have been wounded: namely, the artists she selects as her case studies. A position from which she seems to be trying to save, or at least mend, artists she creates as “survivors,” perhaps though striving to be helpful, empathic, and kind. In short, her reading practice appears to stem from the kinds of do-gooder dynamics that underpin humanitarian positions. “Humanitarian” is a term often used to indicate the willingness of some nation-states to help those beyond their borders. It is a term that tends to be read as altruistic and admirable but whose predication on an asymmetry of resources and the benevolent choice of the more resourced party, also tend to go unquestioned.

Stiles, too, offers her diagnoses not, I think, from the desire to harm but from the wish to help. A particularly potent example of this wish can be found in an anecdote within the footnotes to “*Never Enough is Something Else*” (the text in which she condemns ORLAN’s work). At length, she describes meeting ORLAN for the first time at an opening in Los Angeles in 1998. She writes,

I approached the artist and introduced myself. ORLAN responded to my self-introduction by commenting that she had heard that I was such a “warm” person, that she did not understand why I wrote so harshly about her work. In the course of a brief conversation... I explained that I was concerned for her life and that I did not want her to kill herself for art. She responded that “life is much harder than art.” I replied that I realised she was personally in psychological pain but that acting it out as physical pain was not the solution, and I urged her to stop punishing herself. I would

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<sup>148</sup> Gonzalez Rice, pp. 15-16.

not stop writing about her work in this manner, I added, until she stopped hurting herself. Her response was to throw her arms around me and burst into tears. There is no way to tell this poignant story... without sounding melodramatic and self-aggrandising. Nevertheless, it happened and that matters. ORLAN is an artist for whom I have deep respect and boundless empathy.<sup>149</sup>

Here, Stiles suggests that ORLAN's response of "throw[ing] her arms around me and burst[ing] into tears" confirms the verity of Stiles' interpretation of the work as an expression of psychological distress.<sup>150</sup> The tears and hug seem read by Stiles as something like relief and gratitude on the part of the artist. Though I am sceptical of this as the sole reading of ORLAN's gestures, I am also not interested in attempting to argue about internal, individual experience. Rather, I wish to address why, as Stiles writes, this story does indeed matter to her reading as an indicator of humanitarian intention that positions her as a saviour.

The importance of this anecdote is in Stiles' statements to ORLAN and her inclusion of those statements in the footnotes of her reading. I interpret this articulation as an active expression of the desire to save the artist from her own enactment of her past traumas. Stiles re-articulates ORLAN's practice as self-punishment, an expression of personal psychological pain. Her declaration that she will not stop writing in this way until ORLAN stops "hurting herself" expresses her investment in the idea that actually stopping ORLAN's practice, at least as it manifests in the surgical performances, would be a form of success for her critical reading.<sup>151</sup> Here, a reason for writing such criticism is articulated as Stiles' concern for ORLAN's life, and fear that the artist may in fact "kill herself for art."<sup>152</sup> How can one

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<sup>149</sup> Stiles, "'Never Enough is *Something Else*," p. 285, n. 68.

<sup>150</sup> Stiles, "'Never Enough is *Something Else*," p. 285, n. 68.

<sup>151</sup> Stiles, "'Never Enough is *Something Else*," p. 285, n. 68.

<sup>152</sup> Stiles, "'Never Enough is *Something Else*," p. 285, n. 68.

critically make sense of the expression of care, entangled with diagnosis, that results in pathologisation in such a situation?

To think through this, I highlight a line of thought that has already been sewn throughout this project: the entanglement of care and diagnosis that sometimes results in desired support and sometimes in what is experienced as violence. Clare writes that diagnosis has often been used to justify practices of “care” that are also forms of violence: “using head cages and straightjackets, drugging with psychotropic meds [and] locking people in isolation cages became means of keeping residents ‘safe,’” and were normalised as “practices of care rather than forms of violence.”<sup>153</sup> In the United States, from which Stiles and Gonzalez Rice both write, such forms of “care” perhaps resonate most loudly in colonial practices of settler occupation and subjugation. As Winona Stevenson has shown, religious missionary work was a key tool in colonising North America.<sup>154</sup> Whilst I am by no means comparing ORLAN to the incredible number of Indigenous communities devastated by ongoing colonial projects on those lands, nor comparing Stiles to colonial pillage, I do wish to draw out the links between a pathologising critical reading that considers itself “caring” and white settler inclinations towards “civilising” or “saving.”

Missionary saviour urges live on not only within religious missions but also amongst the non-religious sector of humanitarian work. Polly Pallister-Wilkins argues that humanitarianism is in fact “animated and made possible by white supremacy.”<sup>155</sup> Pallister-Wilkins defines white supremacy, following Dylan Rodriguez, as “a logic of social

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<sup>153</sup> Clare, p. 47.

<sup>154</sup> Winona Stevenson, “Colonialism and First Nations Women in Canada,” in *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, eds. E. Dua and A. Robertson (Toronto: Women’s Press: 1999), pp. 49-80 (*passim*).

<sup>155</sup> Polly Pallister-Wilkins, “Saving the Souls of White Folk: Humanitarianism as White Supremacy,” *Security Dialogue*, 52 (2021), 98-106 (p. 102).

organisation that produces regimented, institutionalised, and militarised conceptions of hierarchised ‘human’ difference.”<sup>156</sup> As I have shown, pathologisation can be mobilised as one of these tools that reinforce a hierarchised difference. In this sense, when I point to whiteness within the moral positioning of texts such as Stiles’ I am not discussing the particular bodies of given critics and artists so much as a system of power. Whilst it is important to acknowledge that this system of power impacts different bodies and phenotypes in different ways, it is also important to consider the insidious ways in which the values and hierarchies of whiteness infiltrate thinking and so are shaped not just by the body that is perceived but in fact, *how* that body can be perceived. Thus, any humanitarian-like ideas that animate pathologising as a practice require a consideration of forms of power that create difference and hierarchy, including colonialism, racism, and their attendant ideologies.

Writing of ORLAN’s work Stiles says, “her repeated acts of self-abuse and mutilation deserve empathy and a sense of tragedy, not celebration.”<sup>157</sup> Stiles here instructs her readers that they should perceive ORLAN’s work (what she denotes as “self-abuse,”), in such a way that they feel “empathy and a sense of tragedy”: something which sounds rather like pity, to me.<sup>158</sup> Pathologising expressions of care here seem predicated on the kinds of inequity feelings like pity require. Mira C. Skadegård, following Gayatri Chakravorty Spivak, defines “benevolent discrimination” as that which “resides within positive and well-meaning gestures, yet it belies a charitable relational dynamic that rests on powered assumptions about difference informed by colonial dynamics and residue.”<sup>159</sup> This benevolent discrimination is at the heart of the humanitarian gesture. Without attending to the historical violences and

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<sup>156</sup> Cited in Pallister-Wilkins, p. 98.

<sup>157</sup> Stiles, “Never Enough is *Something Else*,” p. 258.

<sup>158</sup> Stiles, “Never Enough is *Something Else*,” p. 258.

<sup>159</sup> Mira C. Skadegård, “With Friends Like These, Who Needs Enemies?: Structural Discrimination and Good Intentions in Everyday Interactions,” *Nordic Journal of Migration Research*, 7:4 (2017), 214-223.



inequities that undergird benevolent pathologising gestures one risks reproducing colonial dynamics.

On a more individual level, such humanitarian impulses are sometimes thought of as simply being *nice*. However, this form of niceness “keeps the focus on good intentions, allowing white people and places to be marked as ‘tolerant and inclusive’ while ignoring the material effects of structure-based identities.”<sup>160</sup> It is a form of whiteness that manifests in cultural expectations of behaviour and relations that reify white supremacy, in other words, a culture of whiteness. Pallister-Wilkins shows that a culture of whiteness “helps to protect and stabilise white supremacy.”<sup>161</sup> In discussing such culture in diverse rural areas which nonetheless can be translated into other contexts, Pallister-Wilkins writes that “A culture of whiteness in diverse rural areas can be seen through a colonial logic of domination in that it shows up as reliance on ‘pathologising discourses’ to justify the elimination and exclusion of ‘others’ who are seen to threaten the ‘higher use’ value of privatized land.”<sup>162</sup> In other words, pathologising logics are used by cultures of whiteness to rationalise the controlling or expelling of those who are seen as other and this might occur through humanitarian gestures or attempts to be “nice.” The justification that pathologising offers can be one of niceness when, for example, calling the police to manage a person who is behaving unusually ostensibly out of a sense of concern for that person’s wellness. However, white culture stops short of interrogating the edges of that concern by not examining what is maintained by eliminating unusual elements and thereby maintains white supremacy’s veil of naturalness.

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<sup>160</sup> Emily Walton, “A Culture of Whiteness: How Integration Failed in Cities, Suburbs, and Small Towns,” *Sociology Compass*, 15:11 (2021), 1-13 (p. 6). Here, Walton is also citing the excellent work of Sarah Mayorga-Gallo, “The White-Centering Logic of Diversity Ideology,” *American Behavioral Scientist*, 63:13 (2019), 1789–1809.

<sup>161</sup> Pallister-Wilkins, p. 7.

<sup>162</sup> Pallister-Wilkins, citing Kent-Stoll (2020), p. 7-8.

This naturalisation makes it necessary to seek examples in their absence, such as when Gonzalez Rice examines the impact of religion on the practices of the white U.S. American artists that she studies. Though the premise of her entire project is a two-pronged examination of the ways in which trauma on the one hand and religion on the other shape the practices of Linda Montano, Ron Athey, and John Duncan, nowhere in her text does she address the historical colonial implications of her research question. Though seeking what is absent can be tricky—after all, there must be limits and exclusions to enable any research project—it is also necessary to prod when such exclusions reproduce continued oppressions. Asking what prompts or allows Gonzalez Rice to think through the disparity of gender, and to some extent class and ability, in these practices but not the impact of racist ideologies transmitted through the colonising tactic of missionary work when examining religion is necessary. It is possible that the link between that which allows the oversight of such relevant questions is also that which allows the pathologising position of the critic: a quiet hierarchy.

As I have shown above, such hierarchies attempt to make the valuing of certain knowledges over others appear self-evident, thereby justifying unwanted forms of care. Expressions of concerned care manifesting in humanitarian gestures can quickly manifest as carceral care—such as with the examples of calling the police, missionary trips, etc.—due to an unexamined asymmetry of power. Scholar Loree Erikson defines carceral care simply as “forms of care... that are more invested in controlling than listening to a given human.”<sup>163</sup> In seeing how forms of concerned care can quickly manifest as carceral care—that which is defined by its ability to control—it seems important to refuse to take for granted the

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<sup>163</sup> See Loree Erikson, “Cultivating Cultures of Care with Dr. Loree Erickson,” Published by School of Disability Studies at X University, *YouTube* (14 July 2021) <[https://www.youtube.com/watch?v=RnkU\\_r2MplI](https://www.youtube.com/watch?v=RnkU_r2MplI)> [accessed 6 Jan 2021].

pathologising critic's expressions of care and concern as a noble or innocent humanitarian position.

This imbalance of power, while not as explicit as a history of resource pillaging and hoarding, still roots into similar ideologies and seeing its histories makes clear the stakes of such practices. In the instance of the pathologising critic, it lays in the doctor-patient dynamic that is activated. There is a subtle moral positioning to the ways in which Stiles and Gonzalez Rice inhabit their pathologising critical practices. Such a position is implicated within hierarchies of power that can be put under scrutiny. This moral position, though often well-intentioned, is not benign and deeply impacts their readings of the work. I therefore urge an alertness to expressions of humanitarianism that manifest in pathologisation as such actions may be bringing along unannounced ideological baggage such as colonial and white supremacist hierarchies.

### **No Horizon: Recuperating Representations**

In an essay reproduced in *Concerning Consequences* titled “Shaved Heads and Marked Bodies: Representations from Cultures of Trauma,” Stiles’ core argument is that in art and performance, “marked bodies [such as tattooed ones] and shaved heads visualise the aggregate forms of suffering” and “remain paradigmatic of the kinds of representations that are found in cultures of trauma.”<sup>164</sup> Though there are other examples of such arguments, Stiles’ is interesting in that she, again, reads this into the work of performance artists. In an afterword to the essay, Stiles asserts that all of her “examples are limited to themselves” and that “all generalisations are dangerous.” She warns that trauma should only be used as a

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<sup>164</sup> Kristine Stiles, “Shaved Heads and Marked Bodies: Representations from Cultures of Trauma (1993),” in *Concerning Consequences: Studies in Art, Destruction, and Trauma* (Chicago and London; The University of Chicago Press, 2016), pp. 47-66 (pp. 62-63).

framework for examining culture when “each trauma [is] examined in and for itself” taking into account the varying “intensit[ies] and duration” that traumatic experience takes.<sup>165</sup> Here, Stiles urges the critical reader to localise their use of this framework to the specific trauma of a specific artist if they are to use it well or ethically. She also argues, though, in response to the question, “why, if I choose to shave my own head or tattoo my own body, is this not an act of self-empowerment, a wresting of my own fate and identity from historical antecedents,” that representations can never be recuperated. She phrases and interprets this question as “an effort to posit agency outside of history.”<sup>166</sup> Though I, like Stiles, am not willing to evacuate historical context, I also do not think that the heart of this question is predicated on doing so. Instead of “deny[ing] the interconnectedness of historical representations,” what might it be to not deny but also not limit meaning making to the contours of what is already legible?

Stiles anchors many of her readings of art in semiotic considerations of signs and signifiers. Though she clarifies that all of her examples are “limited to the Western Judeo-Christian tradition” she also writes that “because of the might of Western economies, technologies, weapons development, and communications systems, Western culture permeates the globe, with its mark leaving its own tattoo on social practices around the world.”<sup>167</sup> This points to a tension that undergirds her pathologising framework for dealing with trauma: the reader is meant to see her examples as representative and therefore make possible the transplantation of this reading framework, whilst simultaneously allowing that each example is only ever self-contained permitting for the possibility to defend against any transplantation of such a framework. This setup seems suspiciously malleable with little to

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<sup>165</sup> Stiles, “Shaved Heads and Marked Bodies,” p. 65.

<sup>166</sup> Stiles, “Shaved Heads and Marked Bodies,” p. 65.

<sup>167</sup> Stiles, “Shaved Heads and Marked Bodies,” p. 64.

keep the critic accountable. Such a dynamic in which the capacity for determining falls so one-sidedly, is similar to the doctor-patient dynamic outlined by Koppers in the previous section. Whilst history cannot be escaped, history is the very reason that signs and signifiers shift and change. A resonant example of this might be the use of the word “queer” as, first, a word indicating strangeness, then a derogatory term for people who are (or who are perceived to be) homosexual, and then reappropriated beginning in the 1980s and 90s by gay rights groups as a positive self-label that has now spawned an entire academic field of study. Undeniably linked with their histories, symbols and signs, like “queer,” have nonetheless morphed and changed sometimes even swinging into almost oppositional connotations. When Stiles replies that history cannot be escaped, she collapses the complexity of the question she is being asked. When thinking through resistance, interdependent agency, or something like liberation, it is not necessary to divorce these ideas from their histories. Instead, we might recognise the inflections, influences, and paths charted, all whilst paying close attention to *whose histories* are being considered. Stiles goes on to cite a book on Northern European art of the Middle Ages, and articles focused on Ireland and Russia; her sole citation that appears to be focused on a country that is not predominantly culturally white is an unsubstantiated anecdote about a village in Vietnam. In short, Stiles does not focus on any region that centres majority non-white cultures in any meaningful ways in her analysis of shaved heads and marked bodies. It is worth asking whether she in fact means that she is dealing only with white cultural history and, if so, how such readings of whiteness or from whiteness might be considered amongst multiple and varied histories.

As Leigh Dale has shown in *Responses to Self-Harm: An Historical Analysis of Medical, Religious, Military and Psychological Perspectives* (2015), “self-harm” and responses to it

have historically been as varied as the many contexts they take place in.<sup>168</sup> The specificity of context and the networks of relations at play in a given moment make meaning differently when it comes to tattooing, head shaving, or, indeed, self-wounding acts. Though none of these can escape their social connotations, neither are they completely enclosed within them. Ultimately, in Stiles' argument historical contexts for given acts cannot change. This argument is perhaps too general to hold as, under these circumstances there is no way to account for the above example in which the word "queer" might become an empowering identifier. Instead, Stiles' approach might propose that those who use such an identifier are re-enacting an internalised homophobia. As such, Stiles' arguments regarding the unchangeability of signs and signifiers does not hold in that it inadequately accounts for the real changes to signs and signifiers that exist. And, more seriously, such a positioning creates oppressive forces as unchangeable. I consider this viewpoint's ramifications in taking up the question of feminism and self-possession.

### **The Limits of the Legible: Feminism and Self-Possession**

Differing points of view as to the possibility of recuperating representations is at the heart of multitude disagreements and resultant splinterings within feminisms. Stiles' explicit investment in feminism and her arguments regarding patriarchy's place in ORLAN's work, are an exceptional and rich site to think through divergent feminist understandings of self-wounding in performance art.<sup>169</sup> I am interested in how Stiles' particular pathologising methodology claims to be invested in a certain form of feminism. Further, I find it curious that rebuttals of her pathologising position can nonetheless uphold similar understandings of

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<sup>168</sup> Leigh Dale, *Responses to Self Harm: An Historical Analysis of Medical, Religious, Military and Psychological Perspectives* (Jefferson, NC: McFarland, 2015), Ebook.

<sup>169</sup> Stiles, "Never Enough is *Something Else*," *passim*.

personhood and autonomy as her argument does. Here, I ask what the ideologies underpinning different understandings of the same self-wounding performance gesture as feminist or anti-feminist are. And, further to this, how do these apparently opposing arguments create similar limits to the imagining of new ways of being together that performance can offer?

In the previous section, I argued that Stiles' reading of ORLAN's work takes a pathologising approach that reads the artist as literally becoming her trauma. With the help of Jane Blocker and Jennifer Doyle, I have shown how this literalising practice enacts a flattening that creates some bodies as *not performing*. I argue that this discussion is really about the agentic versus the compulsive artist, which translates into the question of whether or not an artist is sick within a pathologising reading of their work. I flip this point of view, so that the question becomes about what kinds of thinking frames an artist as sick or not sick.

When Stiles argues of ORLAN that "like Donald Trump, she represents and reifies systems of power validated by patriarchy," she is arguing that ORLAN's surgical works are an enactment of a kind of internalised self-hatred taught by patriarchy.<sup>170</sup> In fact, Stiles' reading framework itself reifies the systems of power validated by patriarchy in reinforcing that which is legible to patriarchy as the limit of what can be. The refusal to consider women's self-wounding in performance beyond the internalisation of patriarchy reinforces patriarchy as the limits of the legible. Stiles' position that signs and signifiers cannot change upholds this problematic. Therefore, to read all self-wounding by women performers as the internalisation of patriarchal misogyny is to read from a stance that sees patriarchy as that which defines oppression and liberation.

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<sup>170</sup> Stiles, "Never Enough is *Something Else*," p. 252.

Stuart Hall argues that meaning cannot be fixed onto images but that power attempts to do just that.<sup>171</sup> Ideology, he says, “power in signification,” attempts to “close language, close, meaning, to stop the flow” in order to naturalise the relation between a fixed meaning and an image.<sup>172</sup> Further to this, Hall believes that negative stereotypes cannot be subverted by simply being superseded by positive stereotypes because this replacement maintains the impossible wish to fix meaning.<sup>173</sup> Hall’s argument that stereotypical representations cannot be simply reversed or appropriated into uncomplicatedly empowering signifiers is not dissimilar to Stiles.’ However, Hall’s nuance and specificity (in dealing with representations of racialised stereotypes) maintains the potency of his argument. Is there a way to both acknowledge and grapple with the oppressive nature of some historical representations without foreclosing possible futures in which such identarian possibilities can be rewritten?

Instead of adhering to the inescapability of the past, José Esteban Muñoz proposes that it is possible and even necessary for “minoritarian” subjects to disidentify with oppressive facets of socio-political identity and culture.<sup>174</sup> In doing so, these subjects find ways beyond identifying with or against such formulations but create slippery zones of identity and world building. “The process of disidentification scrambles and reconstructs the encoded message of a cultural text in a fashion that both exposes the encoded message’s universalising and exclusionary machinations and recircuits its workings to account for, include, and empower minority identities and identifications.”<sup>175</sup> Muñoz’s theory is robust enough to account for

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<sup>171</sup> Stuart Hall, *Representation and the Media* (Northampton: Media Education Foundation Transcript, 2005) 1997 <<https://www.mediaed.org/transcripts/Stuart-Hall-Representation-and-the-Media-Transcript.pdf>> [accessed 27 December 2021], p. 19.

<sup>172</sup> Hall, *Representation and the Media*, p. 19.

<sup>173</sup> Hall, *Representation and the Media*, p. 20.

<sup>174</sup> José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis: University of Minnesota Press, 1999).

<sup>175</sup> Muñoz, *Disidentifications*, p. 31.



Hall's convincing arguments on the ways in which historical violence is sticky and can reproduce itself through representations while, at the same time, opening a space of potential futurity that does not simply reproduce the violences of the past.

Where Stiles' argument might at first seem to suggest the need to create beyond such oppressive signifiers and urge the generating of new and previously undefined modes of being, the argument itself unfortunately undercuts this possibility in its relation to feminism. If, as Stiles' theoretical framework suggests, ORLAN's wounds can never be something beyond the expression of internalised patriarchal subjugation of women, then we are caught in a conceptual context reminiscent of Betty Friedan's thinking. Friedan is often credited with sparking the second-wave feminist movement in the U.S. with her book *The Feminine Mystique*, first published in 1963.<sup>176</sup> In it, Friedan writes towards the liberation of—what we might now identify as cis women—from housewifery. The usefulness of this critique, as Sara Ahmed points out, is that it illuminates the nature of certain kinds of labour whose compensation is made unnecessary through the justification of being made happy by the work.<sup>177</sup> However, bell hooks writes, “when Friedan wrote *The Feminine Mystique*, more than one-third of all women were in the workforce. Although many women longed to be housewives, only women with leisure time and money could actually shape their identities on the model of the feminine mystique.”<sup>178</sup> hooks goes on to point out that Friedan does not account for those people who would be called in to do childcare and housework if housewives were, indeed, freed from such labour and “given equal access with white men to the professions.”<sup>179</sup> In Friedan's thinking, liberation looks like giving more access to

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<sup>176</sup> Betty Friedan, *The Feminine Mystique* (New York: W. W. Norton, 1963).

<sup>177</sup> Sara Ahmed, *The Promise of Happiness* (Durham and London: Duke University Press, 2010), p. 50.

<sup>178</sup> bell hooks, *Feminist Theory: From Margin to Centre* (London & New York: Routledge, 1984 repr. 2014), p. 2.

<sup>179</sup> hooks, p. 2.

resources for a few (white middle-class cis women) but does not restructure the nature of a social hierarchy that determines success based on the privatisation and hoarding of resources. However, this image of liberation leaves behind many people of colour—especially brown, Black, and Indigenous women—requiring the oppression of some for the benefit of others. If capitalism is predicated upon gendered and racialised subjugation, then its very tenets of inequality are not shifted if a small percentage of hoarded wealth becomes available to a few whom it was not previously available to. Just as capitalism’s inequality stays intact in Friedan’s example, maintaining the unequal gendered and racialised relations that it is predicated upon, so too does patriarchy remain an irresistible edifice in Stiles’ reading of ORLAN’s wounds. Just as Friedan’s reading maintains an idea of liberation predicated upon hoarded wealth, so too does Stiles’ image of liberation create an irresistible form of systemic subjugation, one in which no resistance and no building beyond the reification or reversal of such systems is imaginable. If all forms of self-wounding in performance by women are understood as the enactment of patriarchy’s goals, what is foreclosed? What is foreclosed is precisely the possibility of a world in which there is no patriarchy or, at least, a world in which patriarchy does not determine the limits of a body’s self-sovereignty. Such an argument does not deny the real possibility of “self-harm” and even self-annihilation as aligning with the oppressive goals of systems of power. On the contrary, it acknowledges that systems of power such as colonisation and our current state of capitalism *rely* upon varied forms of self-policing to maintain themselves. However, it simultaneously recognises that naming the self-chosen harm of the body can never only mean one thing at the exclusion of all others.

A worrisome part of Stiles’ argument is that in aligning oneself with systems of power, rather than seeing *with* and *beyond* them, her position silently forecloses the creative imagination that is required to build new futures. Her position holds tight to either *with* or

*against* which always keeps us, not necessarily in contact with but rather closed into the systems at hand, at the expense of a different future. Advocating for normalisation means advocating for assimilation which can only ever achieve more access to higher ranks for some in an inherently unequitable system that can never create equitable access for all. This is particularly concerning to me in the context of performance, a field that I look to in order to think and feel that which I cannot within the logics of social organising systems at hand.

Notably, Muñoz does not propose an evacuation of history but argues that “the past has a performative nature, which is to say that rather than being static and fixed, the past does things.”<sup>180</sup> Muñoz’s framework again allows for history’s inevitable influence and echo while still arguing that there are ways in which “dominant signs and symbols, often ones toxic to minoritarian subjects, can be reimagined through an engaged and animated mode of performance or spectatorship. Disidentification can be a world-making project in which the limits of the here and now are traversed and transgressed.”<sup>181</sup> Inversely, Stiles’ way of dealing with history refuses the possibility that performance can take up and *shift* signs and signifiers. Hence, from Stiles’ position, shaved heads and marked bodies can never embody empowerment but only reify oppressive processes until they expand and cover over the horizon: one that, as Muñoz reminds us, is needed as a compass orientation to find a futurity that is liveable for all.<sup>182</sup>

Instead, Stiles’ framework is underpinned with the ideologies of what Muñoz describes as “straight time.”<sup>183</sup> In Muñoz’s description of straight time, futurity is consigned to the realm

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<sup>180</sup> Muñoz, *Cruising Utopia*, pp. 27-28.

<sup>181</sup> Muñoz, *Cruising Utopia*, p. 169. The arguments he cites here can be found more fully fleshed out in *Disidentifications*.

<sup>182</sup> Muñoz, *Cruising Utopia*, p. 1.

<sup>183</sup> Muñoz, *Cruising Utopia*, p. 22.

of the state's investment in heteronormative capitalism.<sup>184</sup> Remember that Muñoz, building on Ernst Bloch's approach to aesthetic theory, is invested in "the anticipatory illumination of art, which can be characterized as in the process of identifying certain properties that can be detected in representational practices helping us to see the not-yet-conscious."<sup>185</sup> Stiles' argument that ORLAN's "horrific suicidal mania of... serial body-reconstructions" are "the pitiable histrionics of a scarred body" is invested in seeing something that the artist herself is not conscious of, a very different kind of property identification than Muñoz seems invested in.<sup>186</sup> Remember too, according to Muñoz, Bloch's assertion that beauty cannot be art's limit because "it is simply not enough. The utopian function is enacted by a certain surplus in the work that promises a futurity, something that is not quite here."<sup>187</sup> And that *not-yet* is marked by an "educated hope" and is "a place where entrance and, above all, final content are marked by an enduring indeterminacy."<sup>188</sup> Muñoz's investment in utopic futurity might broach ORLAN's work as building the dream of a world in which one is not contained and flattered by one's identity whilst still acknowledging and investigating the performative impact of the past, allowing a complex and unflinching reading of even her more confronting works, such as her *Self-Hybridisation* works created in the early 2000s. In these, ORLAN digitally manipulates her image to inhabit supposed beauty standards of non-white Western groups of people. In *African-Self-Hybridisations* (2000-2003) and *American-Indian Self-Hybridisations* (2005-2008) ORLAN melds her portrait with photos from African cultures and Indigenous nations in the Americas.<sup>189</sup> While Stiles' framework might offer a reading of this work in which ORLAN is pathologically invested in splintering her identity to escape the trauma her

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<sup>184</sup> Muñoz, *Cruising Utopia*, p. 22.

<sup>185</sup> Muñoz, *Cruising Utopia*, p. 2-3.

<sup>186</sup> Stiles, "Never Enough is *Something Else*," p. 247 and p. 258.

<sup>187</sup> Muñoz, *Cruising Utopia*, p. 7.

<sup>188</sup> Muñoz, *Cruising Utopia*, p. 3.

<sup>189</sup> ORLAN, "Performance."

initial identity experienced, it does not give us a way to deal meaningfully with what suggests enactment of Blackface and Redface in these works.<sup>190</sup> Muñoz's framework, on the other hand, opens to illuminating both the dream of a future in which humans are not contained by identarian labels or women by the imperative to beauty while, at the same time, asking *whose* utopic futurity ORLAN might be pointing towards. For such a utopia, in which a white person can inhabit the presentation of non-white people who have been oppressed for precisely those phenotypical characteristics and then slip out of that digital drag, a sort of phenotypical tourism that absents having to live out the violence that comes with being born into such a body—without the ability to change it—can certainly not be the utopic future for anyone but the white person. Reproducing whiteness' belief in its right to own and its capacity to know all, such a utopic orientation is only utopic for those who benefit from whiteness as a system of power.<sup>191</sup> It is evident to me that Stiles' diagnostical framework is invested in the determinate to the point of losing complexity. Hall might read this investment in the determinate as a form of adherence to the closure of meaning that power proposes.

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<sup>190</sup> I understand the effects of stereotypical representations such as Redface and Blackface to impact and shape social perceptions of groups of people that, in turn, impact the policymaking of nation-states and shape access and barriers to resources. For a good overview of Redface, see Daniel Francis' comprehensive examination of the propagation of stereotypical representations of Indigenous peoples of Turtle Island (also called Canada): Daniel Francis, *The Imaginary Indian: The Image of the Indian in Canadian Culture*, 2<sup>nd</sup> ed. (Vancouver: Arsenal Pulp Press, 2012). For a good overview of Blackface's minstrelsy history, see *Inside the Minstrel Mask: Readings in Nineteenth-Century Blackface Minstrelsy*, eds. Annemarie Bean, James V. Hatch, Brooks McNamara, and Mel Watkins (Middletown: Wesleyan University Press, 1996). Though these references are slightly older, an interesting recent psychological study also highlights the continued relevancy of both forms of stereotyping, see Julisa J. Lopez, Arianne E. Eason, and Stephanie A. Fryberg, "The Same, Yet Different: Understanding the Perceived Acceptability of Redface and Blackface," *Social Psychology and Personality Science*, XX:X (September 2021), 1-12.

<sup>191</sup> I go into much more detail on whiteness' investment in knowing and owning in a later chapter based on the thinking of Aileen Moreton-Robinson in *White Possessive: Property, Power, and Indigenous Sovereignty* (Minneapolis: University of Minnesota Press, 2015).

Tanya Augsburg provides an interesting rebuttal to Stiles' reading of ORLAN's surgical works. Augsburg's essay focuses on contemporary performance's potential to stage new forms of feminist medical subjectivity.<sup>192</sup> Hall suggests that in order to take stereotypes apart it is necessary to "go *inside* the image itself" (italics original.)<sup>193</sup> By this he means,

[S]omehow to occupy the very terrain which has been saturated by fixed and closed representation and to try to use the stereotypes and turn the stereotypes in a sense against themselves; to open up, in other words, the very practice of representation itself – as a practice – because what closure in representation does most of all is it naturalizes the representation to the point where you cannot see that anybody ever produced it. It seems to be just what the world is.<sup>194</sup>

Though, Hall reminds us, there is never a guarantee that a stereotype or fixed meaning can be prevented from returning to its usual forms, he urges engagement in ways that make them "uninhabitable for very long."<sup>195</sup> Upon first glance, ORLAN's work may not seem to deal obviously in stereotypes but, as Augsburg shows, the work's links to the stereotypical figures of the feminised medical patient, the mad or ill woman, and the stereotypes of beauty standards for women are strong.<sup>196</sup> Hall describes stereotyping as "an attempt to fix" and thus any attempt to open up stereotypes as "often a struggle to increase the diversity of things which subjects can be of."<sup>197</sup> The critical readings I here compare are then not under interrogation because I seek to discover more "truth" in one than the other. On the contrary, I believe Hall's argument that meaning is always changing and that images can only be

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<sup>192</sup> Augsburg, p. 286.

<sup>193</sup> Hall, *Representation and the Media*, p. 21.

<sup>194</sup> Hall, *Representation and the Media*, p. 21.

<sup>195</sup> Hall, *Representation and the Media*, p. 21.

<sup>196</sup> Augsburg, p. 292.

<sup>197</sup> Hall, *Representation and the Media*, p. 18.

meaningful in the context of the discourse that makes them mean.<sup>198</sup> Instead, in embarking upon examining the contrasts between Stiles' and Augsburg's readings of ORLAN's work, I am seeking to discover what each viewpoint does and disallows in terms of thinking-feeling subjectification, personhood, and thus world formation.

The mode, then, that Hall proposes, is similar to how Augsburg reads ORLAN's surgical works. She argues that the work makes "a spectacle not only of medicine and of beauty culture but also of oneself—in other words, makes visible the tensions between one's social restraints and one's personal choices."<sup>199</sup> Augsburg's view is that ORLAN's work denaturalises beauty ideals through attempting to inhabit them but sharing too much of the process to maintain the illusion of ease that feminised beauty requires.<sup>200</sup> In seeming refutation of Stiles' reading, Augsburg writes, "to foreground the connections between art and madness without considering what the artwork has to say is to foreclose the possibility of arriving at an understanding of the work."<sup>201</sup> Where Stiles sees the grotesque and abject requirements of cosmetic surgery—the cutting into and lifting of skin from the body, the bruising and swelling of recovery—as evidence of the "self-harm" and pain taught through the internalisation of systemic patriarchy; Augsburg sees the same images as self-reflexive commentary on beauty ideals. Augsburg also frames ORLAN's refusal to centre pain in her work as a feminist tactic of silence and stoicism which enacts her rebuttal to the stereotype of the mad or ill woman which haunts the woman medical subject.<sup>202</sup> Augsburg's reading proposes a sort of Muñoz's disidentificatory process by which ORLAN must engage with the "the discourses of the institutions that construct the female body: medicine, science, and art"

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<sup>198</sup> Hall, *Representation and the Media*, p. 12.

<sup>199</sup> Augsburg, p. 287.

<sup>200</sup> Augsburg, p. 290.

<sup>201</sup> Augsburg, p. 288.

<sup>202</sup> Augsburg, p. 292.

in order to “repossess her own body by deciding exactly how it will be reconstructed.”<sup>203</sup> In Stiles’ reading, ORLAN is inhabiting, without successful subversion, the stereotype of the woman who has internalised patriarchy’s sexism. Such a woman is owned by patriarchy’s misogynistic hatred of women but is deluded into seeing it as self-empowerment because she has been fooled into believing that she is in possession of her own body through these actions.

Underpinning Stiles’ reading is then the assumption that to possess or own one’s own body, one must desire health and wellness for it. The argument that health or wellness is *not* accessed through self-cutting or bodily modification is predicated on and imbricated with notions of respectability, the professionalisation and privatization of knowledge of the interior body, and culturally specific notions of life and death.<sup>204</sup> Conversely, in Augsburg’s reading, ORLAN is inhabiting Hall’s mode of dealing with stereotypes by going directly into the heart of a stereotype in order to “intervene in exactly that powerful exchange between the image and its psychic meaning, the depths of the fantasy, the collective and social fantasies with which we invest images, in order to, as it were, expose and deconstruct the work of representation.”<sup>205</sup> In order for the brutality of ridiculous, unattainable beauty standards to be denaturalised, Augsburg has to account for the parts of the surgical works that work differently from an earnest attempt to meet such standards: ORLAN’s foregrounding of the abject parts of such a process. These images become the kind of lever by which ORLAN cracks open the collective social fantasy of feminine passivity and beauty ideals. In

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<sup>203</sup> Augsburg, p. 304.

<sup>204</sup> On the professionalisation and privatisation of healing knowledges see Silvia Federici, *Caliban and the Witch: Women, the Body and Primitive Accumulation* (New York: Autonomedia, 2004); on the culturally specific notions of life and death see Elizabeth Povinelli, *Geonotologies: A Requiem to Late Liberalism* (Durham and London: Duke University Press, 2016).

<sup>205</sup> Hall, *Representation and the Media*, p. 21.



Augsburg's reading, resistance occurs in the form of ORLAN's capacity to *decide* how her body is modified: specifically to "repossess" it.<sup>206</sup> This decision's complicity with and dependence upon institutional discourses that construct the woman's body as such then become thematised in the work, according to Augsburg.<sup>207</sup> Resistance, for Augsburg, occurs through ORLAN's struggle to "empower the traditional image of the female patient" by actively shaping, consenting, and making demands of the medical surround.<sup>208</sup>

Augsburg's reading is predicated on the possibility that ORLAN can and does own her own body. "Repossession" indicates that something—in this case ORLAN's body, socially constructed as a woman-body—was once in possession (perhaps by an originary ORLAN somehow untainted with social impressions, or perhaps by the figure of the woman unshaped by such in some mythical past), that patriarchy then took possession or ownership of that body, and now through the capacity to choose, the individual of ORLAN takes back the rightful ownership of it. Perhaps that is too simplistic an articulation since Augsburg underlines that "women have been constituted by modern science and medicine."<sup>209</sup> And yet, if *woman*—as a position that may or may not be granted subjecthood and rights under law—is constituted by other institutions, there is something in Augsburg's repossession that suggests the self-constitution of womanhood is the resistance work that ORLAN's pieces enact. And this self-constitution is predicated upon a possibility of self-ownership.

Though each critic reads ORLAN's surgical works as dealing with patriarchy, one argues that the work enacts, and one that it resists patriarchy's misogyny. What is most fascinating to me about a comparative examination of these two ostensibly feminist and oppositional

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<sup>206</sup> Augsburg, p. 304.

<sup>207</sup> Augsburg, p. 304.

<sup>208</sup> Augsburg, p. 307.

<sup>209</sup> Augsburg, p. 286.

readings of ORLAN's work, is that they are both built upon similar foundational understandings of ownership and property that are socio-culturally derived. It is my assertion that these underpinning ideas continue to go unexamined in feminist readings of self-wounding in performance art and, as such, their investment in Western whiteness and imperialism go unannounced.

Aileen Moreton-Robinson in *The White Possessive: Property, Power, and Indigenous Sovereignty* outlines the ways in which whiteness as a system of power relies on determining possession and dispossession.<sup>210</sup> I go more deeply into Moreton-Robinson's thinking in a later chapter so for now let this sketch suffice: whiteness creates the delineation of some people as capable of self-possession and some as only capable of being possessed by others, as property.<sup>1</sup> Moreton-Robinson links this with the categories of race and gender when she writes that "from the sixteenth century onwards race and gender divided humans into three categories: owning property, becoming propertyless, and being property."<sup>211</sup> In order for whiteness' property-based ideologies to function—including imperialism, coloniality, and capitalism—these notions of individuality and property must exist.

To view one's body as one's property, however politically strategic, inherits an individualism that belongs to coloniality, whiteness, and capitalism. Therefore, feminist arguments about self-wounding that orient towards a goal of *owning* or possessing one's own body are always already white feminist arguments working from within the kyriarchy of gendered and racialised colonialism and capitalism but without attempting to dismantle the property-based values that undergird it. The back-and-forth arguments regarding self-possession of the body ascribed womanhood can only allow us to contemplate the trap as it is set. Whilst that might be important work (and indeed I am indebted and grateful to activists

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<sup>210</sup> Moreton-Robinson, *passim*.

<sup>211</sup> Moreton-Robinson, p. xxii.

before me who have fought for multitude resources on this basis such as access to abortions for people with uteruses), it is also an act of criticism and not necessarily worldbuilding. By this I mean that it is a critique of a system at hand from within it, using its guidelines of recognition and legibility. Arguments asking whether “self-harm” in performance is re-enacting or resisting patriarchy are always centred on patriarchy. Again, this is important work. However, this stance also forecloses any knowledges from the work that might be trying to create worlds in which patriarchy is not the centre, rather than looking at and commenting only on a world which is already at hand. To me, it is insupportable to mobilise critical reading tactics that (perhaps unknowingly) foreclose worlds that might be created beyond the limits of imperialism, whiteness, and capitalism.

As I have shown, the question of feminism and self-wounding in performance often pivots on the question of possession of one’s own body. On one hand, the arguments which state that self-wounding performance art cannot be emancipatory, lean on the idea that harming the physical body is simply re-enacting what patriarchy already wants. Instead, these arguments seem to suggest that suffering and harm should be minimised in order to create a free and happy feminist subject. On the other hand, arguments that self-wounding performance art can be feminist and emancipatory, generally pivot on the assertion that in enacting what one chooses on their own body, a reappropriation of the body, provides access to self-ownership. Self-possession is, here, central to both arguments. Ultimately, each position is merely arguing about whether or not a woman’s body can be her own property. It is my assertion that this dependence on the notion of property is what unites and limits both sides of this argument.

## Chapter 2: The Effects of Pathologisation

Responding to performance art that is deemed “self-harming” from a pathologising position is not something that occurs only in art historical readings but is part of a more complex mode of thinking which is widespread in a contemporary Western context. Addressing the discursive field out of which pathologising audience responses arise, offers a way to make reasonable sense of them. To do so, I take up the performance work of L.A. Raeven and Kris Grey.

In Part 1, Raeven’s work acts as an excellent flashpoint to explore how mainstream media pathologisation of self-wounding in performance effects how the work is understood. I trace the scholarly and popular reception of their works to argue that a focus on diagnosis distracts from the actual thematising of pathologisation and social norms within their work. Such readings enact critical literalisation to flatten the work’s complexity, which nourishes a moral panic about the supposed contagion they might incite. Their work that deals with what might be called anorexia becomes treated *as if it were anorexia itself*. Understood in this way, the work becomes considered dangerous enough to effectively censor. Such readings confuse the topic of pathologisation with the enactment of pathologisation through literalisation that frames Raeven’s work as compulsive instead of skilled. This section proves that pathologising readings are widespread and therefore an important topic to investigate.

In Part 2, Grey’s performance work allows for consideration of the real material effects of pathologisation on the lives of people who are transgender and gender non-conforming. Their performances ask me to attend to the ambivalences of pathologisation, medicalisation, and diagnosis: their historical benefits and constraints. I do this through a comparison of the pathologisation of people seeking mastectomies. Grey’s work also actively engages with trauma and recovery but asserts that pathologisation itself can be a source of

trauma. They propose that self-wounding in performance can challenge the biopolitical regulation of the openings of bodies. Thus, wound making for them becomes a new potential site of sex and gender with political potential beyond the “patriarchal systems of dominance and control.”<sup>1</sup>

Reading the works of Raeven and Grey together enact a counter balancing of ways in which pathologisation, diagnosis, and medicalisation might function across bodies that are pathologised beyond performance. And, how those same bodies negotiate, challenge, and complicate pathologisation through performance.

## **Part 1, Pathologisation in the Media: L.A. Raeven**

### **Clickbait Coverage: Petr Pavlensky and Rita Marcalo**

Though I have thus far taken the critical writings of Stiles and Gonzalez Rice as case studies to identify and analyse the effects of reading performance art from a pathologising position, pathologising readings are by no means limited to scholarly art historical contexts. Similar discursive strategies can be found not just in other scholarship but also in more mainstream sources of media such as newspapers and documentaries. In turn, this allows my thesis to designate the critical pathologising of artists as a widespread phenomenon that needs attention. The full extent and nature of more mainstream representations of performance art are beyond the scope of this research, however examples of the dismissal or ridicule of performance art on account of its perceived excesses, including self-wounding, can be easily seen in the countless list-based articles with headlines like “The 10 Most

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<sup>1</sup> AM DeBrincat, “Empowered Vulnerability,” *Artfile Magazine* <<http://www.artfilemagazine.com/Kris-Grey/>> [accessed 6 February 2022].

Shocking/Extreme/Craziest Performance Art Pieces of All Time.”<sup>2</sup> Or, in coverage of the works of Petr Pavlensky who, perhaps most infamously, nailed his scrotum to the cobble stones of Moscow’s Red Square in *Fixation* (2013). Headlines such as, “Why I Nailed My Scrotum to Red Square,” or “Russian Performance Artist Cuts Off Earlobe in Political Protest”—referencing Pavlensky’s *Segregation* (2014) in which the artist did, indeed, cut off his earlobe with a large kitchen knife whilst sitting on the roof of Moscow’s Serbsky Psychiatric Centre—seem positioned as clickbait and often lead to the pathologisation of the artist.<sup>3</sup> Though the attention-grabbing nature of Pavlensky’s work seems to me an attempt to mobilise media attention to raise international pressure on serious issues of state oppression, this same quality is often used to belittle the works, make them comical, or profit from them, as in multi-national food corporation Burger King’s menu inspired by the artist.<sup>4</sup> Katie Marie Davies’ “Russian Action Art is Prolific. But is it Time to Stop Treating Self-Harm as Art?”

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<sup>2</sup> See for example Courtney Stanley, “14 of the Most Extreme Performance Art Pieces,” *Culture Trip*, section North America/USA/Art, 7 October 2016 <<https://theculturetrip.com/north-america/usa/articles/14-of-the-most-extreme-performance-art-pieces/>> [accessed 14 May 2022]; Jonathan Jones, “The 10 Most Shocking Performance Artworks Ever: Russian Artist Pyotr Pavlensky's Nailing of His Scrotum to Red Square isn't as Unique as You Might Think: Artists Have Shot, Burned, Disfigured, and Eaten Themselves,” *The Guardian*, section Top 10s in Art: Performance Art, 11 November 2013 <<https://www.theguardian.com/artanddesign/2013/nov/11/scrotum-top-10-shocking-performance-art>> [accessed 14 May 2022]; Alexandra Guzeva, “The 10 Craziest Russian Art Performances,” *The Theatre Times*, section Russia Beyond the Headlines, 14 May 2019 <<https://thetheatretimes.com/the-10-craziest-russian-art-performances/>> [accessed 14 May 2022].

<sup>3</sup> Lorena Muñoz-Alonso, “Russian Performance Artist Cuts Off Earlobe in Political Protest,” *Artnet News*, 21 October 2014 <<https://news.artnet.com/art-world/russian-performance-artist-cuts-off-earlobe-in-political-protest-139120>> [accessed 20 August 2022].

<sup>4</sup> “Burger Tribute for Russian Protest Artist Pavlensky,” *BBC, News From Elsewhere: As Found by BBC Monitoring*, 30 August 2016 <<https://www.bbc.com/news/blogs-news-from-elsewhere-37222904>> [accessed 20 August 2022]. Since I have been unable to find any direct documentation of this menu or original press release, I question the veracity of this report. However, that such information appeared in English language news including *The Guardian*, *The Daily Mail*, *The Kyiv Post*, and *The Moscow Times*, and many more is a certainty. This, in and of itself, supports my argument.

takes up the works of Pavlensky.<sup>5</sup> In a familiar and conservative accelerationist move, Davies suggests that self-wounding in performance will “increasingly inevitabl[y], sooner or later” lead to an artist’s accidental death.<sup>6</sup> The author argues that “art should not be limited or controlled because its content is difficult or upsetting,” however continues, “but we do need to protect artists from themselves.”<sup>7</sup> This somewhat patronising humanitarian concern is representative of news coverage that does not entirely dismiss such works and tends to be coupled with a blaming of such artists as attention seeking. Davies, for example, writes, “controversy and performance are a heady cocktail in the social media age. Self-harming performances, in particular, create urgent, click-worthy headlines for editors and readers alike.”<sup>8</sup> But isn’t it writers and editors themselves who create clickbait headlines?

Take the example of dancer and choreographer Rita Marcalo who, in 2008 was awarded a grant from Arts Council England to produce a performance entitled *Involuntary Dances* (2009). In it, Marcalo who has epilepsy, planned to intentionally induce a seizure through strobe lighting, fasting, sleep deprivation, and raising her body temperature.<sup>9</sup> Media coverage of the proposal continually centred the supposed danger, voyeurism, and public money used to support the act. Epilepsy Action, an epilepsy charity criticised the proposal even though their mandate seemed aligned with Marcalo’s own: to raise awareness of epilepsy. Brian Lobel, in analysing the relationship between artists creating work about

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<sup>5</sup> Katie Marie Davies, “Russian Action Art is Prolific. But is it Time to Stop Treating Self-Harm as Art?” *The Calvert Journal*, 17 June 2021 <<https://www.calvertjournal.com/articles/show/12869/russian-action-art-pyotr-pavlensky-pavel-krisevich-opinion>> [accessed 14 May 2022].

<sup>6</sup> Davies.

<sup>7</sup> Davies.

<sup>8</sup> Davies.

<sup>9</sup> Paul Stokes, “Epileptic Actress Attempts to Induce Fit on Stage: An Actress, Rita Marcalo, Who Has Suffered Epileptic Seizures in Private for 20 Years is Attempting to Induce One for a Public Performance,” *The Telegraph*, 19 November 2009 <<https://www.telegraph.co.uk/culture/theatre/theatre-news/6606339/Epileptic-actress-attempts-to-induce-fit-on-stage.html>> [accessed 14 May 2022].

“illness and disability and organisations that claim to speak on behalf of, or in the interest of, those with the same illnesses and disabilities,” points out that assertions of awareness raising in each instance may actually be about different kinds of awareness.<sup>10</sup> Newspaper headlines read “Artist to Have an Epileptic Fit Live on Stage,” “Epileptic Actress Attempts to Induce Fit on Stage,” “Dancer Rita Marcalo [*sic*] to Have Epileptic Fit on Stage,” and “Epilepsy: Rita Marcalo Receives Grant to Induce Fit on Stage.”<sup>11</sup> Lobel analyses online comments to such news articles and notes that most invoked personal experience to justify their reactions.<sup>12</sup> He argues that the audience of this work “became split in two: between those who looked at the piece as an artistic exploration; and those who believed the work, foregrounding the epileptic body, was exclusively about epilepsy in society.”<sup>13</sup> This, in turn, drew attention to funding for the project, eliciting critiques of public funds being used towards representations that could reproduce historical spectacularising of disabled bodies through the form of the “freakshow.”<sup>14</sup> Lobel points out that Marcalo consistently cited artists like Franko B and ORLAN in defending her use of her body, as opposed to artists whose work speaks to a distinctly disability arts context and, further, that Marcalo’s lack of interaction with epilepsy communities generated a questioning of her “authenticity.”<sup>15</sup> Here,

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<sup>10</sup> Brian Lobel, “Spokeswomen and Posterpeople: Disability, Advocacy and Live Art,” *Contemporary Theatre Review*, 22:1 (2012), 79-93 (p. 79 and 83).

<sup>11</sup> See Johnathan Brown, “Artist to Have an Epileptic Fit Live on Stage: Sufferers’ Charities Express Concern Over Deliberately Voyeuristic Project that has Received an Arts Council Grant,” section Culture, Art, News, *The Independent*, 20 November 2009 <<https://www.independent.co.uk/arts-entertainment/art/news/artist-to-have-an-epileptic-fit-live-on-stage-1824122.html>> [accessed 14 May 2022]; Paul Jeeves, “Epilepsy: Rita Marcalo Receives Grant to Induce Fit on Stage: Epilepsy Sufferer Rita Marcalo has Provoked Outrage After Receiving £14,000 of Public Cash to Have an Epileptic Fit in Front of an Audience, it Emerged Yesterday,” *Express*, section Home, News, UK, 20 November 2009 <<https://www.express.co.uk/news/uk/141313/Epilepsy-Rita-Marcalo-receives-grant-to-induce-fit-on-stage>> [accessed 14 May 2022].

<sup>12</sup> Lobel, p. 83.

<sup>13</sup> Lobel, p. 83.

<sup>14</sup> Lobel, p. 84-85.

<sup>15</sup> Lobel, p. 86.



the foregrounding of a body through their diagnosis seems to spark resentment for their intentional working against medicalised recommendations. The work thus becomes framed by a certain disability rhetoric concerned with representation that seems to be prioritised over other histories of testing bodily boundaries in risky performance practices. Media representation is centred in this example, as a certain disability community seems to speak back to Marcalo's representation as distasteful, whilst, Lobel reminds us, responding not primarily to seeing the live work or to documentation of it but rather to the "mere suggestion of the live action taking place" as reported through the media.<sup>16</sup> One of Epilepsy Action's main concerns seemed to be based in the notion of contagion that self-wounding, or in this case inducing (rather than avoiding) a seizure, seems to evoke. They stated, "it is this artist's own decision as to what she might do but we are concerned that she is putting herself at risk and, if anyone else thought it was a good idea they would be putting themselves at risk. We would certainly ask the artist to reconsider."<sup>17</sup> Notions that watching something will make one do it do not seem to cause the same kinds of moral panics about, for example, television or film about serial killing, war, or other extreme and non-consensual violence. Instead, I assert that this kind of coverage reperforms the same flattening and sensationalist tactics echoed in mainstream coverage of Pavlensky's work. Such strategies play on the exaggerated fears of the public while reinforcing the moral status quo. Further, in the instance of art works, these framings tend to refuse or override histories of bodily extremity that might make sense of such works in different ways, instead framing them within contexts—in Marcalo's case disability advocacy organisations; in Pavlensky's with assertions that "self-harm" is not art—that the work itself might not be oriented towards.

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<sup>16</sup> Lobel, p. 87.

<sup>17</sup> "Artist to Induce Seizure on Stage," *BBC*, section UK, 19 November 2009

<[http://news.bbc.co.uk/2/hi/uk\\_news/england/west\\_yorkshire/8368159.stm](http://news.bbc.co.uk/2/hi/uk_news/england/west_yorkshire/8368159.stm)> [accessed 14 May 2022].

Even those popular representations of self-wounding in performance that give more thorough space and thought to nuance, such as the U.K.'s Channel 4 documentary *The Human Canvas*, can still have the effect of othering those who engage in self-wounding in performance as well as eliding body modification practices outside and within the frame of performance.<sup>18</sup> Rather than making claims about the state of popular representations of performance art, I ask more specifically how mainstream media pathologisation of self-wounding in performance affects how the work is understood.

Susan Jarosi argues that much critical reception of self-wounding in performance art tends to “perpetuate [...] deeply dismissive image[s] of performance art within popular discourses that reject the medium as narcissistic and masochistic.”<sup>19</sup> In other words, the popular dismissal and pathologisation of such works as “narcissistic and masochistic” is echoed in critical dismissals of performance art as a field of work worthy of serious study and consideration. Jarosi further argues that “the conception of performance art as pathological has been facilitated in large measure” by Robert Hughes’ dismissive exhibition review of Documenta 5 for *Time Magazine* which reproduced Austrian performance artist Rudolf Schwarzkogler’s photographs. As previously mentioned, a decades-long myth that Schwarzkogler had castrated himself and then died in this piece *Action #3* (1965) attached itself to these photographs as supposed documents of the action until Kristine Stiles disproved the occurrence of actual castration, let alone resulting death from it, at all.<sup>20</sup> Nonetheless, according to Jarosi, the mythic nature of this provocative reading has shaped how performance art is understood. Hughes’ writings on art can be said to be very impactful

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<sup>18</sup> See *The Human Canvas*, dir. by Andy Lee, *YouTube*, posted by Andy Lee, 23 June 2007 (Channel 4, ArtShock Series, 2006) <<https://www.youtube.com/watch?v=fEmL2JkYU0k>> [accessed 14 May 2022].

<sup>19</sup> Susan Jarosi, “The Image of the Artist in Performance Art: The Case of Rudolf Schwarzkogler,” *Sztuka i Dokumentacja*, 8 (2013), 65-77. First published in Polish in *Sztuka i Dokumentacja*, 5 (2011), 63-82.

<sup>20</sup> Kristine Stiles, “Notes on Rudolf Schwarzkogler’s Images of Healing,” *White Walls*, 25 (1990), 11-26.

on, at the least, the American art scene with *Time* calling him “the most famous art critic in the English-speaking world.”<sup>21</sup> Of Schwarzkogler, Hughes wrote: “that the man was clearly as mad as a Hatter [*sic*], sick beyond rebuke, is not thought important: wasn’t Van Gogh crazy too?”<sup>22</sup> In the same article, he describes body art as “psychodramas,” associating the “indubitably menacing” and “gratuitous[ly] risk[y]” works of Vito Acconci and Chris Burden to the psyches of their creators.<sup>23</sup> Pre-clickbait, and with a long-term demonstrable commitment to critically considering art, Hughes too was linking risk in performance to the psyche of the artist. Jarosi points out Hughes’ understanding of the medium of performance art as containing a “direct equivalence between the artist’s body and the artwork, which not only conflated subject and object but also subject and artist.”<sup>24</sup> Following Hughes’ invocation, she asks why the same equivalence is not asked of Van Gogh. Is it the very nature of having one’s own body in a work of art that makes possible this collapsing of the artist’s body (and mind) with the artwork? Jarosi’s argument demonstrates Hughes’ exclusion of body art from the very category of “art,” mirroring reactions to Pavlensky’s and Marcalo’s works. Hughes argues that calling such works “art” presents them as somehow special when in fact, body art tends to be “either so small in conception as to be negligible” or “so grotesque [...] that they amount to overkill.”<sup>25</sup> However, this critique is almost the very definition that Dominic Johnson offers of “performances of extremity,” as I mentioned in my

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<sup>21</sup> Richard Lacayo, “The Art of Being Critical: Robert Hughes,” *Time Magazine; Fine Arts*, 7 August 2012 <<https://entertainment.time.com/2012/08/07/the-art-of-being-critical-robert-hughes-1938-2012/>> [accessed 27 December 2021].

<sup>22</sup> Robert Hughes, “The Decline and Fall of the Avant-Garde,” *Time Magazine*, 18 December 1972, <<http://content.time.com/time/subscriber/article/0,33009,945209-1,00.html>> [accessed 15 December 2021].

<sup>23</sup> Hughs, p. 4.

<sup>24</sup> Jarosi, “Notes on Rudolf Schwarzkogler’s Images of Healing,” p. 67.

<sup>25</sup> Hughes, p. 4.

introduction.<sup>26</sup> Clearly, the questioning of whether something is or is not “art” is resolved and determined merely by which definition of “art” one takes up as criteria. As I have discussed, the notion of the compulsive can never be thought of as artful when “art” is defined as something that takes skill, craftsmanship, or at the least some form of agentic choice because compulsion seems to suggest a foreclosing of those possibilities. In Hughes’ pathologising reading, the self-wounding performance artist essentially cannot be an artist. Jarosi’s argument that Hughes’ review had a large part in facilitating a general understanding of performance art as pathological can be flipped to see that Hughes’ reading also encouraged an understanding of the critic or witness of the work as the one who is qualified to pathologise.

In looking at more contemporary accounts of the effect of media coverage on performance art, Doyle demonstrates that coverage of marginalised artists often reframes their attempts to (sometimes provocatively) explore discursive fields.<sup>27</sup> Such coverage reframes their work by literalising it away from its conceptual focus and towards the body of the artist itself. She gives the example of Aliza Shvarts’s *Untitled* (2008), a work in which the artist reportedly inseminated herself and then took herbal anti-abortives each month during her menstrual cycle. Reading the work as about the discursive fields surrounding sex and reproduction in the cis female body, Doyle points out that the main question news coverage centred on was “Was Aliza Shvarts Ever Pregnant?”<sup>28</sup> The move centres the literal possibility of multiple abortions over what Doyle identifies as the work’s more complex focus on the ways in which womb-containing bodies are taken up as public centres of moral policing (a

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<sup>26</sup> Dominic Johnson, *Unlimited Action: The Performance of Extremity in the 1970s* (Manchester: Manchester University Press, 2019), p. 5.

<sup>27</sup> Jennifer Doyle, “Three Case Studies in Difficulty and the Problem of Affect,” in *Hold It Against Me: Difficulty and Emotion in Contemporary Art* (Durham: Duke University Press, 2013), pp. 28-69.

<sup>28</sup> Doyle, p. 31.

point furthered by the media's types of engagement).<sup>29</sup> Media coverage of Shvarts's work did not ask how wombs are treated in terms of public property and bodily rights, or pose questions of differentiation and autonomy.

Building on Doyle's insights regarding a work's difficulty being obscured by attention to a work's controversy, I look now at the work of Dutch artist duo L.A. Raeven.<sup>30</sup> In examining how critics and media have covered (or refrained from covering) their work, I ask how pathologisation underpins these decisions. My contribution to Doyle's and Jarosi's discussion of the impacts of critical coverage on performance art is to focus in on the question of pathologisation. To do this, I work with three different but overlapping notions defined in my introduction: diagnosis, medicalisation, and pathologisation. Investigating their role in media decisions regarding what is represented and omitted of Raeven's work exposes pathologisation as a tactic not limited to art historical or scholarly discourse but rather as a widespread phenomenon.

### **“Self-Harm” versus “Self-Determination”: L.A. Raeven**

L.A. Raeven is the moniker of two Dutch artists, Liesbeth and Angelique Raeven, who are identical twins. They create video art, often mobilising performance-like practices that are documented and shown under the single pseudonym. Makers of some of the most provocative performance dealing with the question of “self-harm” versus “self-determination,” they are also less well-known than other artists who have had similar exhibition histories. This, I propose, has to do with the way media coverage of their work has pathologised it: both blatantly as well as through exclusion.

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<sup>29</sup> Doyle, p. 31.

<sup>30</sup> Doyle, p. 20.

In the video *Wild Zone I* (2001), the two women sit on the floor of a large, empty, gallery-like room. Interspersed on the floor are glasses, some full of wine and some full of the performers' urine and other bodily fluids. The action in the video is sparse. The two sit, often with their arms around their knees, sometimes in other positions, dressed in casual streetwear: white t-shirt or tank top, baggy jeans. Sometimes they drink from the wine, occasionally they take out a cracker which they meticulously and expertly divide into precise and equal halves that they both eat in tiny bites. The bodies of the twins are noticeably thin. Their shoulder joints and wrists bones are perhaps seemingly too large for the width of limbs connecting them.

*Still image from video of L.A. Raeven sitting together on the floor, looking into the camera, in "Wild Zone I" redacted due to copyright.*

*Figure 4: L.A. Raeven in "Wild Zone I," 2001.<sup>31</sup>*

In another performance for video, *Test Room* (2000), the two put out a casting call for models who then arrive at the Vienna Gallery in Milan, where they are asked to strip to their

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<sup>31</sup> "Wild Zone I," *Gallery Viewer*, posted by L.A. Raeven <<https://galleryviewer.com/en/artwork/2935/wild-zone-i>> [accessed 13 May 2022].

underwear and are measured. Upon not meeting the unnamed standards, they are sent to a “rejection room” where they are watched, waiting while smoking cigarettes and drinking, by onlookers through a window. The models are made to wait endlessly, told they will not be paid if they leave, and denied use of their cell phones.

In a third work *Ideal Individual* (1999-2000), the artists place an ad in a number of European newspapers stating, “L.A. Raeven Analyse & Research Service is a service unit based in the Netherlands. We are currently investigating new future life styles [*sic*], changes in society, current trends in fashion and advertising. We are looking for an Ideal Individual. You will be an important source for our investigation, to analyse specific client needs.”<sup>32</sup> The requirements of such an individual are given as an extremely thin physical body size and underdeveloped or infantile appearance, as well as “unusual food and drink habits, controlled day schedule, have at least 1 practical inability, unable to deal with stressful situations, have difficulties making choices.”<sup>33</sup> They based these characteristics on the symptomology of a cis woman with Triple X syndrome, which is characterised by the presence of an additional X chromosome in each cell. It is accompanied by a drawing that, like their other sketches, emphasises a thin, bony, and long body. *The Guardian* refused to print the ad on the grounds that it violated equality legislation surrounding job recruitment.

Much popular coverage of L.A. Raeven’s work treats it as akin to online pro-anorexia subcultures. But the artists state categorically, in their biography:

Dutch artists Liesbeth and Angelique Raeven (\*1971), alias L.A. Raeven, do not go with the flow. They refuse to consume food thoughtlessly, they refuse to accept

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<sup>32</sup> Reprinted in Newman, Figure 3.1, section “Establishing Face-to-Face Communities: Vanessa Beecroft and L.A. Raeven.”

<sup>33</sup> Reprinted in Newman, Figure 3.1, section “Establishing Face-to-Face Communities: Vanessa Beecroft and L.A. Raeven.”

womanhood and the feminine roles society assigns to them, and they also refuse to be labeled [*sic*] as anorexic. Both are fascinated by the image of the body as promoted by the worlds of fashion and advertising, and they subvert this image in their works... Their performances can be painful, and yet they have to be accepted as valid forms of artistic expression.<sup>34</sup>

So, how can one critically grapple with these two opposing assertions: one that Raeven's work defends a potentially dangerous disorder and the other that asserts their defence of an alternative "ideal" just as valid as any other. Or, are these even the right questions to be asking? I here examine this binary framing and pull it apart by delineating the roles of diagnosis, medicalisation, and pathologisation, making it possible to see more about the way their work functions within scholarly and popular pathologising responses to it.

### **Diagnosis, Medicalisation, and Pathologisation in the Work of L.A. Raeven**

Relatively few scholarly or arts publication critical texts have been published in English on the art of L.A. Raeven. Most scholarly and art references that are not deeply pathologising, are short and say something brief to the effect that, as Klaus Biesenbach writes, their work "makes a statement against the unrealistic standards set forth by contemporary popular culture by starving themselves to the point of skeletal emaciation."<sup>35</sup> Art critic Carolien Hermans writes that the duo's work engages in marketing and exploitation to enact an "extreme form of protest at the social meaning of the female body" as created by the "moral

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<sup>34</sup> L.A. Raeven, "ABOUT US: L.A. Raeven," *L.A. Raeven* < <http://www.laraeven.net/about-us/> > [accessed 14 May 2022].

<sup>35</sup> Klaus Biesenbach, "Into Me/Out of Me, First Chapters: Generations of Rituals," *Flash Art* (2006), 78-81, p. 81.



standards of a patriarchal society.”<sup>36</sup> One critic writes, “they are, to put it bluntly, extremely thin and possibly anorexic.”<sup>37</sup> The questions these different writers are wrestling with are actually rather serious and interesting ones: can anorexia be ethically defended? Is it a lifestyle choice or an illness? What creates and hails that which is deemed “ideal”? What is the role of the media in relation to this? How do interdependency and pathologisation intersect? However, rather than examine how the work itself is grappling with these questions, the response to exclude—in essence to censor—their work from mainstream media offers flattening implications. It suggests that the artists themselves, their bodies, are the cause of these questions and that their works, by extension, somehow *are* the pathologisation put upon them. Their work becomes treated *as if it were anorexia itself* and some contagious form at that which, simply by witnessing, one might be influenced to enact. This reading completely discounts the duo’s thematising of such moral panic and the control tactics it provokes. This media response reads their call for *Ideal Individuals* not as a commentary on media’s own hailing of young women’s bodies to inhabit specific and rare forms. Instead, it reads their call as literally trying to reproduce unattainable body shapes. A reading which imagines their art to be proposing a relatively simple (and in my opinion, uninteresting) mantra: *I am like this and I want you to be like me*. Such a reading assumes a lack of complexity on the part of the artists, a lack of interiority and intellect that resonates with Blocker’s and Doyle’s thinking on literalisation. In reading the duo’s calls as literal and uncomplicated (and therefore dangerous enough to censor), these readings confuse the topic of pathologisation with the enactment of pathologisation through literalisation that frames their work as compulsive instead of skilled.

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<sup>36</sup> Carolien Hermans, “Disappearance: Self-Loss in Performance Practice,” originally published in *Danswetenschap in Nederland*, 4 (2005), 40-48. English translation original, see p. 4.

<sup>37</sup> Maxine Kopsa, “L.A. Raeven: Casco Projects, Utrecht, The Netherlands,” *frieze magazine*, n.d. <<https://www.frieze.com/article/la-raeven>> [accessed 3 May 2022].

When L.A. Raeven had a show at the ICA in London in 2002, there was a notable dearth of media coverage of their work. Sean O'Hagan of *The Guardian* wrote that, "features scheduled to run in newspapers last week were allegedly pulled on the grounds that Angelique's thinness was too problematic."<sup>38</sup> He writes also of reports that the pair were "incandescent with rage at what amounts to media censorship of their work."<sup>39</sup> The same article sites ORLAN as their "acknowledged mentor."<sup>40</sup>

Like ORLAN, their bodily modifications are part of the content of their art works. Both practices deal with negotiating socially enforced beauty ideals of white femininity. But unlike ORLAN, the polarising images of Raeven's unusual bodily modifications have not afforded them worldwide media attention or a place in the art market. It is difficult to say for certain why this is. But I tend towards the idea that it is due to the legibility of each work. Whereas some of ORLAN's surgical modifications might mirror those commonly performed for beautification purposes, the infamous horn-like bumps on her forehead are too unusual to be legible as beautification in a Western context. In this sense, her surgery-performances resist being easily subsumed into a narrative that might paint ORLAN as obsessed with attaining beauty to the point of illness (though, as we have seen, that does not stop the pathologisation of her in other ways). L.A. Raeven, on the other hand, engage with controlled eating and extreme thinness in ways that are more widely made legible through the pathology of anorexia. In doing so, their work points out the closeness between fashion industry or media standards of beauty and those traits that are deemed to be symptomatic of pathology.

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<sup>38</sup> Sean O'Hagan, "Hungry for Fame: When Twins Adopt One Identity in the Name of Art, That's Challenging Enough. But When They Weigh the Same Together as One Healthy Person, That's Really Shocking..." *The Guardian*, 17 Feb 2002, section Observer: Culture

<<https://www.theguardian.com/theobserver/2002/feb/17/features.review137>> [accessed 13 May 2022].

<sup>39</sup> O'Hagan.

<sup>40</sup> O'Hagan.

For *Ideal Individual*, they make blatant through medicalisation their description of the ideal body in contrast to, say, a fashion magazine whose description of the ideal body is communicated through repetition but obfuscated. They even, in many public interviews and videos identify as anorexic.<sup>41</sup> To be clear, I am not interested in arguing about whether L.A. Raeven are or are not anorexic. This would be to become caught at the level of arguing whether their diagnosis is correct. Instead, I want to widen my view to ask about how pathologisation itself understands the artists and their work when it is the lens through which they are approached. I am also not interested in declaring that their work does or does not promote anorexia. Such an investigation might entail looking at differing arguments about the transmissibility of anorexia by putting different medical knowledges into dialogue. And further, in this instance, *how* their work is pathologised (through diagnosis) is not particularly interesting because it is so obvious. Thus, what is most interesting to me is how their work is made to mean differently when it is understood as a manifestation of pathology that is diagnosed as anorexia versus, for example, art that engages with the process and effects of pathologisation.

The issue of anorexia is foregrounded in both popular and scholarly accounts of their work. Sometimes to the extent that attention to their artworks is almost completely displaced by attention to their apparent relationships food and each other. Some coverage of the duo's work justifies pathologising it based on the fact that their pathology is one that is experienced both during performing and beyond it. Sean O'Hagan for example, in an article entitled "Hungry for Fame: When Twins Adopt One Identity in the Name of Art, That's Challenging

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<sup>41</sup> Though each artist has stated either that something to the extent that they are, were, or were effected by anorexia in many different interviews, there are also some instances in which they specifically centre anorexia (as opposed to their art practice), see for example: Adriana Ivanova, "This is What it's Like to be Pregnant and Anorexic: Just Because You're Terrified of Gaining Weight Doesn't Mean You Don't Want to be a Mom," *Vice*, 27 December 2017, section Health, trans. Mari Meyer <<https://www.vice.com/en/article/xw4zvz/what-happens-when-an-anorexic-person-gets-pregnant>> [accessed 13 May 2022].

Enough. But When They Weigh the Same Together as one Healthy Person, that's Really Shocking..." argues that "there is a crucial difference between an artist who decides to become thin for a time in order to make a political point about society and the media's attitudes to women's bodies, and an anorexic who finds a place to parade her illness in the slippery arena that is conceptual art."<sup>42</sup> This kind of argument is predicated upon self-wounding being justified by its duration and containment to the context of "art." However, the argument that an action can only be art if it is somehow chosen and can be un-chosen by the artist who performs a certain mastery over the act, is not only hard to track but also potentially ableist.

The same argument crops up again in an article by one of the few scholarly accounts that more closely attends to their work: Ana Finel Honigman's "Enabling Art: Self-Expression/Self-Harm in the Work and Reception of L.A. Raeven."<sup>43</sup> Here, Finel Honigman argues that Raeven's work better fits into the context of "artists who are addicts rather than acts of self-harm enacted within the perimeters of planned artistic performances" such as those of Burden, Abramović, or ORLAN.<sup>44</sup> This is because "unlike the examples of artists channelling pre-existing conditions into their work or staging isolated events involving self-harm, art and intellectual forums valorising anorexia perpetuate [Raeven's] self-abuse."<sup>45</sup> She further argues that "validating [Raeven's] active self-harm as art" is "dangerous."<sup>46</sup> Finel Honigman contrasts this to validating ORLAN's work as art because "although Orlan's face was permanently altered, she was not living in a constant state of self-harm, whereas L.A.

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<sup>42</sup> O'Hagan.

<sup>43</sup> Ana Finel Honigman, "Enabling Art: Self-Expression/Self-Harm in the Work and Reception of L.A. Raeven," *Third Text*, 28:2 (2014), 177-189.

<sup>44</sup> Finel Honigman, pp. 188-189.

<sup>45</sup> Finel Honigman, p. 189.

<sup>46</sup> Finel Honigman, p. 189.

Raeven's bodies continue to suffer their abuse with or without art audiences' engagement."<sup>47</sup> Finel Honigman raises an interesting point here in how the presence of an audience or, perhaps more specifically, the intention of an action as "art" alters it from acts that are intended otherwise. However, her argument would also pathologise and exclude from the realm of art those who might experience "suffering" beyond what audiences' witness, including, for example, Stelarc whose body modifications may reasonably have caused infections or Tehching Hsieh whose year-long performances continued (as would his potential "suffering") even when an audience was not present. Ultimately, I think this differentiation is slightly adjacent to the core issues that Raeven's works raise. If, following Doyle, a focus on the literalisation of the artist to their work might distract, then Raeven's work could be considered to ask interesting, provocative, and complex questions about pathologisation that do not rest on whether or not they are "sick."

Though the article is published in *Third Space*, a contemporary art magazine, Finel Honigman addresses Raeven's work from a perspective that centres a sense of concern for the artists *as* anorexics. For example, she writes, "I question whether art audiences should permit or encourage [L.A. Raeven] to intellectually justify their illness, as online subcultures allow other sufferers to feel validated in their self-harm."<sup>48</sup> This mirrors the kinds of benevolent concerns I discussed as part of the pathologising position. Another example of this is the U.K.'s Channel 4 documentary entitled *Trapped by My Twin* (2007), whose very title seems oriented towards entertainment and scandal.<sup>49</sup> Emily L. Newman argues that this and another documentary that feature Raeven both, "de-emphasis[es] their art" and, in turn, "suggest[s] that the most interesting thing about these women is their disease and disorder;

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<sup>47</sup> Finel Honigman, p. 189.

<sup>48</sup> Finel Honigman, p. 189.

<sup>49</sup> *Trapped by My Twin*, dir. by Agnieszka Piotrowska (Channel 4, Cutting Edge, 2007).

their art is presented only as a manifestation of that disease.”<sup>50</sup> I agree that the two documentaries focus strongly on their personal struggles and relatively little on their artworks. Instead, they centre the twins’ relationship to food, control, and each other which has the effect of framing their work as a side-effect of their “sickness.” Though within the documentaries, the artists share that they grappled with anorexia and still engage in intensive processes around eating, and though the documentaries can be hard to watch in their depictions of suffering and interdependence, the point is not whether L.A. Raeven are anorexic. The point is that if their being anorexic matters only in as much as obscuring the complexity of the works, then it should not matter. And here is why: as long as Raeven’s work is regarded as either for or against anorexia as a lifestyle, it is simplified. The real complexity of their work lays in the negotiation of difficulty and defence of abnormalised ways of being.

One of the few critical accounts that tries to resist pathologising Raeven’s work is Barry Schwabsky’s review from *Artforum*:

Commentators on L.A. Raeven’s work tend to interpret it in terms of a medical condition, anorexia. While this diagnosis-from-a-distance may be accurate, the artists are quite correct in their strict refusal to address what they do in those terms. One’s reaction to them as repulsive—or for that matter alluring—is secondary to one’s recognition of their proposal to establish their own bodies, of a type normally considered pathological, as a standard in place of any other we might have brought to bear. The viewer is not there to diagnose the artwork but, if capable, to emulate it, to be transformed in its emaciated image. One can only feel inadequate in the face of

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<sup>50</sup> See *Trapped by My Twin*; and *L.A. Raeven: Beyond the Image*, dir. by Lisa Boerstra (Viewpoint Productions, NTR Television & the Dutch Cultural Media Fund, 2010). See Newman, section “Establishing Face-to-Face Communities: Vanessa Beecroft and L.A. Raeven.”

this unpleasant and unlikely demand, but it shows that idiosyncrasy or inadequacy itself can become exemplary.<sup>51</sup>

Here, Schwabsky asserts that the viewer's job is not to diagnose the artwork but to recognise Raeven's proposal that their bodies could be considered standard and to engage with a sense of inadequacy that he imagines this might create in the viewer. Schwabsky recognises as legitimate the work's denaturalising of any given ideal.

In remembering Lobel's parsing of advocacy and art, I ask how advocacy impacts this instance. In an interview from 2012, Angélique Raeven responds to critiques that their work is dangerous in that it negatively influences young women to take up restricted eating.<sup>52</sup> She compares their work to the example of ex-Spice Girl member Victoria Beckham pointing out that "she is very thin but she is also very sexy. And then people want to be like her because it looks nice. But in our case, with *Wild Zone*, it looks not at all nice, it looks sick."<sup>53</sup> Liesbeth Raeven agrees, stating "we think we show, in our images and films, how bad it is to have this disease and to have eating issues. That you are very unhappy and that it's not nice to live with. I don't think that we promote anorexia, not at all. And we always are very angry when people say that."<sup>54</sup> How is it that L.A. Raeven, the shared identity, can state in their biography that they "refuse to be labeled as anorexic," whilst at the same time the individual women self-identify as anorexic again and again in interviews?<sup>55</sup> Perhaps this points to a distinction between the work and the women as forged by the media demand that they speak to and of anorexia as a good or bad thing. In some way, the kinds of questions asked of the

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<sup>51</sup> Barry Schwabsky, "L.A. Raeven: Institute of Contemporary Arts, London," *Artforum* (2002) <<https://www.artforum.com/print/reviews/200206/l-a-raeven-2912>> [accessed 13 May 2022].

<sup>52</sup> "L.A. Raeven," online video, posted by Casino Luxembourg, *Vimeo*, 19 June 2012 <<https://vimeo.com/44319027>> [accessed 13 May 2022].

<sup>53</sup> "L.A. Raeven," online video, posted by Casino Luxembourg.

<sup>54</sup> "L.A. Raeven," online video, posted by Casino Luxembourg.

<sup>55</sup> L.A. Raeven, "ABOUT US: L.A. Raeven."

artists about the work, seem to hail them to inhabit an advocacy position, like Marcalo. And perhaps this stems from fears of contagion that demand justification for their works as potentially infectious transmissions. Doyle touches upon the overblowing of contagion when she points out that critical literalism can activate “phobic response[s] to feminist and queer body art.”<sup>56</sup> The artists state that some responses to their works express a kind of fear that the artists themselves will “multiply,” something which they play with continually in doubling bodies across their works.<sup>57</sup> Might this inexplicable fear of their multiplication be because anorexia is popularly linked to “self-harm,” and “self-harm” is popularly understood as contagious? And what is foreclosed by a focus on whether or not the work promotes or decries anorexia?

Patrick Anderson—examining the political economy of self-starvation practices across the settings of the clinic, the gallery, and the prison—reminds us that anorexia is intimately tied to modern diagnostical cultures through its antecedent, hysteria.<sup>58</sup> He shows that hysteria, a now largely debunked classification, lingers on in various gendered diagnoses including anorexia.<sup>59</sup> Further, hysteria was the “starting point for psychoanalytic theories of the psyche that have so dramatically changed the culture of modern diagnosis.”<sup>60</sup> Through experiments which eventually created the diagnostic standards now used for anorexia nervosa, Anderson argues, nineteenth century medical research enlarged the concept of medical health beyond the proper functioning of the body to include the proper social functioning of the subject and the ways their past functions in their present.<sup>61</sup> In extending

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<sup>56</sup> Doyle, p. 35.

<sup>57</sup> “L.A. Raeven,” online video, posted by Casino Luxembourg.

<sup>58</sup> Patrick Anderson, *So Much Wasted: Hunger, Performance, and the Morbidity of Resistance* (Durham and London: Duke University, 2010).

<sup>59</sup> Anderson, p. 45.

<sup>60</sup> Anderson, p. 45.

<sup>61</sup> Anderson, p. 46.



medicalised normativity beyond the clinic, anorexia as a diagnosis is intimately tied into my project's overall investigation of the pathologisation of art beyond the remit of the asylum, hospital, or clinic.

When Raeven exhibit their extremely thin bodies and call for others to follow suit, their work taps into what Anderson describes as the significance of the starving or fasting body's "sustained performance of violence by and upon the body" as one which "restages the effects of institutional and ideological power and reverses the production of those powers at the hand of the faster."<sup>62</sup> Anderson advocates for a revision to the notion of anorexia as a disease typically representing the suffering of the individual because such conceptions "imply that these practices are grotesque disruptions of normalcy, intrusions upon health, [and] evidence of a dramatically disorganised sense of self."<sup>63</sup> It is precisely this understanding that justifies the censoring of Raeven's work from the mainstream press. Anderson instead advances a perspective that attends to the abundance of cultural meanings assigned to such acts which "spea[k] more to the practical and formal power of self-starvation than to any psychological, behavioural, or somatic anemia [*sic*] in those who perform it."<sup>64</sup> This speaks directly to my earlier discussion of feminist arguments over the work of ORLAN. Instead of staying within an argument about whether anorexia is a disease or a symptom of a "digested form of misogyny," Anderson changes the terms by pointing to self-starvation's defiance of the logics of self-preservation which "under-writ[e] conventional impressions of the production of subjectivity."<sup>65</sup> In this way, he frames self-starvation—medically and socially understood as a slow form of "self-harm"—as a potentially "powerful cultural practice" that

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<sup>62</sup> Anderson, p. 10.

<sup>63</sup> Anderson, p. 22.

<sup>64</sup> Anderson, p. 22-23.

<sup>65</sup> Anderson, p. 24, p. 28, and p. 33.

has the capacity to disrupt capitalist consumption, production, and reproduction.<sup>66</sup> This is not an attempt by Anderson, nor by myself, to retrieve self-starvation as a celebratory realm of resistance. It points, instead, to a depth of seriousness that could result in death.

By highlighting that which is pathologised and performing neither a defence nor celebration of it, Raeven confronts the witness with the recognition of social phobia against that which is pathologised. Though clearly different than, say, the homophobia that Doyle points out in responses to Athey and Robert Mapplethorpe's works, responses to Raeven's works similarly include the sense that these forms of depicting the body are contagiously dangerous. It does not matter whether highly controlled eating is or is not pathological, what Raeven's work reveals is that pathologisation is socially constructed and normalised through various visual practices including modelling and the fashion industry.

*Ideal Individual*, when considered as a work of art and not as an expression of illness, draws out complex questions about power in determining the normative and the pathological. In drawing upon the notion of the "ideal" body, in its extreme but common manifestation, Raeven provokes a self-confrontation in the witness. The presence of their hyper thin bodies in *Wild Zone I*, or the witnessing of total barring from "ideal" in *Test Room*, may provoke dismay or disgust in the witness. But media responses that act on that repellent sensation refuse to interrogate the media, or even the witnesses,' own complicity in reinforcing such ideals. Ultimately, their work is a commentary on identity and ideals, particularly as it pertains to weight and young white women, and on pathologisation as a cultural construct. This becomes lost when diagnosis, medicalisation, and pathologisation are treated as one. To read their works as mere furthering of a supposed agenda to recruit others to anorexia is a manifestation of the phobic reactions to difference that occur every day. And pathologising media coverage is a key tool in that critical literalisation of their work. Anderson's reading

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<sup>66</sup> Anderson, p. 51.

makes it possible to see media consideration of Raeven's work as foreclosing the potential complexity of it and resulting in censure justified by an imagined risk of contagion. One of the results of this censure is to disallow self-starvation's potential to disrupt capitalist consumption through pathologising it. If, indeed, "anorexia obtains its medical and social significance precisely by staging on a bodily scale the effects of ideological normativity," then L.A. Raeven's work demands a much more nuanced consideration than the widespread pathologisation of it allows.<sup>67</sup>

## **Part 2, The Complexities of Pathologisation: Kris Grey**

The room is huge. It feels at least three stories tall. I have been waiting outside its closed doors in the lobby of the Centre PHI in Old Montréal along with other participants in the 2014 Encuentro. A biennale event, the Encuentro centres performance in the Americas. Stemming from the Hemispheric Institute at New York University, it is like a performance festival with way more academics than usual. And here we are, milling about quietly waiting for a performance entitled *Homage* by U.S.-based artist and scholar Kris Grey. I watch the crowd of performers, academics, and performer-academics chit chat and catch up on the last panel or current scandal while we wait in the lobby of the performance space. When the big double doors open, they frame a nude, white-appearing person standing upon a platform, deep in the huge room. As we spill into the enormous black space, the crowd suddenly feels small. The approach towards the performer becomes disorientingly long and makes me slow my step. The performer, Grey, is standing still, calm, arms at their sides, facing the double doors. They are naked, pale skin shining, and their body is subtly muscular. Sturdy thighs and hips and upper shoulders that speak of body shapes socially associated to masculinity. Their two small nipples on a flat chest look at me through the door's threshold. Grey's head hair is

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<sup>67</sup> Anderson, p. 38.

short, their beard lightly dappling their cheeks and upper lip. And as my eyes take in their distant, bright body, I see that between their legs seems to be a vulva. I am surprised by the dissonance of the image in myself. As someone who has grown up around people who are transgender, who has supported loved ones through top surgeries, and who consumes media created by or featuring trans people, I realise that I have so rarely seen a body like the one before me, in this glorious and non-violent way, that my mind does a double take. It does this whenever I am presented with uncommon forms of representation. I realise anew, from this internal movement, that it is still radical to show bodies presenting their genders in non-normative ways. A wash of sadness moves through me.

Grey is standing on a small white platform, magnificently lit from above, so that they seem to beam out of the blackness of the space at me. Light on the front of the small white platform bounces off the black shiny floor, making a reflection of its own white shape and Grey's body above it. Twinned, there is something about the tilt of their chin that tells me of a sort of determination. Something between declaration and surrender. Their arms are relaxed but there is a pillar of strong surety coursing through their core. They are doing something, really doing something. It is happening in the unseen, in the invisible part of the performance space. In that moment, I cannot give words to it except to recognise that I am captured by their way of being in that space, with those witnesses. My body releases into the gratitude and excitement I feel when I see performance art where I have the sense that the performer is doing what is necessary for them. It seems to me that the whole crowd has, in those few moments of entering, stepped into another rhythm. Like an ocean to Grey's shore, we spread out. Those in front slide smoothly into sitting or kneeling. Some stop further back, waiting and gauging how close they want to be to the silent shining figure.

*Photo of Kris Grey performing “Homage” redacted due to copyright.*

*Figure 5: Kris Grey, “Homage,” 2014. Centre PHI, Montréal. Photo by Nikol Mikus.<sup>68</sup>*

The bodies of those around the room are dark stones in the black water, I can barely make out their shapes in the shadows. I am amongst those who slowly sink to the floor to sit.

Magnetised by the energy of Grey, standing before me, it takes a surprisingly long time until I notice the two lines of needles ringing their pectoral lines. I realise that I had thought the entirety of the piece would be this stillness, this standing in integrity and nakedness, and that such a work would have been enough for me. But eventually, Grey starts to gently move.

Their action is simple. Everything is silent. Breaths in the room are quiet, like a prayer is happening, like some sacred ritual is being performed and we are honouring it with committed attention. Grey raises their hand towards the needles. One by one, they remove a single needle along what I can now see are top surgery scars, and drop it to the ground. As each needle drops at their feet I hear its tiny landing. Grey leaves time and space between each removal. The small holes left in their skin by the needle’s exit are silent at first. Then, slowly, some of them release a single line of blood. The blood is relatively minimal, less than

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<sup>68</sup> Kris Grey, “Homage,” Kris Grey <<https://kristingrey.com/artwork/3304713-Homage-at-PHI-Center.html>> [accessed 6 February 2022].

I expect. But the waiting to see which cut will drip a blood line and which will simply fill themselves back in, clotting the tiny wounds closed, is a loaded silence. And every drop's visual effects are stunning. Making a line along the contours of their body, flowing down their smooth skin and strong belly to the light, thick hairs of their thighs. One drop—that I remember even now eight years later—slid from their scar down to their mons pubis. As I watch I remember that I cannot know what Grey or anyone else calls the different parts of their body. But I do know that as the dark red drop arrives to the apex of the slim smooth slit between Grey's legs, it slips into and between the folds, disappearing for a few moments before reappearing, jagged and almost spent, dropping down along their inner thigh. I remember thinking that it was the most beautiful image I had ever seen. Deeply formal, the small movement of the drip along the body made lines in space that sung into the silence.

The piece is reported as having had a duration of one hour, but I cannot find that sense of timing in my memory at all.<sup>69</sup> Time became the endless intervals of waves exhaling towards shore, rolling to a break against it, and curling back. Very few drops of blood splatter onto the lit white space between Grey's feet. I cannot remember how the performance ended, now. In my mind the performance is still going. In my mind, Grey is still standing there, in the middle of the huge dark room and a tight bright square of white, bleeding with quiet dignity from their scars.

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<sup>69</sup> Grey, "Homage."

*Photo of Kris Grey performing “Homage”  
redacted due to copyright.*

*Figure 6: Kris Grey, “Homage,” 2014. Centre PHI, Montréal. Photo by Nikol Mikus.<sup>70</sup>*

Grey’s performance works use performance to point to those effects which live beyond the container of “art.” This is important because pathologisation is not simply a lens through which to read artworks. It stems from and returns to parts of life that are not framed as performance. As such, it has real material effects. I am not arguing that artists who are pathologised will necessarily experience these effects in their day-to-day life. Instead, I am proposing that the historical and ongoing impacts of pathologisation as a tool with which to

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<sup>70</sup> Grey, “Homage.”

organise power are inheritances it retains when used as a lens for reading art. As such, the historical impacts of pathologisation must be considered as part of my project.

In this section, I assert that the pathologising critical position is not an ahistorical methodology. Its historical impacts need to be articulated clearly in order to ensure that similar oppressions are not being unconsciously reproduced when reading works of art. I look to an example Grey's work calls forth: the different ways in which surgeries to remove breast tissue are dealt with. This illustrates how these differencing definitions are not merely semantical but have concrete effects. Then, with an understanding of these terms installed, I am able to use them to analyse Grey's work in a way that reveals how the artist's use of self-wounding speaks back to lineages of pathologising transgender bodies, has political potential, and can open new sites of exchange.

### **The Differing Diagnoses and Pathologising of Mastectomies**

Mastectomies are surgeries in which part or all of one or both human breasts are removed. Such surgeries are medicalised in that they are usually performed by physicians, use medical knowledge, and take place in medical contexts. They can, however, occur with or without pathologisation, resulting in radically different effects on how individuals can access such surgeries, the framing and stigma attached to them, and in turn the physical and mental health of those seeking these procedures.

In an interview about an earlier iteration of *Homage*, Grey describes, “the needles were isolating the scars left there after my top surgery in 2010... One by one, I removed the needles [on] alternating sides. The wounds were literally opened back up and produced streams of blood.”<sup>71</sup> “Top surgery” is a colloquial name for mastectomies that are done

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<sup>71</sup> AM DeBrincat, “Empowered Vulnerability,” *Artfile Magazine* <<http://www.artfilemagazine.com/Kris-Grey/>> [accessed 6 February 2022].



because of one's desire to modify their body in relation to their gender. This does not mean that all people who get top surgery are trans men, but this is often how medical establishments understand such a procedure. This is important because this type of surgery is notably pathologised differently depending on the apparent reasons that one wants it.

Mastectomies linked to breast cancer are typically medicalised by both the patient and physician (in that the cancer or potential cancer is considered a problem that needs to be rectified to make the patient healthier). It is relatively common and comparably less disputed to pathologise cancer, even if there are certain communities who strive to de-pathologise it. As such, these surgeries are typically understood as medically necessary, and the mental health of the patient is not explicitly pathologised.

Gynecomastia, which can be treated with liposuction or mastectomies, is a condition in which “an increase in the amount of breast gland tissue in boys or men, [is] caused by an imbalance of the hormones oestrogen and testosterone.”<sup>72</sup> It is worth noting that the patient in this description from the Mayo Clinic is by default assumed to be a cisgender man. The same logic also makes visible the assumption that patients who seek breast reduction are cisgender women. The Mayo Clinic, a top-ranked U.S. not-for-profit academic medical research centre, states that, “gynecomastia has few physical complications, but it can cause psychological or emotional problems caused by appearance.”<sup>73</sup> Mayo also states that the reason for a mastectomy that affirms one's gender identity is usually sought because of “experienc[ing]

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<sup>72</sup> Mayo Foundation for Medical Education and Research, “Enlarged Breasts in Men (Gynecomastia),” *Patient Care & Health Information, Diseases & Conditions, Mayo Clinic* <<https://www.mayoclinic.org/diseases-conditions/gynecomastia/symptoms-causes/syc-20351793>> [accessed 17 Jan 2020].

<sup>73</sup> I choose this source precisely for its mainstream accessibility and as a representative of general trends in the US, though of course all particulars may vary between each doctor and clinic. See: Mayo Foundation for Medical Education and Research, “About Mayo Clinic,” *Departments & Centers, Mayo Clinic* <<https://www.mayoclinic.org/about-mayo-clinic>> [accessed 17 Jan 2020]. For quotation, see: Mayo, “Enlarged Breasts in Men (Gynecomastia).”

distress due to a difference between experienced or expressed gender and sex assigned at birth (gender dysphoria).”<sup>74</sup> Though both imply distress linked to gender, the formal diagnoses are different because what is seen as pathological is different. In each instance this leads to different medicalised experiences.

The differences in what a patient needs to obtain are stark. The Mayo Clinic warns patients who identify as trans and are seeking breast reduction surgery of the need for a mental health evaluation.<sup>75</sup> Such evaluations assess the impact of gender on every element of the patient’s life, their “risk-taking behaviours,” and their support network.<sup>76</sup> They will also likely need to obtain a letter of support from a mental health provider determining whether the patient meets the World Professional Association of Transgender Health (WPATH) standards of care criteria. These criteria asserts that the patient must have the capacity to consent, be of legal age, have “persistent, well-documented gender dysphoria” and “be managing any significant medical or mental health concern.”<sup>77</sup> The clinic does not warn cis men seeking a breast reduction of the same because gynecomastia is considered to be an imbalance of the body and not of the mind.

Here the mental health, “risk-taking” behaviours, sexual-health, and capacity to make a fully informed decision of a transgender patient who was assigned female at birth and is seeking mastectomies is put into question—in a way that a cisgender male patient’s is not—though both surgeries could ostensibly be considered surgeries towards affirming one’s gender and promoting a socially masculine appearance. Thus, in instances of mastectomies related to gender identity (top surgery) patients often need to allow themselves to be

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<sup>74</sup> Mayo Foundation for Medical Education and Research, “Masculinizing Surgery,” *Patient Care & Health Information, Tests & Procedures, MAYO Clinic* <<https://www.mayoclinic.org/tests-procedures/masculinizing-surgery/about/pac-20385105>> [accessed 17 Jan 2020].

<sup>75</sup> Mayo, “Masculinizing Surgery.”

<sup>76</sup> Mayo, “Masculinizing Surgery.”

<sup>77</sup> Mayo, “Masculinizing Surgery.”

diagnosed with a gender-related “disorder” in order to access the surgery. Most mental health diagnoses are considered syndromes or disorders, meaning there is not an underlying cause that can be ferreted out and checked for. The physiopathology (changes in physical functioning that are considered abnormal) are not centred in the *DSM* or the *ICD*, which are the primary global tools for mental health diagnoses and categorisation at present.<sup>78</sup> Instead, the symptoms themselves create the actuality of the syndrome.

Both kinds of people who seek top surgery and gynecomastia surgery are dealing with similar medicalisation in terms of the surgery itself (it will likely take place in an operating room, be done by a surgeon with medical tools and under medical protocol, etc.). However, the transgender patient may have to undergo a medicalising of far more areas of their life and selfhood than the cisgender patient will.<sup>79</sup> Even though both of the surgeries are ostensibly oriented towards affirming the gender identity of the patient. The main difference is simply that one patient is figured as cisgender and one as transgender. Clearly, diagnosis, medicalisation, and pathologisation, are not merely reading tools. Diagnostic criteria itself is

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<sup>78</sup>American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, fifth edn. (2014) <<https://dsm.psychiatryonline.org/doi/10.1176/appi.books.9780890425596.dsm05>> [accessed 2 April 2022]; World Health Organisation, *International Classification of Diseases for Mortality and Morbidity Statistics*, 11th Revision (*ICD-11*), v. 2022-02, <<https://icd.who.int/browse11/l-m/en>> [accessed 23 October 2022].

<sup>79</sup> While there are some differences amongst the surgeries listed above (for example, a double mastectomy performed for cancer risk reduction might not include the additional “masculine” chest contouring that top surgery performed to affirm one’s gender might), I am not particularly interested in the biological nuances between each of these treatments at a scientific, medical level. Rather, I’m interested in the social level at which the patient may or may not access such a surgery that has a relatively similar aim: to lessen breast tissue on a human body. It is also true that the latter examples have focused on the U.S. healthcare system, but my line of questioning is more focused on explicating the nuances of pathologisation and medicalisation than on a survey which examines different geographic approaches, work which has already been done very well by other researchers. See especially relating to the wellness of people who are transgender and accessing healthcare globally: Sam Winter, et al., “Transgender People: Health at the Margins of Society,” *Lancet*, 388 (2016), 390–400.

always already shaped by systems of power that name some states of being normative and some as abnormal. I later return to analysing this more in-depth when I examine the diagnostic criteria of the *DSM*. For now, I discuss Grey's work to see what these clarified differences between the terms diagnosis, medicalisation, and pathologisation, allow me to understand from their work.

### **Self-Wounding as a Site of Sex and Gender**

Grey's performances deal with these pathologising and medicalising differences and requirements for trans and gender non-conforming bodies. Grey, as a graduate student at Ohio University in the U.S., performed a project focused on healthcare reform for trans students. In order to access the body modificatory processes procedures they wanted, Grey had previously been medicalised as trans. This medical status was then considered a "pre-existing condition," which allowed student health insurance to deny Grey coverage. Grey was not able to access insured medical care because their gender was pathologised. Over a period of three years, Grey undertook an artistic practice of catalysing healthcare reform, a process that "involved a lot of PowerPoint lectures and group awareness-raising in order to build momentum for change."<sup>80</sup> In this work, Grey makes visible the real, material effects of requiring pathologisation in order to access medicalisation. The work also articulates the impacts of pathologising gender non-conformity which here results in trans students who cannot afford to pay for their own healthcare being barred from life-giving practices such as gender respecting and affirming healthcare. The pathologisation of people who are not cisgender can potentially obscure the social or political context of forces attempting to normalise the gender binary by individualising the issue of gender. In differing access to

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<sup>80</sup> DeBrincat.

breast tissue removal surgeries, we can see pathologisation being used as a normalising and punitive practice within a larger social-political realm.

The naming of difference as a form of sickness in this instance can be seen as an attempt to name as deviant certain gender formations, thus justifying tactics to control them. Grey is clearly extremely aware of this and, what is more, they are rethinking and reforming their experience of pathologisation and medicalisation through performing itself. They write about

*Homage:*

The way I've acted on my body through the use of hormones and surgeries is a way for me to craft a queer form. But most of that alteration happens without witness and under the rule of medicalisation and pathology. This piece was a way for me to correct that for myself in front of witnesses. If my work traffics in anything, it's vulnerability. I wanted to literally open up wounds that had healed on my body to reactivate the psychic energy stored there. It was important to be able to share that energy with an audience to have witnesses to this corporeal agency sited on a trans\* body.<sup>81</sup>

Here, Grey speaks of performance as a potential corrective. They point to the importance of witnesses to their acts. Being witnessed seems here to be a counterbalance to what Grey paints as the silent dictatorship of medicalisation and pathology that trans bodies are subjected to. They also name the unseen work of their performance: vulnerability, reactivation of psychic energy, and the sharing of that energy with witnesses. Speaking in terms that are illegible to medicalisation, Grey's work re-writes a personal experience of confiscated corporeal agency. But they also use the mechanism of the self-chosen wound to link the personal and the social. "In a way I wanted to open my own body to regain a sense of agency at a site of trauma," Grey says.<sup>82</sup> Here, the self-made wound becomes the tool to

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<sup>81</sup> DeBrincat.

<sup>82</sup> DeBrincat.

reappropriate Grey's own chest from traumatic occupation. Interestingly, particularly in relation to Stiles' argument that the presence of trauma justifies a pathologising response, Grey does not respond to trauma with pathologisation. Rather, they indicate that pathologisation itself can be a source of trauma.

Grey also speaks to the biopolitical tactics of control and domination that are thrown into relief by the self-elected wound-making in their work. This is embodied in relation to self-wounding in the figure of "the good patient."<sup>83</sup> Dale writes,

There is not much new in the observation that the patient's "performance of illness" ideally incorporates a performance of "the desire to become well," and that this in turn, along with qualities like cheerfulness, obedience, and stoicism, make "the good patient" who is likely to receive optimal care. Conversely, the patient who has palpably injured themselves—or *might* have injured themselves—has broken the medical contract.<sup>84</sup>

Grey here works against adhering to the role of "the good patient" in re-opening their healed wounds, an act meant to be the purview of professionalised surgeons only.<sup>85</sup> In asserting their right to access invasive knowledges of their own body, Grey throws into relief any previous performance of being "the good patient" they had to inhabit in order to access healthcare—for example in having their gender pathologised. Perhaps this is how they "regain agency at the site of trauma."<sup>86</sup> If so, this is a strong instance of where self-wounding can be an enactment of healing. Further, Grey distinctly links self-wounding to sexual and gendered biopolitics when they name the openings of bodies as the most regulated and controlled sites

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<sup>83</sup> Dale, section "The Impact of Self-Harm."

<sup>84</sup> Dale, section "The Impact of Self-Harm."

<sup>85</sup> Dale, section "The Impact of Self-Harm."

<sup>86</sup> DeBrincat.

of sex and gender.<sup>87</sup> Therefore, they argue, “opening a new orifice on the body,” is political and has the potential to create a new site of exchange with the possibility of evading “patriarchal systems of dominance and control.”<sup>88</sup> Here, self-wounding is enacted not only as healing but also as political resistance to the gendered regulation of sex.

This framing of self-wounding as a politicised refusal to adhere to such conventions is aligned with a history of other radical body-based artists. And Grey’s work consciously acknowledges and identifies with this lineage. The act of self-wounding in performance, according to Grey, “defies our social conventions. It’s no surprise that artists who chose to do so are often marginalised socially as well as within visual culture.”<sup>89</sup> With *Homage*, Grey titles the work after a mentorship exchange with Ron Athey that led up to the initial iteration of the piece. Athey, along with Rocío Boliver—both performance artists who mobilise piercing and self-wounding in their works and who are arguably marginalised as artists—advised Grey on the process of piercings for performance, something which Grey had not undertaken before *Homage*. For the first iteration of the performance, Athey pierced Grey’s pectoral line for them with needles provided by Boliver. This is notable in that safety is often cited as a concern about self-wounding in performance. Yet, because of the pathologisation of self-wounding, it might be difficult for artists who want to engage with it to learn safety tactics because of lack of guides to facilitate learning. Such a context may lead to more dangerous undertakings in which performance artists newly working with self-wounding do not have access to safety-related knowledges due to pathologisation.

Grey’s piece belongs to a lineage of body-based performance artworks that mobilise self-wounding in ways that seemingly depart from medical understandings of “self-harm,”

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<sup>87</sup> DeBrincat.

<sup>88</sup> DeBrincat.

<sup>89</sup> DeBrincat.

including those of Athey and Boliver. As mentioned, Athey is a body-based performance artist whose work became known within the U.S. mainstream in 1994 when it was used as an argument against arts funding by conservative government representatives. Obscenity is a legal and moral accusation that follows body-based self-wounding works for the very fact that they, as Grey points out, defy social conventions.<sup>90</sup> Boliver, too, is a body-based performance artist, based in Mexico, who began working in the mid-1990s. She is known for her performance works that involve piercing—often of her face or vulva—which act as a commentary on women’s sexuality and aging femininity. Both artists’ oeuvres speak to deviant forms of gender and sexuality. These artists reconsider the wound as offering new platforms of meeting and connection. This is in stark contrast to the medical pathologisation of self-wounding which views such acts as expressions of un-healthiness.

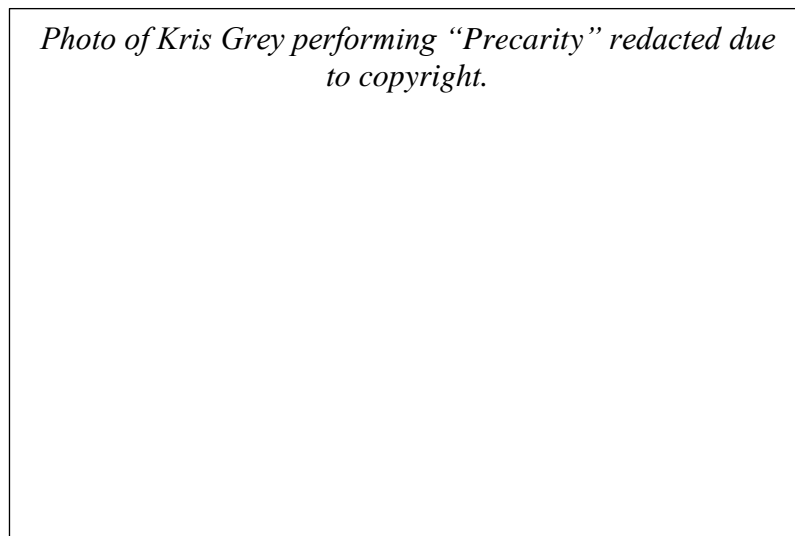


Figure 7: Kris Grey, "Precarity," 2018. Ohio University. Photo by Daniel King.<sup>91</sup>

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<sup>90</sup> DeBrincat.

<sup>91</sup> Kris Grey, "Precarity," *Kris Grey* <<https://kristingrey.com/artwork/4358694-Precarity-live-performance-at-Ohio-University.html>> [accessed 6 February 2022].



Another of Grey's works, entitled *Precarity*, also speaks back to the medical model's pathologisation of trans experience. I witnessed an iteration of this piece during the *Queer Zagreb Festival* in 2018. In this context, Grey's performance took place in the interior lobby of the Zagrebački Dance Centre, a theatre that acted as the central hub of the festival. The artist stood in this grey painted space with its slanting, hard surfaces and unusual corners as the audience entered and settled, most opting to line the edges of the space. We positioned ourselves against walls and windows as the artist stood, nude with a thick clothbound, hardcover book balanced on their head. We watched as this balancing act revealed itself to be a slow and silent gesture. After some time passed, I crept closer to see that the spine held the embossed golden letters reading: *Diagnostic and Statistical Manual of Mental Disorders III (DSM-3)*. It looked like it had been checked out of a university library and I fantasised that it had been, reflecting on its place as part of a collection of academic, canonical knowledges.

The gesture of balancing a book upon one's head is, as Grey writes, "reminiscent of finishing school exercises aimed at improving the posture of young women."<sup>92</sup> But here the gesture is elongated so that it stops being about poise and starts centring on the stiffness, the minute movement, and the energy that balancing continuously requires. Grey describes the initial use of such exercises in the Victorian era and then their re-emergence after World War II as an expression of anxieties about the destabilisation of gender norms. The popular cultural encouragement of women's return to the domestic sphere aligned, Grey suggests, with the American Psychiatric Association's (APA) formation of a task force to produce a standardised taxonomic system for psychiatry.<sup>93</sup> What this task force developed became the first *DSM*, published in 1952. Grey reminds us that "for more than 20 years, 'Homosexuality' was listed as a mental disorder in the *DSMs* until the early 70's when it was removed and

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<sup>92</sup> Grey, "Precarity."

<sup>93</sup> Grey, "Precarity."

replaced by gender identity disorders related to non-conforming behaviour.”<sup>94</sup> By stating this when they write about *Precarity*, Grey draws a line from the inclusion of previous phobic understandings of sexual orientation to current requirements for diagnosis in order to access gender related surgeries and hormones. This need for justificatory diagnosis and identification with a “sexual disorder,” Grey argues, places trans and gender non-conforming bodies always already in relation to medicalisation and pathologisation.<sup>95</sup> For Grey, *Precarity* expresses the continual requirement to balance between identity and diagnosis for those who want to access body modificatory technologies.<sup>96</sup> Such a diagnosis understands trans and gender non-conformity as “mental illness.”<sup>97</sup> This works to frame non-normative gender identities as outside of “health” and so renders them as sick, first medically and then in the public imaginary.<sup>98</sup> Grey notes that the statistically greater level of violence that trans people experience is condoned by pathological understanding of transness and gender non-conformity as abnormal.<sup>99</sup>

However, *Precarity* is ambivalent enough that it refuses to leave the witness with the impression that all who experience healthcare inequity are helpless victims. In fact, there are myriad patient activist groups that push for formal recognition through diagnosis. This recognition can sometimes provide access to socialised healthcare or medical insurance coverage to pay for treatments or therapies as, for example, with some transgender activists and groups in the U.S. who have sought to maintain the pathologisation of their genders so as

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<sup>94</sup> Grey, “Precarity.”

<sup>95</sup> Grey, “Precarity.”

<sup>96</sup> Grey, “Precarity.”

<sup>97</sup> Grey, “Precarity.”

<sup>98</sup> Grey, “Precarity.”

<sup>99</sup> DeBrincat.

to be able to afford otherwise expensive surgeries or hormones that some seek, regardless of whether each individual actually conceptualises their gender as pathological.<sup>100</sup>

The ambiguity of this work offers me the chance to point to the positive possibilities that formal diagnosis can bring and the dangers of being barriered from medicalisation beyond performance. The activism of the undiagnosed is an excellent flashpoint from which to show this and will, I hope, serve as a counterbalance to underline the hazards of rejecting pathologisation completely, a move that reactionary responses to my overall arguments might imply. Instead, I posit, we need to recognise pathologisation as a bio-political project with histories rooted in the subjugation of some people for the benefit of other people.

### **Benefits of Diagnosis, Medicalisation, and Pathologisation**

In her nuanced book of essays, *The Collected Schizophrenias*, Esmé Weijun Wang writes, “some people dislike diagnoses, disagreeably calling them boxes and labels, but I’ve always found comfort in pre-existing conditions; I like to know that I’m not pioneering an inexplicable experience [...]. A diagnosis is comforting because it provides a framework—a community, a lineage—and, if luck is afoot, a treatment or cure.”<sup>101</sup> She later describes diagnosis as “observing patterns and giving them names.”<sup>102</sup> I would add, observing *problematic* patterns, the patterns of those things which we or others find to be troubling. The difference between a quirk and sickness is the level of such a difference’s disruptiveness to those naming it. She reminds us that naming these patterns is not merely an empty linguistic gesture, even when no treatment paths are known: “Giving someone a diagnosis [...] will

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<sup>100</sup> Peter Conrad, *The Medicalisation of Society* (Baltimore: Johns Hopkins University Press, 2007), p. 160 and p. 110.

<sup>101</sup> Esmé Weijun Wang, *The Collected Schizophrenias: Essays* (London: Penguin Random House U.K., 2019) p. 5.

<sup>102</sup> Wang, p. 10.

impact how they see themselves. It will change how they interact with friends and family. The diagnosis will affect how they are seen by the medical community, the legal system, the Transportation Security Administration, and so on.”<sup>103</sup> Here, Wang is speaking specifically of schizophrenia, but her description can accurately be applied to any process of diagnosis, each affecting the bearer in manifold ways. As Wang well articulates diagnoses can lead to both treatment plans and validation of bodily experience as well as organise a body’s interconnections with support, legal status, mobility, and stigma. Having a doctor agree that one’s experiences are problematic—to pathologise them into symptoms—might be the open door needed to access tests or specialists. Seeking a diagnosis might be a relief after years of searching. It might be a confirmation of one’s experience or a guide towards possible treatments.

Formal diagnosis can offer coherence to a set of symptoms as well as reduce blame and stigma through legitimisation. Such goals are pursued by groups fighting for physicians’ formal recognition of chronic fatigue syndrome, Lyme disease, and fibromyalgia (all conditions whose legitimacy is still disbelieved by many physicians).<sup>104</sup> In these instances, there is the desire for personally felt or collectively agreed upon pathologisation to be institutionally recognised so that medicalised responses become accessible, bringing funding towards research and hopefully treatment of physical symptoms. In 2016 an impressive list of international patient advocacy organisations collaborated to create a 12-page document entitled “International Joint Recommendations to Address Specific Needs of Undiagnosed Patients.”<sup>105</sup> In this document, two definitions are given of undiagnosed patients: First, “not

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<sup>103</sup> Wang, p. 14.

<sup>104</sup> J. Sholl, “The Muddle of Medicalisation: Pathologising or Medicalizing?,” *Theoretical Medicine and Bioethics*, 38 (2017), 265–278 (p. 273).

<sup>105</sup> SWAN U.K., Wilhelm Foundation, EURORDIS, RareVoices Australia, Canadian Organization for Rare Disorders, Advocacy Service for Rare and Intractable Diseases’ stakeholders in Japan, and the National

yet diagnosed: refers to a patient who lives with an undiagnosed condition that should be diagnosed but hasn't been because the patient has not been referred to the appropriate clinician due to common, misleading symptoms, or an unusual clinical presentation of a known rare condition"; and second, "undiagnosed ('Syndromes Without a Name' or SWAN): refers to a patient for whom a diagnostic test is not yet available since the disease has not been characterised and the cause is not yet identified."<sup>106</sup> Whereas the lack of a diagnosis might be thought to indicate a lack of syndrome, these advocacy groups strive to reframe the very lack of a pathologisation as itself medicalised. This conceptual shift provides justification to the need for medical access for those who are undiagnosed. This recognition might also offer individuals access to legal protections related to employment, discrimination, and taxation if available in their region. If one's illness is not recognised as an illness, the institutions one enters into do not recognise the need for support. Diagnosis should not be imagined only as an imposition or an access point but rather should be recognised as a nuanced and contingent organisational tool and identity-affecting framework.

Examining the benefits of diagnosis also makes visible the potential benefits of medicalisation and pathologisation. Medicalisation of an experience does not occur only at the behest of pharmaceutical companies, diagnostic manuals, or trained professionals, it can occur through grassroots social activism. For example, Alcoholics Anonymous—an international fellowship dedicated to recovery for alcoholics—first put forward the notion of alcoholism as a disease which was then, in turn, somewhat adopted by physicians.<sup>107</sup> In Sholl's words, the benefit of pathologisation is the benefit of reconceptualising "a given set

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Organization for Rare Disorders, "International Joint Recommendations to Address Specific Needs of Undiagnosed Rare Disease Patients" (2016)

<<http://download2.eurordis.org.s3.amazonaws.com/documents/pdf/Undiagnosed-International-Joint-Recommendations.pdf>> [accessed 18 Dec 2019] (p. 2).

<sup>106</sup> SWAN U.K. et al., p. 2.

<sup>107</sup> Conrad, *The Medicalisation of Society*, p. 6.

of undesirable behaviours.”<sup>108</sup> He points to a certain “liberation” that can relieve the pathologised of “moral guilt” even when there is no known treatment.<sup>109</sup> This rubs up against a sense imparted in Wang’s book: formal diagnosis can provide the possibility of *being taken seriously* by institutions and individuals in one’s suffering. It might explain experiences in legible ways and make unproductive behaviour valid within a production-focused social context.

Articulating the potential benefits of pathologisation, diagnosis, and medicalisation is important to my arguments throughout this thesis because it makes clear that I am not arguing that pathologisation itself is negative when reading art works. Rather, I assert that the ways in which pathologisation is mobilised and applied to art works bring with it long and complex histories which impact what such pathologising readings do. My overall arguments should not be mobilised against diagnosis, medicalisation, or pathologisation. I hope that instead they will offer more nuanced approaches to thinking through the pathologisation of performance. All of the above historical and ongoing asymmetry in the access and application of Western medicine means that medicalisation, pathologisation, and diagnosis are also intertwined with various oppressions. Though it is not within the scope of this project to trace the entire history of power relations in Western medicine, I have sketched some key points above in the hopes that this will make clear the forms of thinking that are dragged along with diagnosis, medicalisation, and pathologisation stemming from a Western medical practice.

In Grey’s *Prearity*, nothing is solved. Rather, the extended balancing act means that some muscles will never relax, that total rest never comes. Constant adjustments, the bearing of weight, the persistence of staying, all express an intertwined experience of identity and

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<sup>108</sup> Sholl, p. 272-273.

<sup>109</sup> Sholl, p. 273.

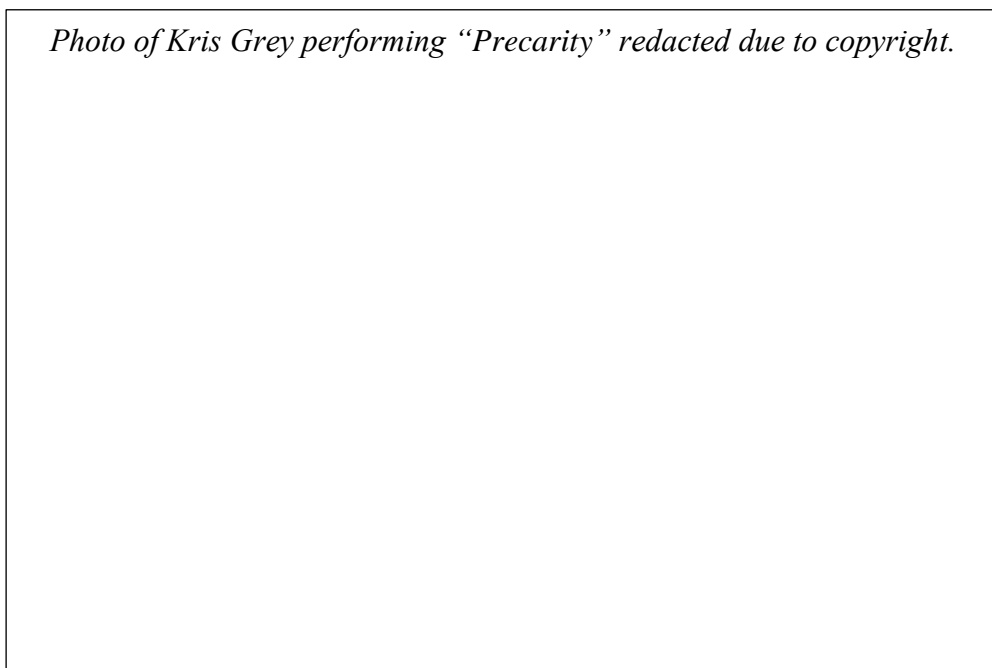
pathologisation as delivered through diagnosis. Grey's works acknowledge the real material effects of pathologising trans experiences at the level of the body, both beneficial and constraining. *Precarity* speaks to the toll that persistently shifting identity can take on a body. At the same time, it also asserts the necessity of the balancing act, which is essential to negotiating current pathologising systems in the West. It does this by centring and highlighting the balancing act required instead of colluding with the naturalisation and obscuring of this expectation. It also does this by asserting the complex reality of Grey's own gender non-conforming body.

As with *Homage*, Grey here offers a representation of a gender non-conforming body that is completely unspectacular. They willingly share their body, assertively. They light their form so that it shines. Their body says, *I'm here and you cannot ignore me, but you also cannot have me. I am my own and I am doing what I choose*. It is not a gender non-conforming body in a pornographic depiction, their actions do not encourage sexualisation. Grey's body is not there for the witness' pleasure, it is there to engage in exhausting work. Grey's body demands a lot from the witness' attention. It asks for focus without offering entertainment. It demands and asserts but does not make its message easy to grasp. It leaves meanings open and ambiguous so that the witness' mind must wonder and ask if it is to discover meanings. The witness must reach out and open to the performer to feel the unseen work of the piece and discover whatever they may find in the energetic exchange of the work.

Grey's real, human body, the one they live with and in and through, confounds the medicalisation of top surgery. Their body, in its enfleshment, overflows such flattening and containment as pathologisation requires. Drawing on a feminised gesture with the very book that pathologises gender non-conformity, Grey confounds the limits of pathological expectations of gender and asserts gender freedom as something real, here, and inhabited

within the moment of their work. Their existence makes absurd the attempts of the *DSM* to contain gender but also makes evident the profound violence of such an act.

With *Precarity*, Grey evokes an entire history of violent attempted containment and erasure that is part of pathologisation's lineage. Their work elicits a reflection in me on the asymmetries of bodies seeking top surgeries versus gynecomastia procedures, similar surgeries with the same physical goal but whose demands for pathologisation play out differently across differently gendered bodies. This asymmetry has real material effects including how much of one's life needs to be pathologised in order to access medicalisation.



*Figure 8: Kris Grey, "Precarity," 2018. Ohio University. Photo by Daniel King.<sup>110</sup>*

Grey's performances, if engaged through the differences between medicalisation, pathologisation, and diagnosis, reveal the genuine stakes of pathologisation. Here, I have asserted that medicalisation, pathologisation, and diagnosis, though often closely linked, are not the same practices. Clarifying their definitions is important in that separating out their

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<sup>110</sup> Grey, "Precarity."



occurrences can illuminate their various effects. Doing so highlights the socially and culturally constructed nature of these definitions. Sholl's help in delineating pathologisation from medicalisation becomes especially useful. But it is also a reminder that to critically pathologise is not merely relevant in an abstract or theoretical realm. Rather, to be treated pathologically has concrete and embodied effects, both beneficial and limiting but necessary under the pathologising systems that are currently in place. These effects are shaped, linked, and impacted by the histories that Western Medicine stems from and brings with it.

Reading the works of Raeven and Grey together articulate the diverse ways in which pathologisation, diagnosis, and medicalisation are put upon, resisted, and complicated by those who are pathologised beyond performance.

### Chapter 3: Pathologisation and Personhood

Thus far, I have centred my discussions on relatively easily identified forms of pathologisation: Kristine Stiles' application of the *DSM* to the works of various performance artists; written headlines and news coverage of L.A. Raeven; and the uneven application of pathologisation beyond performance that Kris Grey's works asks us to consider. Now, I wish to open into an expanded context that allows for an articulation of the more subtle qualities or characteristics of pathologisation. I do this by exploring performances that deal with less easily identified iterations of pathologisation, both through thematising it within the work itself and through the overdetermination of the artist's body by pathologisation. Here, the politics of pathologisation become important.

The performance works of Esther Marveta Neff and Kamil Guenatri play with inhabiting and resisting pathologisation through the mechanism of compulsory personhood. In Part 1, Neff's performance work demands an investigation of the forms of personhood that underpin medicine through the specific example of the *DSM*. Atwood Gaines' analysis of the *DSM* reveals that the taxonomisation of "mental disorders" is also organised by historical and ongoing asymmetrical violences. He demonstrates the imagined ideal personhood underpinning the *DSM* as white, adult, and male. This comes through in its gendered historical dimensions when Neff's work demands a consideration of Silvia Federici's arguments about the womb and capitalism's primitive accumulation. This allows for an understanding of how larger systems like capitalism relate to pathologisation. Neff's work resists the self-possession that Gaines exposes as imperative to whiteness' form of personhood, the same form that Aileen Moreton-Robinson links to property. Whiteness is here discussed as a system of power that is predicated on self-possession and self-mastery. Power is here focused on, following Michel Foucault, as relational. In Part 2, I show that the works of performance artist and poet Kamil Guenatri expose how formations of personhood

linked to ableism and notions of disability might be inhabited and resisted. Julietta Singh's thinking on mastery helps me to articulate how Guenatri's work executes this. His work brings together a culminating analysis that allows the exposure of pathologising tactics on body-based performance art that employs self-wounding and their effects through ideologies of personhood that are imbricated with colonialism, whiteness, and domination. Focusing on the notion of personhood helps to make clearer the work of biopolitical techniques within pathologising readings. The stakes of this argument are high because to the extent that these formations remain obscured as a result of whiteness' commitment to naturalising itself, their effects cannot be examined. This risks reifying white supremacy through pathologising strategies.

Ultimately, this chapter argues that how we understand the individual is often imbricated with the tactics of pathologisation, as enacted through the mechanism of personhood.

## **Part 1, Privatisation, Personhood, and “Madness” in Pathologisation: Esther Neff**

Esther Marveta Neff is dressed in black, pale white legs flashing assertively as she walks through the space, calling the audience in, opening something, herding energy. She is intoning a chant repeatedly in deep and prolonged sounds: “I have a body. We have a body.” Now she is lifting a big piece of plywood from its position leaning against a wall and asking for two strong volunteers from the audience. When two people stand up to help, Neff instructs them on how to hold the wood so that she can cut into it with a power saw. She communicates in a pedestrian manner, not particularly theatrical in tone. In this way, she lets the witnesses know that though they might be engaged in something delineated as “performance,” this doesn't mean that all the rules of encounter change for Neff. She's still

genuinely talking and listening, but perhaps with a hosting element to the way she holds herself: paying attention to everyone in the room, scanning to check-in with the audience's response. With an awareness that there is a power dynamic in which the audience is here to put their attention on her and that what she says will probably be listened to. Aware and wary. When they are done manoeuvring the saw around the huge wood flat, a cut out diagram of a big wooden vagina, uterus, fallopian tubes, and ovaries emerge. It doesn't feel like the unveiling of a completed image, it is just one step in a process. Like they have made a new tool together. But what kind of tool?

Neff is now naked except for her beat up leather work boots and black sports socks pulled up high. She, along with most everyone else in the room is intoning the words "I have a body, we have a body," like a communal canticle or chant. The large wooden uterus is held by first four and then more audience members to take its substantial weight. Neff stands at one end of the uterus as it's held in the air, at the height of her lower abdomen. A small needle is attached to the wood where Neff stands. The ongoing sound, between a chant and song, reverberates through the space, through the body/ies in their resonant chambers and hollows: "I have a body, we have a body." The audience members rock the uterus back and forth. On the end where Neff stands, she's attached a tattoo needle that's been dipped in ink. As they rock the tool, they pierce Neff's pale skin below her belly button, leaving the ink imbedded in her skin. They are creating a communal tattoo across the place where Neff's womb might be.<sup>1</sup>

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<sup>1</sup> I was not present at this performance and no video documentation is published of this work so much of my understanding of the performance is based on my previous experience of many of Neff's performances in tandem with still photograph and a first-hand description of this piece written by David LaGaccia, "Esther Marveta Neff – *The Scraping Shape of the Socially Cyclomythic Womb* (2016)," "Memories of the Body, Tempting Failure Day 6," *Incident Magazine*, 29 July 2016  
<<https://incidentmagazine.wordpress.com/2016/07/29/memories-body-tempting-failure-day-6/>> [accessed 8 March 2022].

*Photo of Esther Marveta Neff performing “The Scraping Shape of the Socially Cyclomythic Womb” redacted due to copyright.*

*Figure 9: Esther Marveta Neff’s “The Scraping Shape of the Socially Cyclomythic Womb,” 2016. Tempting Failure. Photo: Julia Bauer.<sup>2</sup>*

This work was titled *The Scraping Shape of the Socially Cyclomythic Womb* and took place in 2016 at the Tempting Failure International Festival of Performance Art and Noise Art in London. The performance is described as an event that “assembles unsubstantiated perceptions, reclaiming parallels between menstrual cycles and abilities to communicate, transfer, and share sensual, mental, and somatic phenomena in order to dissemble essentialist and pathologising notions of womanhood and madness.”<sup>3</sup> Neff’s use of the word “cyclomythic” in her title references “cyclothymic,” a mood disorder defined in the *DSM-5* that describes cycles of emotional lows to highs and is on a spectrum with bipolar diagnoses. Switching the “thymic” for “mythic,” calls up Atwood D. Gaines’ articulation of the created

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<sup>2</sup> Esther Marveta Neff, “Tempting Failure, London (2016),” *Agit-Apropos*, Tumblr <<https://estherneff.tumblr.com/post/160390745329/tempting-failure-london-2016-photos-courtesy-of>> [accessed 3 April 2022].

<sup>3</sup> Tempting Failure Festival of International Performance Art & Noise Art, “TF 2016,” Online Brochure, Yumpu <<https://www.yumpu.com/en/document/read/55646686/tempting-failure-presents-tf2016>> [accessed 3 April 2022].

nature of *DSM* diagnoses.<sup>4</sup> Generating a communal piercing and chanting, an invocation almost spell-like in nature, Neff pushes the boundaries of what the feminised body is allowed to access. These boundaries are often normalised as common-sense but are actually built upon the privatisation of traditional medicine knowledges. The piercing of the skin surrounding her womb, indirectly by audience members—lay people not necessarily qualified in any formal way to do so—works against the assertions that invasive knowledges of the body must be professionalised. In doing so, the work calls up Silvia Federici’s arguments regarding the gendered violence of witch-hunts as a tool for oppressing those deemed women through pathologising notions of madness.<sup>5</sup>

Gaines states that, in the *DSM*, “the notion of self as responsible for (self) control is not only a central conception, it is also a central motivational component of this ethnopsychology.”<sup>6</sup> Gaines’ articulation of the notion of a self in possession of itself as a motivation for the diagnostic tactics within the *DSMs* illuminates the investment in self-possession that also undergirds the punitive pathologising practices which Federici outlines. Neff takes up the annual theme of the Tempting Failure festival—“in-utero”—by centring on the physical uterus. Or rather, she includes a diagram of sorts and invokes the physical womb, since the audience cannot know but might assume what is inside Neff’s abdomen. In doing so, she highlights how full ideal personhood is withheld from womb-bearing people in many places and ways, including through pathologising tactics. As opposed to asserting her individual right of ownership over her womb, Neff creates a situation in which the mutuality of the body/ies present is highlighted whilst simultaneously underlining the delineation of

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<sup>4</sup> Atwood D. Gaines, “From DSM-I to III-R; Voices of Self, Mastery, and the Other: A Cultural Constructivist Reading of U.S. Psychiatric Classification,” *Social Sciences and Medicine*, 35:1 (1992), 3-24.

<sup>5</sup> Silvia Federici, *Caliban and the Witch: Women, the Body and Primitive Accumulation* (New York: Autonomedia, 2004).

<sup>6</sup> Gaines, p. 16.

sensation between fleshed. Ostensibly, Neff's body is the one that is pierced. And yet the bodies of those holding the plywood uterus might feel the pressure and puncturing of Neff's flesh. Those in the room might see the ink enter and stay in Neff's epidermis, might feel the movement of the air as the plywood swings back and forth. Resonating through the space, the repeating chant, "I have a body, we have a body," displaces the ghost of "my body, my choice," complicating abortion rights activism and undoing the logic of anti-vaccination campaigns as merely individually effecting. Neff simultaneously communalises and delineates her physical body from those in the space. In doing so, she rejects the framework of the imagined ideal form of self-contained personhood whilst showing the exclusion of womb bearing bodies from it as part of its enforcement.

### **Privatisation**

An early scholarly examination of uneven access to healthcare in the United States came out of the context of the 1970's feminist movements. *Witches, Midwives & Nurses: A History of Women Healers* was originally a pamphlet self-published by its authors Barbara Ehrenreich and Deirdre English in 1973. In their introduction to the second edition, published by the Feminist Press at the City University of New York in 2010, Ehrenreich and English outline the lack of resources available at their time of initial publication as to the gendered nature of the medical field. They argue that the medical profession in the United States had actively and intentionally pushed out women and people who were poor, thus unequally affecting racialised people. It did this through first driving out lay healers, many of whom were women, largely through the European witch trials. These trails relied upon the cooperation of legal and medical professions in tandem with both Protestant and Roman Catholic churches.<sup>7</sup>

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<sup>7</sup> Barbara Ehrenreich and Deirdre English, *Witches, Midwives & Nurses: A History of Women Healers*, 2<sup>nd</sup> edn (New York City: Feminist Press at the City University of New York, 2010), p. 14.

*The Malleus Maleficarum*, the core 15<sup>th</sup>-century witch-hunters' guidebook, exclaims explicitly: "no one does more harm to the Catholic Church than midwives," thereby expanding the evil it associates to witchery to include feminised healing practices.<sup>8</sup> European physicians in the 15<sup>th</sup> century directly benefitted from the suppression of lay healers, who made up their competition in public markets where they sold their services. Ehrenreich and English write, "in London, in 1600, there were fifty physicians affiliated with the College of Physicians (a stronghold of Galenic medicine), outnumbered by some 250 mainly unlicensed practitioners (not including surgeons, apothecaries, midwives, and nurses) who made a living."<sup>9</sup> The College of Physicians already claimed and exercised the right to regulate medical practice in London by this time. The active removal of healing knowledges from common people, usually women, and cordoning off these knowledges into a professionalised context that excluded women, poor people, and anyone who was not white, undergirds the current context of medicine in the U.K., U.S., and Germany, where extensive witch trails are documented in tandem with the rise of medicine as a profession.

Ehrenreich and English concede that "compared to what we confronted in the 1970's, today's American healthcare system features far more women as practitioners and even decision makers, but it is more single-mindedly driven by profit. We are hopeful that Obama's health reform will curb its murderous tendency to exclude those who most need care."<sup>10</sup> Writing in 2022 amid contexts such as Trump, QAnon, Brexit, and COVID-19, I am sad to say their articulation of a profit-driven healthcare system appears to have proven itself again and again rather than shifted through reforms, in the U.S. certainly and arguably elsewhere, too.

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<sup>8</sup> As cited in Ehrenreich and English, p. 13.

<sup>9</sup> Ehrenreich and English, p. 13.

<sup>10</sup> Ehrenreich and English, p. 23.



Federici writes that Ehrenreich and English's text was, "for many feminists, myself included, the first introduction to the history of the witch-hunt."<sup>11</sup> A socialist feminist, Federici builds on Karl Marx and Foucault to examine the gendered and racialised body's role in the transition from feudalism to capitalism. Her groundbreaking research in *Caliban and the Witch: Women, The Body, and Primitive Accumulation* (2004), exposes and explains the gendered and racialised blind spots in Marx's and Foucault's renderings of how capital and the controlling of bodies are intertwined. Federici summarises her interventions in a historical analysis of primitive accumulation as follows:

(i) [T]he development of a new sexual division of labor subjugating women's labor and women's reproductive function to the reproduction of the work-force; (ii) the construction of a new patriarchal order, based upon the exclusion of women from waged-work and their subordination to men; (iii) the mechanization of the proletarian body and its transformation, in the case of women, into a machine for the production of new workers. Most important, I have placed at the centre of my analysis of primitive accumulation the witch-hunts of the 16<sup>th</sup> and 17<sup>th</sup> centuries, arguing that the persecution of the witches, in Europe as in the New World, was as important as colonization and the expropriation of the European peasantry from its land were for the development of capitalism.<sup>12</sup>

Though her account's density and detail are beyond the scope of my argument, I follow Federici's assertion that the neglected accounting for reproductive labour—work that involves care and the sustaining of life such as feeding, cleaning, etc.—is part of a political project and needs to be understood as such. Federici posits that the Black Plague's death toll

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<sup>11</sup> Silvia Federici, *Caliban and the Witch: Women, the Body and Primitive Accumulation* (New York: Autonomedia, 2004), p. 208, n. 2.

<sup>12</sup> Federici, p. 12.

created a shortage of bodies to labour which, in turn, caused the rising of wages. The social sphere at the end of the feudal period was already restless and so this became, according to Federici, that match that lit the powder keg of the social sphere. The shift to capitalism, then, entailed systemic subjugation through “enclosure” of the reproductive labour that womb-bearing bodies do in bearing, rearing, and sustaining labourers. By enclosing such work through feminisation and domestication, it could then be mystified *as work*, instead framed as a natural vocation which in turn justified it being unpaid.<sup>13</sup> Neff’s piece, however, foregrounds the reproductive labour it enacts. The wood is cut during the performance, not before. The labour of mark-making, made more laborious though its enlarged uterus-cum-utility, is slow, repetitive, and requires persistent support of multiple bodies. The artist needs the labour of the audience in order to enact the work. And the work itself *is* the reproductive qualities of communal labour. “I have a body. We have a body.”

For Federici, enclosing the bodies of womb bearing and racialised peoples created them as possible to own. In this way, she posits, all reproductive labour became surplus value, making it more profitable for those with the most wealth and keeping wealth away from womb bearing people, poor people, and racially marginalised people. The womb then, is central to Federici’s understanding of the transition from feudalism to capitalism. But Neff’s work, taking place in 2016, reminds us that the control of wombs is still a central political project (something demonstrated clearly in the U.S. Supreme Court’s 2022 overturning of the landmark abortion case *Roe v. Wade*). De-valuing reproductive work, Federici contends, happened violently. A major tool of that violent reinforcement were the witch hunts. These were used, she argues, to actively and violently eliminate peasant women who failed to conform to their newly enclosed and thus newly constricted lives throughout Europe.<sup>14</sup> The

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<sup>13</sup> Federici, p. 75.

<sup>14</sup> Federici, p. 99.

witch-hunts, then, functioned similarly to how pathologisation can function: as justification for the subjugation of some subjects through delineating them as abnormal. The womb, Federici has shown, was enclosed as the site of reproduction of labourers and therefore became surplus value owned by men.<sup>15</sup> In order for this to work, the womb had to be conceptually and even legally splintered from the person whose body it was in. This objectification process creates the womb as a central site through which meanings about the ownership of the nation-state circulate. As Gayatri Chakravorty Spivak writes, “metonymized as nothing but the birth-canal, woman is the most primitive instrument of nationalism.”<sup>16</sup> Beléne Martín-Lucas argues that the allegorical use of women’s bodies to represent the nation-state is “practically universal” but that, inversely, the closer a social formation is to that of a nation-state, the worse conditions for women within that formation are.<sup>17</sup> Martín-Lucas continues, “the control of the female body as potentially reproductive is, therefore, crucial to nationalisms.”<sup>18</sup> Thus, in dealing with the womb, Neff is not merely dealing with a singular body but also the control of meanings on much larger levels. But, if the womb is re-conceptualised as not only individual or only communal, how might the nation-state be rethought? The individualising public chant often linked to abortion right’s activists (and more recently to anti-vaccine activists), “my body, my choice,” is not the mode in which Neff responds to issues of pathologisation and control. Instead, her work insists on the mutuality of the womb through making mutual the wound. This formulation—illegible to nation-states that are committed to individuation—requires the witness to imagine other inter-bodily formations in order to make sense of it.

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<sup>15</sup> Federici, p. 75.

<sup>16</sup> Gayatri Spivak, quoted in Beléne Martín-Lucas, “The Hostage of the Womb by the Motherland,” in *Differences in Common: Gender, Vulnerability, and Community*, eds. Joana Sadadell-Nieto & Marta Segarra (2015), pp. 57-73 (p. 57).

<sup>17</sup> Martín-Lucas, p. 58 & p. 60.

<sup>18</sup> Martín-Lucas, p. 59.

## Personhood

In their essay, *In Defence of De-Persons*, Johanna Hedva deals with the tangles of personhood in relation to psychiatry.<sup>19</sup> Hedva usefully delineates personhood (“the state of the condition or the being of a person”) from a person itself writing, “personhood is apart from the person, personhood is not the person.”<sup>20</sup> Here I ask how the pathologising position creates forms of personhood and interrogate the qualities of those formations. I do so to demonstrate how the pathologising position manifests forms of personhood which are, in turn, technologies of power that reify certain systems of dominance, including white supremacy and capitalism. Personhood, as I consider it here, is made and monitored by governing bodies—the kinds of knowledge power-based institutions that Foucault pointed to and which I discuss in the beginning of Chapter 2. Forms of personhood are granted, are contextual, and can change. Again, if a form of personhood is withheld from or refused to someone, that does not mean that they are not a person. Rather, I am describing a relational state that organises access and barriers to resources. For example, a body might be named “illegal” or “undocumented” by a nation-state. This naming has very real material effects in that it might result in withholding resources: healthcare, legal protections, access to work, to subsistence funds, to own property, mobility privileges, etc. Only those who are granted personhood by such a governing body are granted access to these life promoting resources under capitalism.<sup>21</sup> However, a body deemed “illegal” and therefore not granted legal forms of personhood, is still very much a person. Personhood is not only a legal tool: it also

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<sup>19</sup> Johanna Hedva, “In Defence of De-Persons,” *GUTS Magazine*, Issue 6, 10 May 2016  
<<http://gutsmagazine.ca/in/>> [accessed 18 May 2020].

<sup>20</sup> Hedva.

<sup>21</sup> This is not to say that such dynamics do not exist under other structures of capital but rather that the scope of this thesis is limited to the contexts of capitalism with the U.S., U.K., and Canada and their globalized impact.

functions in every aspect of society to create an orientation of how people should behave and what they are entitled to. Even within equally distributed legal personhood (for example, in places where all adults have the right to vote) there may still be uneven access to safe and affordable housing, food and water, respect, connection with other humans, the likelihood of being detained or harmed by police, etc. Delineating persons from personhood is what makes it possible for nation-states to declare that they are committed to equity amongst all persons but to simultaneously perpetuate inequity. This delineation is the quiet mechanism that creates some people as more people than other people.

Though one's form may be shaped by the access and barriers bestowed upon them, people are not wholly determined by personhood. Personhood was and still is withheld from some, in different ways specific to each context. Systemically full and equal personhood is globally most often withheld from Indigenous peoples, Black people, poor people, people who recently migrated, disabled people, people who are women, people who are transgender, and people who are gender and sexuality rebels, amongst others. Those people are no less complex, interesting, lively, and multifaceted because full personhood is withheld from them by a given governing body. However, their access to all things that affect one's quality of life might be impeded by the withholding of personhood. Thus, when discussing personhood one is also discussing full and equitable access to rights, resources, and decision making as granted by governing bodies and social biases.

A specific example of this can be seen in the shifting right to vote in governmental elections. I grew up in so-called Canada where, since before the country was formed, numerous distinct Indigenous nations—made up of the groups now recognised by the state as the First Nations, Inuit, and Métis—enacted diverse forms of governance, many of which are

egalitarian and democratic.<sup>22</sup> In 1867, the British North American Act formed the country of Canada according to white settler colonial law, refusing to respect Indigenous sovereignty.<sup>23</sup> At this time, only white settler adult men who owned property were allowed to vote.<sup>24</sup> Ten years later in 1876, the Indian Act allowed Indigenous adult men to give up their status as “Indian” in order to obtain the right to vote. Colonial settlers could not maintain the legal personhood of Indigenous inhabitants (because it would require respecting the sovereignty of those nations) and so only conceived of personhood as non-Indigenous.<sup>25</sup> It was not until 1960 that First Nations women and men were allowed to vote without giving up their status—something which allows for the assimilation of Indigeneity into the Canadian nation-state and frees it from the need to respect ongoing calls for Indigenous sovereignty.<sup>26</sup> This is a concrete example of how personhood can be guarded and justifications made to exclude very specific groups of people, as also occurred in Canada when people who were Chinese, South East Asian, Irish, Scottish, Jewish, dehoused people, newly immigrated people, Indigenous women who married non-Indigenous men, etc., were refused the personhood required to vote at various points throughout history.<sup>27</sup> Groups of people that could more quickly assimilate into Canada’s idea of personhood, tended to more quickly access its rights

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<sup>22</sup> See Matthew McRae, “The Chaotic Story of the Right to Vote in Canada,” *Canadian Museum for Human Rights* <<https://humanrights.ca/story/the-chaotic-story-of-the-right-to-vote-in-canada>> [accessed on 25 February 2022]; and Elections Canada, “A History of the Vote in Canada,” *elections.ca*, 2020 <<https://www.elections.ca/content.aspx?section=res&dir=his&document=index&lang=e>> [accessed on 25 February 2022].

<sup>23</sup> McRae; Elections Canada.

<sup>24</sup> McRae; Elections Canada.

<sup>25</sup> My thinking on Indigenous sovereignty and colonial settling of Turtle Island, which is now often called Canada, is heavily informed by the work of Winona Stevenson, Patricia Monture-Angus, Leanne Betasamosake Simpson, and Kim TallBear.

<sup>26</sup> McRae; Elections. For ongoing calls for Indigenous sovereignty and citizenship in this context see, for example, Carole Blackburn, “Differing Indigenous Citizenship: Seeking Multiplicity in Rights, Identity, and Sovereignty in Canada,” *American Ethnologist*, 36:1 (2009), 66-78.

<sup>27</sup> McRae; Elections.

and resources. Clearly, personhood, as a construct and category, has been used to cordon off access to state-controlled resources and rights.

This chimes with Foucault's depiction of bio-politics as the power made up of "interventions and *regulatory controls*" of biological processes at the level of the population in "a society in which political power ha[s] assigned itself the task of administering life."<sup>28</sup> This form of personhood can be understood as the willingness of a governing body to take on and support or to refuse and impede the flourishing of one's life. Personhood is thus also a biopolitical technique and therefore systemic, even when such withholding of resources is justified at the level of the individual. This form of thinking is an ahistorical one that denies the uneven access to personhood that different kinds of bodies are born into as well as the differing needs that one might have. At governmental levels, personhood might be granted or impeded through technologies including citizenship, passports, voting rights, and even national pride. At the level of the social, access to personhood might be organised by tools like respectability politics (common-sense notions of how a person should look or behave that result in phobias of all kinds), and expectations of how a given person will act which determine the way they are listened to, treated, and regulated. Personhood is therefore a social and political tool that is organised on many levels including legally and emotionally. The notion of personhood helps to make clearer the goal of biopolitical techniques: to enforce the flourishing of a specific form of personhood. But what precisely is that form of personhood? What qualities does it encourage, and in turn, what qualities does it discourage?

Returning to Hedva's essay, they write about personhood in relation to the *DSM* which is, as discussed previously, a key diagnostical text created by the APA. Hedva writes,

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<sup>28</sup> Michel Foucault, "Right of Death and Power over Life," in *Biopolitics: A Reader*, eds. Timothy Campbell and Adam Sitze (Durham and London: Duke University Press, 2013) pp. 41-60 (p. 44) (*italic original*).

[T]he agency of the individual person is the primary measure for what kind of control is at stake: the DSM and APA are only concerned with self-control—not the loss of control, freedom, or agency as it can be affected, granted, rescinded, and mitigated by the state. Self-possession and self-mastery are the most legible and preferred forms of selfhood within a society built upon the ideology of possession. What the DSM and APA configure and warn against as a “loss of self-control” can be read as a refusal of mastery and wholeness that Fred Moten and Stefano Harney have called “the object/ive of enlightenment self-control.” That one cannot possess one’s own self, it follows, precipitates the necessity of a society that can do it for you. In turn, this instantiates the construct of a self in ownership of itself as what is the most—the only—acceptable kind of person.<sup>29</sup>

In the above quote, Hedva articulates personhood as a political project. They sketch what I have come to think of as a kind of compulsory self-possession. Fashioned after Adrienne Rich’s popularisation of the term “compulsory heterosexuality,” this phrase acknowledges the ubiquitous enforcement of a specific form of personhood through that which is made normative as well as the obfuscation of this enforcement through common-sense.<sup>30</sup> Hedva argues that this mandatory form of personhood is rooted in self-mastery and self-possession. Reiterating arguments regarding the *DSM* and APA’s taxonomising as individualising which has the effect of disguising the systemic, Hedva clarifies that this diagnostical tool is part of shaping and enforcing acceptable forms of personhood.<sup>31</sup> By diagnosing the patient as if they are a singular and self-contained being, the appropriateness of the patient’s responses to their specific circumstances (both immediate and ancestral) can, in some ways, be obscured.

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<sup>29</sup> Hedva.

<sup>30</sup> Adrienne Rich, “Compulsory Heterosexuality and Lesbian Existence,” *Signs*, 5:4 (1980), 631-660.

<sup>31</sup> Hedva.



Creating experiences of commonplace systemic oppression as incomprehensible is a political project. One way of doing this is framing the individual as solely responsible for mastering and controlling their body-mind. In other words, making the individual responsible for being in possession of a “self” which in turn, creates anything other than self-possession as a problem and so possible to pathologise.<sup>32</sup>

To be clear, I am not interested in romanticising distressing states of non-self-possession. In some instances, these states result in extreme suffering and those experiencing them would like to exit them. In other instances, they do not. In either case, my argument is more specifically focused on the relationship between personhood and its requirements. Instead, I am attempting to show that compulsory self-possession can result in the stripping of personhood. Articulating the ideal forms of personhood underpinning these taxonomical tools, makes visible their predication upon Western enlightenment notions of individuality. This also makes visible the assumptions that frame “self-harm” in performance art as pathological and individual, assuming an autonomous “self” that is linked to a body which is harmed by being wounded. It further organises the “self-harming” patient as a bad patient. Hedva’s work helps uncover the foundational assumptions of personhood as moral, contextual, and working to uphold organising logics.

Why am I discussing personhood? Anna Kirkland, in her analysis of legal logics that uphold fat phobia through forms of personhood, argues that a specific definition of personhood is usually the engine of a given logic.<sup>33</sup> “Logics,” for Kirkland, are not simply a way of naming logical thinking but rather a way to stress thinking that has a “bounded nature, in which one sets out the premises that will be part of the progression and uses them to

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<sup>32</sup> Hedva.

<sup>33</sup> Anna Kirkland, *Fat Rights: Dilemmas of Difference and Personhood* (London & New York: New York University Press, 2008), p. 2.

generate an outcome that is consistent with those starting premises.”<sup>34</sup> These self-realising circuits well depict the co-constitutive nature of the formations of the expert and patient.

In closely examining critical readings that pathologise performance artists, I have outlined resultant dynamics that I have called the *pathologising position*. This position is created by and creates a logic. Following these threads shows how pathologising criticism can summon entire formations of relationality that snap into place, creating not only an ideal personhood but an entire mode of a relationality: a worlding. Thus, I hope that illuminating these formations might unveil the stakes of pathologisation as a logic: it can curtail or enhance access to resources through shaping relationality which, in turn, shapes not only individual lives but entire networks of them. This is what I call a worlding: the doing that creates a sense of how things are and how they can and cannot be.

### **“Madness”**

When thinking through “madness,” one is thinking with a moving target. The lines between what is deemed “sane” and “insane” are indistinct, culturally specific, and not agreed upon within a wider medical context. Thus, the diagnosing of what has been called “madness,” “lunacy,” “crazy,” or “insane” is a particularly fraught territory. For example, Andrew Scull, a specialist in the social history of psychiatry, briefly outlines a usefully broad overview of the historical and current arguments in medical discourse of whether insanity stems from the mind or the brain and thus whether it should be treated psychologically or neurologically.<sup>35</sup> Even the more medically accepted terms like “mental illness” or “mental disorder” are predicated on an ideological belief in a division between the “mental” and “physical” body. Such division has been shown to be scientifically murky as when, for example, medical

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<sup>34</sup> Kirkland, p. 4.

<sup>35</sup> Andrew Scull, *Madness: A Very Short Introduction* (Oxford: Oxford University Press, 2011).

ethicist Harriet A. Washington gathers research showing that a number of mental health diagnoses (including schizophrenia, obsessive-compulsive disorder, Alzheimer's, and anorexia) may be caused by bacteria, parasites, or viruses.<sup>36</sup> Sometimes terms like “service users” have been mobilized to indicate those who use services made for those experiencing “mental distress,” but this term, of course, leaves out those who do not or cannot use such services. Clearly, there is no neutral term available. I find most ethical the commitments of mad studies—a relatively recent field originating in Canada but subsequently taken up in Europe. Mad studies has been defined as “a field of scholarship, theory, and activism about the lived experiences, history, cultures, and politics about people who may identify as Mad, mentally ill, psychiatric survivors, consumers, service users, patients, neurodiverse, and disabled.”<sup>37</sup> Though the field has been criticised for its potential elitism, its lack of engagement with Black people's and Indigenous people's experiences, and its Eurocentrism which may not account for the Southern hemisphere's experience and knowledge, Peter Beresford has framed these issues as typical to the youthfulness of the movement and urges engagement and bettering over outright rejection of its ideas. I agree with Beresford and find that mad studies' rejection of biomedicine's approach to these experiences as illness or disorder opens the possibility of accounting for social factors that contribute to making madness. As such, I follow the field's use of the word “mad” as a problematic but necessary step in engaging critically with these ideas.

Tomi Gomory et al. trace a medical view of madness as a bodily disease through examining the use of medicalised language by noted historians of psychiatry.<sup>38</sup> They show

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<sup>36</sup> Harriet A. Washington, *Infectious Madness: The Surprising Science of How We “Catch” Mental Illness* (New York City: Little, Brown and Company, 2015).

<sup>37</sup> Castrodale (2015) as cited in Peter Beresford, “‘Mad,’ Mad Studies and Advancing Inclusive Resistance,” *Disability and Society*, 35:8 (2020), pp. 1337-1342 (p. 1337).

<sup>38</sup> T. Gomory, Cohen, D. & Kirk, S.A., “Madness or Mental Illness? Revisiting Historians of Psychiatry,” *Current Psychology*, 32 (2013), 119–135.

how this linguistic mobilisation reified the general public's view of madness as a disease.<sup>39</sup> Ultimately, they argue that “historical ‘facts’ about madness, much as psychiatric ‘facts’ supporting the disease model, are shaped by belief, bias, error or ambiguous rhetoric rather than the facts of the matter.”<sup>40</sup> In other words, the medicalisation, pathologisation, and diagnosis of madness is socio-culturally shaped, meaning that reading madness onto someone is an act of framing and not excavatory. This understanding is foundational to my discussions of the *DSM*. I consider “mental health” diagnoses not as scientific truths but as socio-culturally constructed classifications whose distinction is most important because each proffers differing forms of support and stigmas.

Atwood D. Gaines examines the *DSM* from a cultural constructivist point of view—one that assumes that medical phenomena are constructed through culture and history—in order to denaturalise the forms of personhood these texts assume. He posits that the “voice of classification,” which functions as the “implicit standard of normality,” in the *DSM* is of “Northern European Germanic Protestant tradition,” in origin (that is, its “voice” is white), as well as male and adult.<sup>41</sup> Gaines’ “voice of classification” represents an ideal notion of selfhood through the implement of disease classification.<sup>42</sup> Though he outlines this ideal self extensively, the most relevant points to my argument here are that it is a “physically bounded,” “distinct and autonomous” selfhood that is “capable of control.”<sup>43</sup> He posits that the only continuity to the disorders listed in the *DSM* is common-sense—where common-sense is understood as a cultural system—conception of self-control.<sup>44</sup> “This formulation of

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<sup>39</sup> Gormory, Cohen, and Kirk, p. 132-133.

<sup>40</sup> Gormory, Cohen, and Kirk, p. 119.

<sup>41</sup> Note that Gaines writes, “(Since the folk ideas predate the founding of Germany as a nation, I refer here to German culture, not the pre- or post-unification German nation.)” Gaines, p. 17.

<sup>42</sup> Gaines, p. 3.

<sup>43</sup> Gaines, p. 11.

<sup>44</sup> Gaines, p. 15-16.

self-control posits an ideal, that of self-mastery. In this psychology, existential states indicative of loss of control, of being as we say, ‘out of (self) control,’ are those states or conditions we will find included in the nosology,” he writes.<sup>45</sup> Gaines here confirms that possession of a self and the mastering of it are foundational to ideal normative personhood within the core logic of the *DSM*. Neff’s work finds another way to throw into question the common-sense normalization of self-possession through questioning the very basis of a self-contained body with her communally intoned chant: “I have a body. We have a body.” The very phrasing here confounds the notions of individuation and ownership that personhood is predicated upon. Gaines argues that mental illnesses act as a threat which work to appease the “cultural imperative to discover a cause for the failure to control the self.”<sup>46</sup>

Gaines’ work articulates ideal personhood as that which is constructed as “normal, right, and good” *through* its pathologising logics, of which the expert/patient formations are tools.<sup>47</sup> In this way, the expert’s formation is created as self-possessed and masterful through its contrasting assertion of the patient formation. The expert’s unmarkedness is also possible through creating the patient as marked. This markedness consists of a lack of self-possession and mastery. Thus, the creation of the expert position functions as “inextricably connected to the constitution of the other.”<sup>48</sup> However within the world of Neff’s *The Scraping Shape*, the assertion of self-possession or self-mastery becomes almost impossible. Though she is perhaps never able to escape the role of the presenting artist, Neff still needs the support of those apparently in the audience role in order to enact the work. And, in turn, what work is enacted is greatly shaped by them. Though such dynamics are familiar from participatory art

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<sup>45</sup> Gaines, p. 16.

<sup>46</sup> Gaines, p. 13.

<sup>47</sup> Gaines, p. 17.

<sup>48</sup> Sherene Razack, Malinda Smith, and Sunera Thobani, “Introduction,” in *States of Race: Critical Feminism for the 21<sup>st</sup> Century* (Toronto: Between the Lines, 2010), pp. 1-19 (p. 10).

and performance, in this instance the tattoo marking creates an unusual and interesting gathering point for the working out of these dynamics. Though Neff, positioned where the needle attaches to the wood, is somewhat able to orient its direction and depth, she is also not fully in control of this. Nor are those rocking the giant wooden uterus ever fully, individually, in control of the needle's point. No singular self is master of the marks that are made. Perhaps it is the stakes of puncturing the flesh of another, creating an indelible mark, making a wound, that create such an acute sense of lack of control. The performance enacts a geometry of "I" and "we" that is neither individuated nor self-contained. She then invites those present to enact a new form of personhood or existence that does not stake the same claims to self-mastery or self-possession. Neff's piece eschews any easy delimitation of bodies from each other or together. Both "I" and "we" have a body, here. Indeed, the "communicat[ing], transfer[ing], and shar[ing] sensual, mental, and somatic phenomena" in this piece underscored the mutuality of the body that is both mine and ours.<sup>49</sup> Neff imagines beyond the framework Gaines describes by actually creating the lived possibility for participants in the work to experience an experiment in a new way of being body/ies-in-relation. After some time, Neff removes herself from the communal tattoo-making to finish it off with a new needle. Alone, she continually pierces her skin with a fresh needle, persisting with the chant but adding, "we had a body." This might recall a body that was in Neff's womb, the unmaking of the mutual social body that was temporarily present in the work, or any number of other connotations. In any case, Neff's re-formulations of bodies as neither fixed, individual nor communal demand an undoing of ideal personhood as self-contained and discrete. This, in turn, unravels the logics that snap into place when a body is understood as in possession of a contained self. Instead, a demand for new ways of understanding relationality arises. And new ways of relating mean new ways of worlding. In this way,

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<sup>49</sup> "TF 2016," Online Brochure.

Neff's work refuses the individualising logics that allow the expert/patient formations and ideal personhood to make sense and asks instead what other modes of existing together might be created. An organising tool of relating that relies on self-containment is that of whiteness. In dealing with pathologisation and the feminised body, both Neff and Hedva destabilise epistemologies integral to whiteness.

### **Whiteness and the *DSM***

Gaines states that mental diseases are culturally created and therefore “unconscious ethnopsychological assumptions” shape them through projected notions of normal and abnormal.<sup>50</sup> It is important, as I discuss pathologisation through medical knowledges extensively, to keep the assumptions that manifest as biases within healthcare in focus. Experiences of medical racism have, in recent years, been the focus of important studies that show patients experience differing treatment based on their apparent race or ethnicity.<sup>51</sup> This means that dismissal of pain is compounded for patients who, for example, are Black women and therefore three to four times more likely to die in the U.S. of pregnancy-related complications than women who are not Black.<sup>52</sup> Nell Irvin Painter's *The History of White People* links racist notions of biological hierarchy to early Greek medicine and sketches the

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<sup>50</sup> Gaines, p. 4.

<sup>51</sup> On the difficulty of undoing systemic medical racism, see: BM Ahlberg, Bradby H, Hamed S, Thapar-Bjorkert S., “Invisibility of Racism in the Global Neoliberal Era: Implications for Researching Racism in Healthcare,” *Frontiers in Sociology*, 4 (2019), 1-9. For medical racism in the U.K. see: Suman Seth, *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* (Cambridge, Cambridge University Press: 2018). On medical racism in the US, see: J. Hoberman, *Black and Blue: The Origins and Consequences of Medical Racism* (Berkeley: University of California Press: 1978); Dorothy E. Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York City: Vintage: 2000).

<sup>52</sup> Comfort Tosin Adebayo, Erin Sahlstein Parcell, Lucy Mkandawire-Valhmu and Oluwatoyin Olukotun, “African American Women’s Maternal Healthcare Experiences: A Critical Race Theory Perspective,” *Health Communication* (2021), 1-12.

role of science in the creation of notions of whiteness and non-whiteness.<sup>53</sup> Irvin Painter makes clear that this thinking is built into the very foundations of ancient Grecian biology, the context in which Hippocratic and Galenic medicines were developed and then became the basis for Western medicine as we know it.<sup>54</sup> Grecian biology centred rational logic and a shift from seeking causes of illness in supernatural processes to natural ones.<sup>55</sup> But it also laid the groundwork for eugenics, a practice whose ideology arguably underpins Western medical systems even today, as D.J. Galton and Alison Bashford have observed.<sup>56</sup> Painter's work shows that racist notions of biological hierarchy and eugenics are built into the very foundational thought of Western medicine.<sup>57</sup> Clearly, racism is an active, ongoing barrier to accessing healthcare.

Bias in healthcare is not limited to determinations based on race. Even when access to healthcare is supposedly available to all citizens, as is the case in the UK and Canada, there is uneven access also based on one's class, sex, gender, ability, and other markers. These barriers manifest at systemic levels and at the one-to-one level of doctor-patient relationships (particularly linking to identity-related notions of credibility). A seminal 2001 study found that cis women in the UK were more likely to have their pain dismissed and less likely to receive aggressive treatment once they were diagnosed.<sup>58</sup> Recent lawsuits against social

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<sup>53</sup> Nell Irvin Painter, *The History of White People* (New York: W. W. Norton & Company: 2010).

<sup>54</sup> John Alexander Moore, *Science as a Way of Knowing: The Foundations of Modern Biology* (Cambridge, Harvard University Press: 1999).

<sup>55</sup> Moore.

<sup>56</sup> See: D J Galton, "Greek Theories on Eugenics," *Journal of Medical Ethics*, 24 (1998), 263-267; Alison Bashford, "Epilogue: Where Did Eugenics Go? ", *The Oxford Handbook of the History of Eugenics*, eds. Alison Bashford and Philippa Levine (Oxford: Oxford University Press: 2010).

<sup>57</sup> Painter.

<sup>58</sup> Diane E. Hoffman and Anita J. Tarzian, "The Girl Who Cried Pain: A Bias against Women in the Treatment of Pain," *The Journal of Law, Medicine & Ethics*, 28:4 (2001), 13-27. For more contemporary studies on gendered barriers to medicalised care see Robert Casale, Fabiola Atzeni, Laura Bazzichi, Giovanna Beretta, Elisabetta Costantini, Paolo Sacerdote, and Cristina Tassorelli, "Pain in Women: A Perspective Review on a



healthcare systems in the UK make clear that this gendered dismissal of pain is ongoing.<sup>59</sup> And, very recent scholarship has made the first assertion that this is pervasive in the U.S. as well.<sup>60</sup> This is furthered in an extensive 2018 literature review on gendered biases in pain treatment between men and women, which found “prevailing hegemonic masculinity and andronormativity in health care” (based on research that was conducted in the United States, Canada, Western Europe, Australia, New Zealand, and Japan).<sup>61</sup> Clearly, sexism is a barrier to accessing equitable healthcare.

Uneven distribution to diagnoses and medical care begins, fundamentally, at the level of globally uneven distribution of healthcare. This distribution typically sees people who are poor, who are not white or not white enough (and especially Indigenous people and Black people), who are women, who are trans or gender non-conforming, who live in the global south, who are exhausted and do not have support (especially the sick, the rejected, the

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Relevant Clinical Issue that Deserves Prioritization,” in *Pain and Therapy*, 10:1 (2021), 287–314; and Sophie Yates, Gemma Carey, Jen Hargrave, Eleanor Malbon, and Celia Green, “Women’s Experiences of Accessing Individualized Disability Supports: Gender Inequality and Australia’s National Disability Insurance Scheme,” *International Journal for Equity in Health*, 20:243 (2021), doi: 10.1186/s12939-021-01571-7 [accessed 15 May 2022].

<sup>59</sup> See, for example: Hannah Devlin, Hilary Osborne, and Caelinn Barr, “Breast Implants Study Reveals Serious Safety Concerns: Global Investigation Finds Lack of Clinical Oversight and Failure to Track Long-Term Outcomes,” *Guardian*, 26 Nov 2018, Health, <<https://www.theguardian.com/society/2018/nov/26/breast-implants-study-reveals-serious-safety-concerns>> [accessed 23 May 2020]; Kath Sansom, “Vaginal Mesh Left Me in Agony. When Will Women’s Health Be Taken Seriously?” *Guardian*, 27 April 2017, Opinion; Health <<https://www.theguardian.com/commentisfree/2017/apr/27/vaginal-mesh-women-health-bladders-bowels-sex-lives-nhs-operations>> [accessed 23 May 2020]; On the class action lawsuit based in Northern Ireland for suffering experienced due to Essure breast implants see, Thompsons NI Solicitors, *Concerns Raised Over Essure Implants*, <<https://www.thompsonssolicitors-ni.com/news/concerns-raised-over-essure-implants>> [accessed 23 May 2020].

<sup>60</sup> Rachel Han, “On Healthcare’s Dismissal of Women’s Pain” (unpublished doctoral thesis, Baylor University, 2021).

<sup>61</sup> Anke Samulowitz, Ida Gremyr, Erik Eriksson, and Gunnel Hensing, “‘Brave Men’ and ‘Emotional Women’: A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain,” *Pain Research and Management* (2018), 1-14 (p. 5 & p. 11).

dehoused, the forcibly migrated, the non-legal-statused, etc.), given less access to healthcare whether through money, time, or energy that affects one's ability to navigate specific systems. The "Commission on Social Determinants of Health Final Report" (2008) from the World Health Organization links gender and all social inequities with unequitable access to healthcare globally.<sup>62</sup> A 2009 study of nursing practices shows that:

[A] gap between the rhetoric of social justice as it is presented in the literature and socially just action is not purely the result of a lack of "professional" and "disciplinary" knowledge. Rather it is underpinned by colonising and racialising ideologies that are deeply rooted in historical notions of the essentialized "Other" and social relations that are gendered, classed, and raced.<sup>63</sup>

The same study also points to the compounding barriers that people who are Indigenous, are recent immigrants, and/or those experiencing chronic illness have in accessing healthcare.<sup>64</sup> These systemic barriers to healthcare have even hit mainstream publication in popular science books such as Washington's *Medical Apartheid: the Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2007) and Michael Marmot's *The Health Gap: the Challenge of an Unequal World* (2015).<sup>65</sup>

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<sup>62</sup> World Health Organization, "Executive Summary, English," *Commission on Social Determinants of Health: Final Report* (Geneva: 2008), 22-27 <[https://www.who.int/social\\_determinants/thecommission/finalreport/en/](https://www.who.int/social_determinants/thecommission/finalreport/en/)> [accessed 23 May 2020].

<sup>63</sup> Joan M. Anderson, Patricia Rodney, Sheryl Reimer-Kirkham, Annette J. Browne, Koushambhi Basu Khan, and M. Judith Lynam, "Inequities in Health and Healthcare Viewed Through the Ethical Lens of Critical Social Justice: Contextual Knowledge for the Global Priorities Ahead," *Advances in Nursing Science*, 32:4 (2009), 282-294.

<sup>64</sup> Anderson et al., see section "Knowledge for Social Justice: Contextual Knowledge Through the Lens of Critical and Postcolonial Feminist Inquiry," p. 287-290.

<sup>65</sup> See: Washington, *Medical Apartheid* and Michael Marmot, *The Health Gap: The Challenge of an Unequal World* (London: Bloomsbury, 2015).

In approaching U.S. medical culture with an ethnographic lens, Gaines denaturalises the unspoken whiteness present in the *DSM*. Gaines' description of the "Northern European Germanic Protestant tradition" well aligns with what I here call whiteness.<sup>66</sup> I mobilise the term here to mean a system of power that actively conflates those distinctions as part of its techniques of power.<sup>67</sup> I assert it not as an "ethnic" or "biological" truth about bodies but an organising ideology that creates race as a construct with which to organise power. In Ruth Frankenberg's seminal work on whiteness, she writes, "whiteness changes over time and space and is in no way a transhistorical essence."<sup>68</sup> In this sense, whiteness is less about static cultural attributes and more about organising logics that normalise or delegitimise certain modes of relating.

Whiteness studies and critical race scholars have defined "whiteness" variously but tend to treat it as a system of power rather than strictly adhering to "skin colour."<sup>69</sup> In other words, though human bodies are racialised (made to mean through the construct of race) phenotypically and this has serious material effects when, say, walking down the street, whiteness is larger than just this manifestation. Frankenberg articulates whiteness as "the production and reproduction of dominance rather than subordination, normativity rather than marginality, and privilege rather than disadvantage."<sup>70</sup> This description chimes with Foucault's account of the shifts in power from a kingly focus on the right to kill to the

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<sup>66</sup> Gaines, p. 13.

<sup>67</sup> Gaines gives an example of one way in which these distinctions can be made, see Gaines, section "3. Western Ethnopsychologies" subsections "Cultural Divisions in the West" and "Essence and Identity in Western Traditions; Culture and Folk Biology," pp. 11-14.

<sup>68</sup> Ruth Frankenberg, *White Women, Race Matters: The Social Construction of Whiteness* (Minneapolis: University of Minnesota Press, 1993), pp. 236-237.

<sup>69</sup> For example, see Sedef Arat-Koç, "New Whiteness(es), Beyond the Colour Line? Assessing the Contradictions and Complexities of 'Whiteness' in the (Geo)Political Economy of Capitalist Globalism," *States of Race: Critical Feminism for the 21<sup>st</sup> Century* (Toronto: Between the Lines, 2010), pp. 147-168.

<sup>70</sup> Frankenberg. p. 236.

biopolitical tactics of encouraging life and allowing death.<sup>71</sup> In this way, I understand whiteness as a description, in part, of biopolitical processes that obfuscate their investment in domination and oppression through mobilising race as a justification.

Another way to understand Gaines' arguments is that a specific form of whiteness in the U.S. undergirds and has shaped both the *DSM* and professional medicine. Gaines is careful to specify that this

[S]ense of identity is not ethnic-specific in the U.S. That is, the observing self/voice of psychiatry is not consciously Germanic per se, but is experienced as that which is normal, right, and good, as the unmarked category. Observing professionals often assume that they belong to this category by virtue of their position of observer using the psychiatric lense [*sic*].<sup>72</sup>

Thus, this form of whiteness undergirding the *DSM* is not limited to the U.S. but becomes an unstated thread throughout other psychiatric practice in other places that are influenced by the *DSMs*.<sup>73</sup> As Allan V. Horwitz writes, the *DSM*'s importance within psychiatry is unique in comparison with other medical specialties because it does not rely on biological markers.<sup>74</sup> Its impact as a diagnostic tool is, he argues, "unchallenged in the United States and, increasingly, globally."<sup>75</sup> He concurs with former president of the APA Jeffrey Lieberman in stating that "the *DSM* might just be the most influential book written in the past century."<sup>76</sup> In

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<sup>71</sup> Michel Foucault, "Right of Death and Power over Life," in *Biopolitics: A Reader*, eds. Timothy Campbell and Adam Sitze (Durham and London: Duke University Press, 2013) pp. 41-60 (p. 42).

<sup>72</sup> Gaines, p. 17.

<sup>73</sup> Allan V. Horwitz, *DSM: A History of Psychiatry's Bible* (Baltimore: Johns Hopkins University Press, 2021), p. 3.

<sup>74</sup> Horwitz, p. 3.

<sup>75</sup> Horwitz, p. 4.

<sup>76</sup> Horwitz, citing Jeffrey Lieberman and Ogi Ogas (2015), p. 5.

this way, the influence of whiteness can be understood to permeate psychiatric practices that lean on the *DSM*, including the art critical application of these diagnostical tools to performance art/ists.

I am conscious that I have so far been writing mainly about white-appearing artists. Yet to imagine that racialisation is only at work when bodies that are not coded as white are present, is to buy into whiteness' claim to normativity. At the same time, it is important to keep a firm hold of the fact that racism plays out in deadly serious modes across the bodies of those who are racialised as not-white. In this sense, I think it is possible to see Neff's performances as pressing against the epistemological demands of whiteness when they refuse the self-containment of selfhoods necessary for the dynamic of domination and oppression to occur. Simultaneously, I am not arguing that Neff's work is capable of undoing whiteness or stepping out of the of the artist's access to resources that their white presenting body is positioned in relation to. But I do think that, in so far as Neff's work destabilises the normativity of self-possessed personhood, it also destabilises whiteness as a system of power to some extent, if momentarily. It does so in fleeting and unromantic ways that are, none the less, extremely important. For if we are ever to dismantle white supremacy as a system of power, we must be able to feel and think, even flickeringly, otherwise. As long as personhood is predicated on possession and mastery, domination and oppression are intrinsic results. Neff's performance attempts to slip out of the very foundation of personhood proposed by the *DSM*. The mutually enacted tattoo can be understood as a hub of reproduction, as that which produces and reproduces a moment of gathering and communalism with every puncture. Its sense-ability lays within inter-action and not within the realm of individuation that is required to delineate the expert from the patient, or this being from that being. In this way Neff's work disallows the pathologising position of these wounds, be they physical or psychic, by undoing the "self" in "self-harm."

## **Part 2, Refusing Mastery, Undoing Personhood: Kamil Guenatri**

On screen, a man sits completely still and silent in a wheelchair. Another person, standing just behind him, lifts off the first man's eyeglasses. Then, they place a lemon on the apex of his forehead and begin cutting into it with a long, pointed, kitchen knife.<sup>77</sup> I immediately have the image of the first man as a cutting board: an object that one doesn't need to worry about slicing into, one that is not as tender as flesh and is usually used, at will, by other humans. As the sharp silver blade presses easily into the stippled yellow citrus skin and through the pulp inside, I'm struck by just how much the man's body is not an object to me. His skull, leaning back into a neck and head support, is rocking with the force of the first person's muscles as they push and pull the knife through the lemon coming closer to his scalp. The skin on his head and face shows the bones of his skull, he is thin in that way where the pieces of fat I usually see in cheeks and chin aren't there. This thinness coupled with the sense that his body is a small one, make me wonder if he is fragile. Is his body more fragile than mine? What would the stakes be if the knife cuts into his skin? And are they different stakes than when a blade cuts into my particular body? The parting of the two fleshy lemon sides creates an image in my mind of the knife continuing down and into his flesh, parting the bone and opening red and divided. But the person with the knife is slowing down and taking care as they get to the lemon's underbelly. They stop before completely parting the two halves and remove the lemon from the man's head. The entire action happens fast, taking maybe twenty seconds, but the image moves something deep in me, a quickening. I notice that I have questions about what the seated man is able to do, questions that I don't usually

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<sup>77</sup> "Kamil Guenatri (La Terrasse) – Le drame d'un homme – MPA-B," online video documentation, published by Kamil Guenatri, *YouTube*, 23 August 2014 <<https://www.youtube.com/watch?v=c7AqLCnk4oc>> [accessed 3 April 2022].

have of performance artists, and I wonder if they are a product of my internalised ableism. Can the man in the wheelchair speak? Are his silence and stillness a choice or a necessity? And is it totally fucked up that I'm asking, because of my perception of his body, things I don't ask of other kinds of bodies I see inhabiting stillness and silence in performance art? If it is because his body looks so different to my own and different to ones I have seen before, then shouldn't I by now know that each body has its own private functions that I cannot assume from looking at it?

The camera zooms out as the second person, wearing all black in a button up dress shirt, sets the knife down and, still standing behind the seated man, brings each yellow lemon half around the head and then in front of the face of the seated man. The seated man, wearing a white formal button up and black trousers, too, is still staring out towards the people who are witnessing the work. For a second, I think that the extent of the action is to hold the lemon in front of the eyes, but it soon becomes clear that the standing person is slowly pressing the citrusy pulp into the seated man's eyes. They gently squeeze the lemons; citrus juice begins to run down his cheeks. A child's mournful voice in the audience seems to express exactly what I'm thinking as we both watch, "OW...OWWW... OWWWW." When the halves are finally taken away, the eyes and cheekbones of the seated man are red and wet. I'm imagining the intensity of the stinging sensation overtaking my entire vision. And I feel more weird questions arise in me like, does this man mainly communicate by eye movement? Has his main form of communication just been cut off? I ask myself why I am even thinking this and in part it is because there's a small computer device kind of hanging off his wheelchair and I wonder if it's an eye-directed communication/movement device, but mostly I see that I just don't know anything about that and am making assumptions based on this person's body because it looks unfamiliar to me, and so stops me making the ableist assumptions I usually make about other bodies. I tell myself to stop being so concerned with myself and return my

attention to watching the video documentation of the work. The standing person now has their arms spread wide and is squeezing out the liquid left in the lemons, making a brief arch or fountain image.

It suddenly occurs to me how unusual it is that, for the entirety of the lemon cutting action, the face of the person doing the cutting is out of frame. The face of the seated man has been consistently central to the videographer's focus. Is the person with the knife a collaborator of the seated man? And if so, why does it feel so uneven, the seated man's gaze on the audience and centred in the video documentation, with the other's gaze always averted down, always attentive to him? Whatever the reason, I think that the level of trust between the two seems really strong to me. There's an intimacy and trust in allowing someone else to cut a lemon on your head and then squeeze it into your eyes. But I keep wondering: is this lemon gesture "self-harm"? The howling child and I both imagine it to be painful but what is the relation of consent behind this pain? And does that relation determine whether it is "self-harm" or harming another? I can only imagine that they discussed these actions before performing them in front of an audience. What was that discussion like? Is there any difference to this action if the man in the wheelchair could squeeze lemon into his own eyes but has chosen to have another do it? Versus being unable to do it himself so that the other is required in order for him to execute the action? How and what does the second person feel and think when squeezing lemon into the eyes of the first? Perhaps all of these questions pivot on wondering how bodies are determined, here? Would I be asking these questions about volition if he weren't in a wheelchair? How does this performance actually grapple with notions of disability through the potential for self-wounding?

Some people are declared as able to master themselves, while those who are not might have a problem. They might need to work for their personhood, to earn it, by displaying-showing-



performing traits of self-mastery. Self-possession becomes part of the notion of normality, becoming the silent expectation that whiteness continually strives to be and the position of naturalisation from which it garners much of its power.

In the remainder of the chapter, I come full circle, bringing together my analysis of how pathologisation, medicalisation, and diagnosis interact and the ways they make the body and mind thinkable in the works of Algerian-born, France-based performance artist and poet Kamil Guenatri. He is the seated man I describe above. And the work I describe, *Le drame d'un homme* (*The Drama of a Man*), took place during The Month of Performance Art–Berlin in 2014.<sup>78</sup> This piece is part of Guenatri's body-based performance art practice, sometimes presented under the name La Terrasse (The Terrace). And the other person, in the black button down who cut the lemon on Guenatri's head is one of his six life assistants who support him in daily tasks.

Guenatri's work is a rich site in which disability frameworks entangle with pathologising logics because of their mutual orientation towards the imagined ideal of personhood. His work allows me to re-examine those models of disability and question how performance's possibilities to reconceptualise body/ies might offer new models of disability beyond these formulations. Because the expert/patient formations orient toward a personhood organised by whiteness and centring self-mastery and self-possession, they necessarily break down when confronted with the modes in which Guenatri proposes his body within his works. Ultimately, Guenatri's work shows how performance can confound the delineation of bodies that self-possession and self-mastery require by inventing a plural-bodied existence that includes the more than human.

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<sup>78</sup> *Le drame d'un homme / The Drama of a Man*, performed by Kamil Guenatri with assistant, The Month of Performance Art–Berlin, 2014. My translation.

## Disability

Diagnosis, as previously outlined, is the identification of an illness through its symptom and a cornerstone for Western biomedicine.<sup>79</sup> As such, it requires pathologisation which is the framing of physical or behavioural processes as problems. Medicalisation refers to the medical framings that make medical interventions, language, tools, etc. make sense. Guenatri, in an interview, shares that he has a genetic neuromuscular disease called spinal muscular atrophy (SMA) whose impacts include paralysis, swallowing difficulties, and respiratory failure.<sup>80</sup> This, I here consider his “diagnosis” as distinct from but influencing other forms of pathologisation that his work might undergo. As a body-based performance artist, how might Guenatri’s work be pathologised? How do perceptions of physical disability interact with notions of madness in “self-harming” work? As a body-based artist, he regularly deals with strong and specific responses from audience members. In private correspondence, Guenatri explains to me:

As far as pathologisation in my performances is concerned, I can cite many anecdotes in which my work has been misinterpreted by the viewers. I can't count the number of times I've been told about the Virgin Mary and Jesus when the assistants are carrying me out of the chair... But the one that made the biggest impression on me was once in Germany during one of the first performances I did naked. During the action, a woman ran out of the space to vomit and leave the [event]. After the performance I tried to talk to her friend who told me she thought it was related to a recent

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<sup>79</sup> R. Body and B. Foex, “On the Philosophy of Diagnosis: Is Doing More Good Than Harm Better Than ‘Primum Non Nocere’?,” *Emergency Medicine Journal*, 26:4 (2009), 238-240.

<sup>80</sup> Pauline Picot, “‘Making the Poem Physical’: A Talk with Kamil Guenatri, a Disabled Performance Artist,” *Synapsis: A Health Humanities Journal*, 21 June 2021  
<<https://medicalhealthhumanities.com/2021/06/21/making-the-poem-physical-a-talk-with-kamil-guenatri-a-disabled-performance-artist/>> [accessed 2 March 2022].

miscarriage she had had. This connection between my body and death was very interesting to me, so I decided to do the same performance again [...] in France. During the action a teenager fainted. After the performance I tried to find out what was happening to him, he told me a memory of the death of his little sister just after her birth.<sup>81</sup>

The perception of his body as linked to memories of the death of foetal or newborn babies seems to surface here in works which Guenatri seems not to have intended but rather discovered through audience responses to the work. Clearly, it is not possible for a body-based artist to separate the qualities perceived in their specific body from the work they create. And yet, in choosing to deal with our own specific forms, all body-based artist's work is impacted by their specificity. Nonetheless, Guenatri's work seems more deeply impacted by these projections onto his body than those of some other artists. What is occurring in these sorts of receptions?

In a published conversation between Guenatri and one of his life assistants Bonella Holloway, the two discuss the ways in which Guenatri's body in performance is often met with the assumption that he is always centring his diagnosis and his relationship to it in his work.<sup>82</sup> Discussing the use of a large ham in a recent performance, Guenatri explains how the idea for working with this material arose from a joke related to the perceived provincialism of those who, like him, live in the south of France and his conceptualisation of using it as a material thickened from there. The ham was used during the piece *10-14* that Guenatri and Holloway executed at Tempting Failure in 2016, in which Holloway took instant photos of

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<sup>81</sup> Kamil Guenatri, private correspondence with author, 5 March 2022.

<sup>82</sup> Bonella Holloway and Kamil Guenatri, "Mon corps tel qu'il est — Interview avec Kamil Guenatri," *Incident Magazine*, edited by David LaGaccia, French ed. support by André Éric Létourneau, 13 April 2017 <<https://incidentmagazine.wordpress.com/tag/kamil-guenatri/>> [accessed 2 March 2022].

Guenatri's body and attached them to a T-shirt attached to the large ham.<sup>83</sup> Later, as the ham hung from the ceiling, Guenatri was held below it by Holloway. Though rich in referentiality and even a kind of dark humour, Holloway found that "the audience wanted to see it as something more... spiritual or pathetic. As if the ham were an image of your inert body, upon which you transfer you [*sic*] t-shirt and your tattoo," comments Holloway.<sup>84</sup> She continues, "I find that people want to see a more serious and intellectual side, the intense polysemy in your work, rather than the black humour, your cynical view of society."<sup>85</sup> Guenatri seems to agree, pointing out that his work is serious, ritualistic, and even sacred, and this is precisely why he includes humour in it "just to make it profane."<sup>86</sup> The two further discuss the fact that Guenatri's exclusion from the category of "able-bodied white atheist man" or "the alleged silhouette" means that audiences overwrite any other subject in the work so that it is always centring on him as a "minority."<sup>87</sup>

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<sup>83</sup> My impression of the gestures in the performance are based on the photo documentation and as such may be mistaken or out of order. All mistakes here are my own.

<sup>84</sup> Holloway and Guenatri.

<sup>85</sup> Holloway and Guenatri.

<sup>86</sup> Holloway and Guenatri.

<sup>87</sup> Holloway and Guenatri.

*Photo of Kamil Guenatri with Bonella Holloway performing Guenatri's "'10-14'," redacted due to copyright.*

*Figure 10: Kamil Guenatri, "'10-14,'" 2016. Hackney Showroom, Tempting Failure.<sup>88</sup>*

Here, the two articulate a tendency towards literalisation in receiving Guenatri's work. Holloway felt that the audience wanted to read the use of the ham not only as mirroring Guenatri's body, but actually creating his body as something "spiritual or pathetic," two terms that have long been attached to bodies marked disabled.<sup>89</sup> The trope of literalisation is here based on the assumed knowability of Guenatri's interior based on his exterior. Such knowability is conventionally attached to anybody who is objectified. It is a kind of knowing that has to do with owning which can only be achieved if underpinned by the fantasy of the expert formation. If the audience steps into the expert formation as a way of responding to the work they are perceiving, they position Guenatri as the patient which, by extension, is able to be fully and transparently known by another. So, in asking whether Guenatri's work might be likely to get pathologised, it is possible to see that the literalisation necessary to read his physical body as what his work is about requires the assumption that his mind must be

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<sup>88</sup> Holloway and Guenatri.

<sup>89</sup> Holloway and Guenatri.

completely focused on his own body as a lack. To think of Guenatri's body as lacking, one must first perceive it as a problem, and must first pathologise his body in order to literalise his mind to it.

*Photo of Kamil Guenatri with Bonella Holloway performing Guenatri's "'10-14'," redacted due to copyright.*

*Figure 11: Kamil Guenatri, "'10-14,'" 2016. Hackney Showroom, Tempting Failure.<sup>90</sup>*

### **Refusing Self-Mastery**

In order to examine Guenatri's work's way of dealing with bodies and disability, it is necessary to consider the concept of personhood. Through the myth of universality, Hedva argues, personhood as a concept has come to mean "that which can be both mastered and the

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<sup>90</sup> Holloway and Guenatri.

master.”<sup>91</sup> Self-possession and self-mastery become indicators of selfhood and an idealised form of personhood that, as Gaines has demonstrated, Western medicine and especially psychiatry, inhabit and enforce. Previously, I sketched the thinking of Moreton-Robinson in order to illuminate the links between some forms of feminism and property. Here I return in more depth to deepen an understanding of Moreton-Robinson’s work so that whiteness’ links to personhood become apparent. Though I have already outlined Gaines’ articulation of the *DSM*’s underpinning of whiteness, I here follow the thinking of Moreton-Robinson and Julietta Singh to further follow whiteness’ infusion with pathologising logics beyond the use of the *DSM*.

Moreton-Robinson argues, as I have mentioned, that the system of power most pronounced for linking possession to selfhood (and thus personhood), is whiteness.<sup>92</sup> Moreton-Robinson has made clear that whiteness operates with a deep investment in “possessive logics.”<sup>93</sup> These possessive logics are, for Moreton-Robinson,

A mode of rationalisation... that is underpinned by an excessive desire to invest in reproducing and reaffirming the nation-state’s ownership, control, and domination. As such, white possessive logics are operationalised within discourses to circulate sets of meanings about ownership of the nation, as part of common-sense knowledge, decision making, and socially produced conventions.<sup>94</sup>

As the reader may remember, Moreton-Robinson’s thinking shows that whiteness creates the notions of possession and dispossession and that these are foundational to its functioning. She

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<sup>91</sup> Hedva.

<sup>92</sup> Aileen Moreton-Robinson in *White Possessive: Property, Power, and Indigenous Sovereignty* (Minneapolis: University of Minnesota Press, 2015).

<sup>93</sup> Moreton-Robinson, p. xii.

<sup>94</sup> Moreton-Robinson, p. xii.

also shows that possessive logics play out unevenly across bodies, using notions of race and gender to organise some bodies as able to be propertied and some bodies as property.<sup>95</sup>

Racialisation, she clarifies, is the mechanism through which whiteness creates itself as the top of a racial hierarchy: as supreme.<sup>96</sup> Another way of understanding this is that the highest forms of personhood that whiteness, as a system of power, creates is organised by hierarchised ideas of racial difference. If whiteness is predicated on the creation of racial hierarchy, personhood becomes a mechanism through which whiteness and its attendant systems can be activated whilst remaining concealed. For whiteness' property-based ideologies to function, some people must be less people than other people. And because whiteness creates possession, something the maintenance of the colonial nation-state requires, it becomes possible to see personhood's links to the colonial nation-state.

What announces this form of personhood as white forms of personhood, is not predicated on the mobilising of the *DSM* but is present in their very requirement for self-possession. The noticing of an imaginary ideal form of personhood that is white, cis male, healthy, and wealthy and which is encouraged as a form of life in ways that require inequity, is not new. My supplement here is to call for attention to how all forms of individualised personhood are predicated on whiteness through possession and, as Singh's thinking below will show, mastery. This means that as long as the notion of ability (whether illness, madness, or disability) is individualised, whiteness is being upheld as a way to know and create the world. This also means that using critical stances which reinforce such individualising notions is furthering whiteness' project. To relate to "self-harm" in performance as inherently pathological can be a way of shoring up and enforcing whiteness' requirement for specific forms of personhood to be valued over others.

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<sup>95</sup> Moreton-Robinson, p. xxii.

<sup>96</sup> Moreton-Robinson, p. xx.



Singh examines mastery as a historical inheritance.<sup>97</sup> She asserts that the drive towards mastery is an inescapable inheritance, rooted in histories of violence and power.<sup>98</sup> Singh describes the qualities of mastery as including first dividing, then hierarchising (of that which is divided), and subsequently a naturalisation of this dynamic so that it appears permanent.<sup>99</sup> In this way, Singh argues, the “very notion of the human relies on and is totally unthinkable without mastery” but, concurrently, “matter is not stable and cannot be mastered.”<sup>100</sup> Mastery strives for “indiscriminate control” over objects or that which is objectified.<sup>101</sup> Objectification, for Singh, requires fracturing and estrangement.<sup>102</sup> Resonating with Foucault’s description of contemporary biopolitics, Singh sees mastery as moving from a more blatant “overcoming an opponent or adversary toward skilful management of the self and its others,” which becomes its dominant mode.<sup>103</sup> And, as a biopolitical element, mastery is diffuse and dispersed, making it hard to isolate and identify.<sup>104</sup> Mastery can be oriented towards an other but it can also be directed towards the self. This internal mastery is, she writes, “a form of self-maiming, one that involves the denial of the master’s own dependency on other bodies.”<sup>105</sup> Mastery itself, in Singh’s vision, can be “self-harming” through objectification, a self-rupturing. And yet, the very assertion of a *self* as independent and separate from others is a manifestation of mastery’s delusions. Self-possession and self-mastery are thus ideologically linked by their historical inheritances: colonialism, whiteness,

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<sup>97</sup> Julietta Singh, *Unthinking Mastery: Dehumanism and Decolonial Entanglements* (Durham and London: Duke University Press, 2018).

<sup>98</sup> Singh, Introduction.

<sup>99</sup> Singh, p. 12-14.

<sup>100</sup> Singh, p. 13 and p. 18.

<sup>101</sup> Singh, p. 10.

<sup>102</sup> Singh, p. 10.

<sup>103</sup> Singh, p. 11.

<sup>104</sup> Singh, p. 11.

<sup>105</sup> Singh, p. 10.

and domination. But how do they each play out in relation to personhood? Do they always work in tandem, or do they activate different and intersecting movements?

If the qualities of compulsory ideal personhood are organised by whiteness, then such a form of personhood within a context where whiteness is dominant, might be a technique of whiteness shoring itself up. This in turn means that all markers of difference that whiteness hierarchises are helped to be held in place through compulsory personhood and that which enforces it. Pathologisation (along with other techniques such as criminalisation) is key to this enforcement work because it offers framings of that which fall outside of compulsory personhood. These framings suggest that the lack of personhood can result in objectification, which both justifies and “treats” the failure of personhood through enclosure and containment. Recall Hedva’s articulation of personhood as the recognition, by governing others, of a self through self-possession. In this sense, those who do not inhabit compulsory personhood within systems of whiteness are justified through legal logics as not having a self. This logic justifies the possibility of “owning” another, in short: true objectification rendered through the removal of an assumption of selfhood.

Together, the thinking of Hedva, Moreton-Robinson, and Singh allow me to state the following: if white possessive logics underpin the compulsory form of personhood, then so too do the “sets of meanings about ownership of the nation” circulate through the mechanism of compulsory personhood.<sup>106</sup> In this sense, compulsory forms of personhood and white forms of nation-statehood are interconnected and co-constitutive. Another way to formulate this is that mastery, which requires domination, is a quality of whiteness and a quality of the compulsory personhood it imposes. This understanding might make sense of the covert stakes of pathologising for those who do not or cannot inhabit compulsory personhood. To relate to

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<sup>106</sup> Moreton-Robinson, p. xii.

“self-harm” in performance as inherently pathological can be a way of shoring up and enforcing whiteness’ requirement for specific forms of personhood to be valued over others. The white possessive logics that underpin the compulsory and ideal form of personhood in the West, as Moreton-Robinson has asserted, circulate meanings about the ownership of the nation-state. The sets of meanings about ownership of the nation-state that are confronted by Guenatri’s works which engage with what might be read as “self-harm,” are those of the objectified body as plunderable, butting up against the excellence of mastery as laudable. Both this plunderability and laudability reflect rewards for the nation-state in the labour it can own and the presentations of excellence that it can claim, and which might bolster its image. They create an inescapable dynamic for Guenatri as caught between the history of objectifying Algerian peoples into property in order to amass wealth to the French Empire and the requirement to enact self-mastery in order to be seen as refusing instead of unable. As such, Guenatri’s refusal of mastery demonstrates the tangled and arresting nature of functioning within a context that obeys the logics of ideal personhood and the pathologising formations they can push into place. Refusal of mastery, a key anchor point of whiteness, is not at all as simple as it might sound and the stakes can be, well beyond the sole instance of Guenatri, very, very high for some.

In the performance for video, *Purification* (2015), Guenatri’s head, enclosed in a plastic spinal brace, takes up half of the frame. In the other half of the frame, the arm and torso of a body standing above the artist are shown first removing Guenatri’s eyeglasses and then lifting and placing a small stone on Guenatri’s head. They then bring a metal headed wooden hammer into view and begin to heavily tap the rock on Guenatri’s head. Quick and rhythmic, the tapping causes Guenatri’s eyes to blink in time with it as he stares into the camera. As I watch, I imagine the echoing sound moving through the artist’s bones, ricocheting throughout the body as it resonates like an instrument. The hammer seems heavy and strong above

Guenatri's lean face, the contours of his skull visible through his skin. The tapping is so quick that I have the sense that if the stone slipped or the person wielding the hammer miscalculated their aim, they could easily hit his skull. Eventually the stone slips off his head, the hammer stopping in time, and the person holding it stepping back as the stone slips down the artist's face and then falls out of frame. Is this work engaging in so-called "self-harm"? There are other examples of what might be perceived as risk of harm or "self-harm" in Guenatri's works. In *Machine à coudre (Sewing Machine; 2017)*, Guenatri's head is wound again and again with multicoloured yarn cords that lead out into the space. A familiar image in performance art, it is here complicated by the notion that the head being covered cannot remove the thread which was wound around him by an assistant. It might be perceived as incapacitating, containing, or binding up another. But for Guenatri, this work is about the situation of architecture and bodily correlation with a space.<sup>107</sup> A reading of this gesture as harmful or risky, might be predicated on the reader amplifying and centring Guenatri's disability but it is also predicated on understanding bodies as separate things that should be self-possessed. Such a reading assumes that the body of the assistant is distinctly not the body of Guenatri. In other words, whether one understands any of these gestures as "self-harm," harm of another, or even risky, is predicated on one's understanding of the body and mastery.

Singh describes mastery as that which requires objectification and domination. This objectifying, she argues, brings with it a fracturing and estrangement, whether turned inward or outward.<sup>108</sup> Thus, when bodies are viewed from a position that affirms the construct of compulsory self-mastery, the dynamics of objectification and domination necessarily become the legible forms of relationality. Adhering to self-mastery as ideal feeds into the dynamic of

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<sup>107</sup> "Portfolio Kamil Guenatri," published by Kamil Guenatri, *Issu*, 24 March 2018

<[https://issuu.com/kamilguenatri/docs/portfolio\\_kamilguenatri\\_vf\\_2018](https://issuu.com/kamilguenatri/docs/portfolio_kamilguenatri_vf_2018)> [accessed 3 April 2022].

<sup>108</sup> Singh, p. 10.

the expert/patient formations in which one party is the dominant, civilised, knowledge holder who holds a fantasy of their own capacity to identify, see, and thus *know* the other.<sup>109</sup> By contrast, the other party must be submissive (whether forced or offered), uncivilised, and not capable of rational knowledge, as well as holding the qualities of being able to be seen, read, made fully legible, and thus to be known. They are, by right of being dominated, necessarily objectified and therefore fractured and estranged. Thus, Guenatri's immobility from such a viewpoint might easily be conflated with inability by the pathologising audience member. But such a conflation is obscured by the unexamined assumption that his work is centred on his disability as lack. Singh writes, "by continuing to abide by the formulation of 'masterying mastery,' we remain bound to relations founded on and through domination. In doing so, we concede to the inescapability of mastery as a way of life."<sup>110</sup> If Guenatri's work is viewed from a position that continues to accept relations of domination as intrinsic then its capacities for new forms of relationality are foreclosed. And yet, such foreclosure is resisted in the work itself, through the presence of Guenatri's assistants paired with his silence and stillness. These elements refuse an easy accounting of domination and submission and so complicate the knowability that pathologisation is predicated upon. I will return to deepen this point but first, I wish to explore different disability frameworks.

The social model of disability contrasts to the medical model of disability. Tom Shakespeare argues that the differences between the two models can be found in some key dichotomous points each makes.<sup>111</sup> In the social model, disability is understood as socially

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<sup>109</sup> On identifying the other see Sara Ahmed, "Knowing Strangers," in *Strange Encounters: Embodied Others in Post-Coloniality* (London & New York: Routledge, 2000), pp. 55-74; on the colonial fantasy of seeing as intertwined with knowing, see Anne McClintock, "The Lay of the Land," in *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (London & New York: Routledge, 1995), pp. 21-61.

<sup>110</sup> Singh, p. 7.

<sup>111</sup> Tom Shakespeare, "The Social Model of Disability," in *The Disability Studies Reader*, ed. Lennard J. Davis, 2<sup>nd</sup> ed (New York: Routledge, 2006), pp. 195-203.

and culturally specific because it is not a given “impairment” itself that disables a person from accessing resources but rather the social relation to that “impairment.”<sup>112</sup> The strength of this model lays in its redefining of disability beyond medical notions of individual deficit that require cure.<sup>113</sup> Shakespeare also argues that a strength of the social model is its distinction between disabled and non-disabled people, in which the latter often contribute to the oppression of the former.<sup>114</sup> Such a framing allows a conversation about civil rights instead of “charity or pity” and can create political unity and action.<sup>115</sup> And because this model places the moral burden for improvement on society instead of the individual, it might release the psychic and emotional suffering of individual failure.<sup>116</sup> However, Shakespeare also finds weaknesses in the social model. These include its simplicity which, though politically and instrumentally useful, is ineffective when trying to describe the nuance of diverse individuals’ lived experience.<sup>117</sup> Shakespeare also argues that, although the “medicalisation of disability is inappropriate and an obstacle to effective analysis and policy,” disabled people can also face “intrinsic limitations” from their specific “impairments.”<sup>118</sup> Therefore, he argues, though the social model is “indispensable,” an approach that is more complex and sophisticated is ultimately needed.<sup>119</sup>

The medical model might lead to an understanding of Guenatri’s assistants’ presence as an incidental requirement because his body lacks the muscular strength to execute the actions he envisions. Such a reading might be accompanied by shock at seeing the body ascribed the

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<sup>112</sup> Shakespeare, p. 198.

<sup>113</sup> Shakespeare, p. 198.

<sup>114</sup> Shakespeare, p. 199.

<sup>115</sup> Shakespeare, p. 199.

<sup>116</sup> Shakespeare, p. 199-200.

<sup>117</sup> Shakespeare, p. 200.

<sup>118</sup> Shakespeare, p. 202-203.

<sup>119</sup> Shakespeare, p. 203.

active, traditionally caregiving role, execute gestures of “harm.” Such a figure might be imagined as charged with orienting their ward away from pain, an imperative that they violate when, for example, squeezing lemon into Guenatri’s eyes, or hitting his head with a hammer. This, in fact, aligns with some experiences the artist has had. For example, he describes,

During a performance where I was naked: a tourist started to scream at the scandal and wanted to call the police because he thought that my body was being used and manipulated by the organisers of the event. My assistant had to calm him down and justify my presence, which often happens to other assistants who help me during performances. The audience finds it hard to imagine that the idea could come from me.<sup>120</sup>

Something about the image of his nude body with the nature of the actions being presented creates in the passing tourist, perhaps walking outside and coming upon the performance unexpectedly, to assume that there is no way that Guenatri could have orchestrated or chosen this event. The commonality of an assistant needing to legitimise Guenatri’s presence also points towards this perception of inability or weakness associated to visibly disabled bodies.

On the other hand, the social model of disability might understand an assistant’s presence as an empowerment in that the social expectation of Guenatri to be able to muscularly move himself in order to create a performance art action has been altered. Perhaps this reading would see the lemon gesture as simply “self-harm”—almost erasing the body of the assistant in its centring of Guenatri’s imagined will. However, as Guenatri points out, though the work is his, how each image occurs is deeply infected and impacted by the specific assistant’s

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<sup>120</sup> Kamil Guenatri, private correspondence with the author, 5 March 2022.

sensibilities.<sup>121</sup> To ignore or understate the presence of the assistant in the gesture of squeezing lemon juice into his eyes is not only bizarre in its move to deny an existence and presence but also, I think, would be to flatten the complexity of the work. In fact, neither framework accounts for the nuance with which Guenatri might be dealing with his need for assistants to execute some actions. Neither affords him the kinds of assumptions of artistic and intellectual complexity that might be afforded non-visibly disabled artists who mobilise assistants in a given performance.

In this way, Guenatri's work surfaces a problem with both disability frameworks, namely that they still orient towards the imagined ideal form of personhood, or "the alleged silhouette" as Guenatri and Holloway refer to it.<sup>122</sup> They both describe how the artist is now able to do what the imagined ideal personhood in performance art can supposedly do. They both measure Guenatri's work against some projected, able-bodied, imaginary. However, performance art is capable of holding open moments that might imagine beyond self-mastery and self-possession as ideals. As such, these frameworks become limitations to perceiving new possible ways of being together. Guenatri speaks to this when he says, in reply to Holloway,

Disability in a common vision, is directly related to sorrow and pity – and that's something I really can't change! My body is a body of suffering in its representation, so whatever I do, that'll always be stuck to me, because that's what people think. So that is something I'm talking about, but I'm trying to demolish the very idea, with my images.<sup>123</sup>

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<sup>121</sup> Holloway and Guenatri.

<sup>122</sup> Holloway and Guenatri.

<sup>123</sup> Holloway and Guenatri.



Guenatri expresses that he is obligated to deal with disability in his work because his work will always be read as centring “a body of suffering.”<sup>124</sup> In other words, Guenatri’s work is overdetermined by the requirement for self-possession. This reads his work as necessarily literalised to his diagnosis, in turn pathologising him as mentally traumatised by his diagnosis/experience of a supposedly lacking body. This reading activates the expert/patient formations and results in a rather patronising reading of the work that assumes little depth of conceptual and intellectual rigour or imagination on the part of the artist. Instead, Guenatri’s work forces any substantial consideration of it to grapple with the limits of both the medical and social models of disability as he offers, instead, a formulation of bodies (both human and otherwise) as interrelated and enabled by their particular encounters as defined by mutual potential. This happens because the body, in Guenatri’s work, is not oriented towards imagined ideal personhood and the way he and his assistants execute the work resists easy assimilation into such a narrative, demanding the imagining of other ways of understanding bodies.

### **Plural Bodied Potential**

There’s a point where I say to myself, “shit, this is too complicated,” I can’t do this alone. And just like in my day-to-day life, I have assistants that are there to compensate my disability and to help me. If a lightbulb needs changing, my assistant does it for me. As I’m in the field of contemporary performance that incites us, as artists, to not dissociate what we live and what we show, it seems legitimate that my

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<sup>124</sup> Holloway and Guenatri.

assistants do this artistic work for the images to exist. My potential is my own, my assistant's, my wheelchair's and everything that surrounds me in my daily life.<sup>125</sup>

Here, Guenatri articulates his “potential” as something that is his own but not exclusively. His potential is not contained within his skin, nor does he linguistically limit it to those who are already socially considered aids to him: his wheelchair, his assistants. Instead, the artist mobilises a word that is atmospheric. It describes the quality not only of that which is, but of that which might be. And yet, such a potential recognised as Guenatri's cannot be solely determined by something that could be called his “will” or desire if such is understood as individual. Though Guenatri may have instructed his assistant—even very precisely—on the gestures and tasks to execute in a given performance, the way in which things ultimately occur is influenced and inflected by all involved parties. This may of course be true of any performance. But the ableism of the imaginary ideal personhood in which self-possession is also expressed at the level of the physical body, makes these questions more visible in Guenatri's work.

Guenatri has clarified that he does not choose a specific assistant for a specific performance, but rather checks which assistant is booked to work with him during the time a future performance is scheduled and then builds the work in relation to this knowledge.<sup>126</sup> He references “how the assistant and I collaborate” as a changeable factor in his performances. However, he also differentiates these works from works in which he does an intentionally collaborative performance with another artist who is not his life assistant, as in his collaborations with Yann Marussich, another body-based artist who tends to work with immobility.<sup>127</sup> So while he may be working with an assistant who is also a performance artist,

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<sup>125</sup> Guenatri in Holloway and Guenatri.

<sup>126</sup> Holloway and Guenatri.

<sup>127</sup> For quote see Holloway and Guenatri; for collaboration and more on Yann Marussich see Glesni Trefor Williams, “Are We Ever Completely Still? Yann Marussich's Investigations of Immobility Through

as in the case of Holloway, these works are not framed as collaborations and Guenatri's name is centred in their documentary representation. These works, then, are considered Guenatri's solo works in some way. This is another way in which Guenatri's practice undoes self-mastery. The assertion of the works as his own and not as full collaborations also asserts the refusal of bodily self-mastery. There is no simple way to capture Guenatri's body as limited to his mobility in these works. It is important to remember here that Guenatri could have chosen many ways to create work in which his assistants would not be visible. But, instead, his including them creates tangles of what self-possession might be and mean. Doing so also creates questions surrounding the limits of what is and is not included in the body, in the self. The artist talks about relating to his body as an object and as a poem.<sup>128</sup> It is not that his body is separable from his work—indeed the artist asserts its inseparability—but rather that what *is his body* within the work undoes what the imagined ideal personhood asserts.<sup>129</sup>

In the example of *La drame d'un homme* that I opened with, both body-minds are integral to the work in its entirety. They are not equally catalysing the images nor are they possible to comprehend in their fullness when the bodies are rendered separately. I assert that this is because normative formulations of mastery fall apart when applied to Guenatri's works. Instead, they confound notions of mastery again and again. It could be interpreted, in not including his assistants' names as collaborators, that they are objectified as nameless, logistical executers. However, the power dynamics in which Guenatri has to trust them to enact his precise and sometimes potentially dangerous instructions without harming him in ways he does not intend, belies this. Placing large amounts of trust in his assistants—that they will not slip with a spinning saw near his head, or accidentally cut his face with the knife—in

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Performance," *Lampoon Magazine*, 7 February 2022 <<https://lampoonmagazine.com/article/2022/02/07/yann-marussich/>> [accessed 3 April 2022].

<sup>128</sup> Holloway and Guenatri; Picot.

<sup>129</sup> Picot.

turn speaks to a mutuality that is somehow different from collaboration in Guenatri's body of work. Even if the entire performance is conceived of and directed by Guenatri, it is shaped by his knowledge of the nuance of each of his assistants. And even if Guenatri surrenders to stillness and silence in moments of his work, as with the lemon action, it is not possible to say that his assistants are executing their own will onto him. It is not possible to understand one body as master over the other, not possible to understand a singular mind as the master of the work because of the particularity of how the assistant shapes and effects the work. There is an embracing of the uncontrollability of existence in Guenatri's consciously interdependent works. And this is an unfurling that cannot be seen from a perspective centring mastery, in other words, from most pathologising critical positions.

To be clear: I am not analysing Guenatri's works *because* of his diagnosis. It is the artistry with which Guenatri chooses the actions he executes and the ways in which he mobilises his assistants within his solo practice that smartly deals with internalised ableism and allows the undoing of self-mastery. It is his creative decisions as an artist that I am here investigating and his work's unique way of turning prejudices back onto themselves. Guenatri's works present the audience member, who has internalised ablest notions of compulsory personhood, with the limits of their own capacity to know the other. The assertion of an interiority and thus, an unknowability, is a kind of anti-objectification tactic in Guenatri's works and he manages to create situations that require this recognition on the part of the witness. There is no mode of simple mastery that can encapsulate the relation of Guenatri and his assistants in his works. Though I use the word "assistants"—which is Guenatri's own—such a way of defining their place in the works also does not capture the experience of how bodies and materials become mutual in his performances: a ham that is reminiscent of his skin, the citrus that enters his eyes and head, the resonance of the metal on stone that penetrates and reverberates through his bones and body hollows. Guenatri's works

disclose his potential as plural bodied. In doing so, a profoundly intimate and complex dynamic which is specific to each given moment's web of relationalities is revealed. The refusal to offer closure to these questions is where the power of the work's statements on personhood lay. The very unknowing and questioning that the work can catalyse in viewers disassembles the myth of compulsory personhood and denaturalises the notion of individual self-mastery and self-possession as valuable.

Singh reminds us that “there is an intimate link between the mastery enacted through colonisation and other forms of mastery that we often believe today to be harmless, worthwhile, even virtuous.”<sup>130</sup> So too are the stakes of pathologising art practices linked with the stakes of colonial subjugation and discipline. This makes clear that what happens in performance, though perhaps delineated by the very marker of being called “performance,” has real engagement with ideologies that have long term material effects on all aspects of life. If Guenatri's potential can decentre imagined ideal personhood through tangling notions of self-mastery and self-possession, then his performances might allow some audience members to denaturalise a ubiquitous orientation towards such form of personhood in white Western society. Such an interior re-orienting, even momentarily, can allow the perception of new potential ways of relationality, and thus, of being and making a world. Amelia Jones, writing about the work of Ron Athey, argues that the “self-injury” of the “acts of violence on his own body” in his works can elicit a potentially productive incoherence or lack of completion and security in the witness' reading of the work that “literally, as well as psychologically and symbolically, explodes the subject.”<sup>131</sup> Similarly, Guenatri's work refuses a coherence of subject predicated on the self-containment of self-possession. This helps to demonstrate what

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<sup>130</sup> Singh, p. 9.

<sup>131</sup> Amelia Jones, “How Ron Athey Makes Me Feel: The Political Potential of Upsetting Art,” in *Pleading in the Blood: The Art and Performances of Ron Athey*, ed. Dominic Johnson (Bristol and London: Intellect and Live Art Development Agency, 2013), pp. 152-178 (p. 171).

is at risk of being excluded in pathologising readings of performance art. If Guenatri's work were to be read instead through a pathologising critical position that is invested in individualised forms of personhood, such a reformulation would not be possible to see. In this sense, the pathologisation that his work undergoes might be understood as both the results of and the instituting of compulsory personhood's enforcement. As such, the stakes of uncritically embracing the pathologising position are, here, the foreclosure of a possibility to perceive new ways of understanding bodies, relationality, and the very assumptions of individuality that underpin most of Western society at present. Because new understandings of bodies and relationality would require new forms of governance, this, in turn, means the foreclosure of new worlds that such work might make perceivable.

## Conclusion

In this thesis, I have asked what the effects of pathologising self-wounding in performance are. Instead of asking why a performer would want to experience pain in performance, I have decentred pain in my examination. This allowed me to set aside questions about whether and how pain is felt in performance and ask instead: What elicits the pathologisation of self-wounding in performance art? What does pathologisation do to performance art? What ideologies underpin such gestures? What norms and ideologies make the pathologising reading make sense? What systems of power are served or severed by those ideologies? And how does such a reading lend itself to or foreclose the flourishing of new modes of relationality, that which is the beginning of sensing new ways of living together?

Though I have offered a short definition of “pathologisation” at the beginning of this thesis as that which denotes certain behaviours or biological processes as a problem for “health,” some readers may find it unusual that I haven’t offered a more in-depth and concrete definition of the term. This is because the entire project seeks to approach pathologisation from multiple angles and points of entry in order to articulate its complexity and embeddedness beyond easily identifiable spaces and tools (such as the clinic or the *DSM*). Pathologisation is much more ubiquitous, slippery, and relational than any simple and fixed definition will allow. Pathologisation’s depth and ambivalence are articulated through the explorations and applications I engage in throughout the thesis. Relation is necessary in order to see the slippery forms and stakes of pathologisation. Because of this, I have been wary of offering a too fixed definition and have chosen to, instead, slowly paint on the layers of density that comprehending contemporary pathologisation demands.

My original contribution to knowledge has been, first, to show that pathologisation is a widespread response to self-wounding in performance art and denaturalise this response in order to, second, unveil the power dynamics and historical oppressions that a critical

pathologising of artists can (often unwittingly) enable. Each part of my thesis focused on working to support and further this goal.

In the introduction, I outlined the terms of my study. Tracing relevant studies helped me to show that it is the perception of imagined pain as “self-harm” and medicalised socio-cultural understandings of this that tend to elicit pathologising responses. I then asked what pathologising critical readings of self-wounding in performance art do to understandings of the work. This allowed me to explore what is at stake in pathologising such works. In asking what the pathologising critical position does when reading self-wounding in performance art practices, I have distinctly *not* been asking whether given artists are or are not sick, either mentally or physically. My understanding of sickness or illness here is as a framing device with various social and political effects rather than an ontological state. Similarly, my focus has been on the *effects* of pathologising reading practices in how works are seen to mean, rather than making claims about the psyche of the artist or about how audiences feel, in general.

In Chapter 1, I identified and closely examined the pathologising critical position and its effects on self-wounding in performance art. Overall, this chapter’s work was to denaturalise the critic’s position as necessarily pathologising when dealing with self-wounding in performance. In Part 1, engaging the work of Kristine Stiles, I have shown how the pathologising of performance artists functions, briefly side-lining self-wounding to clarify that it is not a prerequisite for pathologisation. Looking to Stiles’ reading of artist Larry Miller’s work, I built on the thinking of Petra Kuppers, to argue that pathologisation tends to make the “strange” into the “sick.” In thinking with Michel Foucault’s theorising of diffuse power and biopolitics, I argued that this should be of serious concern in that it risks limiting and containing potential new forms of sociality which may, in turn, foreclose any new forms of thinking, feeling, or living that such practices might offer. I then paralleled the



pathologising position's dynamics with that of the medical gaze and the figure of the doctor, which in turn forms the artist as the patient. I also examined Karen Gonzalez Rice's reading of Linda Montano's performances which acts as a contemporary, bold, and coherent example of how Stiles' diagnostical orientation pervades the work of subsequent scholars. I explored the justification of trauma's presence necessitating a diagnostic response and outlined how several theorists dealing with performance art, including Dominic Johnson, Diana Taylor, Anne Cvetkovich, Amelia Jones, and Koppers, create modes of analysis that do not pathologise artists.

In Part 2, I re-centred self-wounding after having established some of what the pathologising position is and does. In looking at Stiles' reading of ORLAN's surgery-performances, I took up Jane Blocker's and Jennifer Doyle's use of critical literalisation. This allowed me to show how the artist and the artwork are sometimes collapsed. When this happens, the work can be treated as a transparent depiction of the artist's psyche that is then read by the doctorly critic, as if they are her patient. This often happens from a charitable place of good will that is suspiciously like white missionary forms of humanitarianism. Such humanitarian intentions have historically justified carceral forms of care built on asymmetrical power relations and as such, I have argued, expressions of concern for the wellbeing of a performance artist and their ideologies are under-examined. I then refuted Stiles' assertion that signs and signifiers are unchanging because such a theory inadequately accounts for the real material changes to signs and signifiers. I drew on the work of Stuart Hall to offer another way of dealing with the historical inheritances of signs and signifiers that is more flexible. Comparing Stiles' feminist reading of ORLAN with that of Tanya Augsburg's feminist refutation, I found that both forms of feminism, though oppositional in their readings, are rooted in notions of property. In this way, both readings inherit an individualism that belongs to coloniality, whiteness, and capitalism. I asserted that this

dependence on the notion of property is what unites and limits both sides of this common feminist argument about self-wounding in performance. The stakes of these underpinning ideas continuing to go unexamined in feminist readings of self-wounding in performance art, is that their investment in Western whiteness and imperialism go unannounced, reproducing some of the very oppressions they are fighting against. Throughout this section, I drew on the thinking of José Esteban Muñoz to articulate other ways of dealing with signs and signifiers as well as contrast the worlding possibilities of a pathologising critical reading practice.

In Chapter 2, I expanded my examination of the pathologisation of self-wounding in performance art to look at the effects of pathologisation. I considered the performance works of L.A. Raeven and Kris Grey, artists whose bodies are pathologised outside of performance and who thematise it within their work. Reading the works of Raeven and Grey together articulate the diverse ways in which pathologisation, diagnosis, and medicalisation are put upon, resisted, and complicated by those who are pathologised beyond performance. In Part 1, I showed that pathologising readings are widespread, even beyond scholarly writing and into more mainstream media, and therefore an important topic to be investigated. Building on my earlier differentiation between pathologisation, medicalisation, and diagnosis allowed a reading of Raeven's provocative engagement with anorexia, pathologisation, and notions of the ideal that would not have been possible without an understanding of the pathologising position. Rather than arguing about whether Raeven are anorexic or are encouraging disordered eating in others, a focus on what pathologising their work does, illuminated the logic behind censoring their work through omission. I argued that their work is a commentary on identity and ideals, particularly as it pertains to weight and young white women, as well as on pathologisation as a social and cultural construct. But that this understanding is lost if pathologisation is not interrogated, something which defining diagnosis, pathologisation, and medicalisation here enabled.

In Part 2, the performance works of Grey negotiated the ambivalent nature of pathologisation as both an oppressive and enabling force that has real material effects, specifically for those who identify as trans or gender non-conforming. Grey's work showed how pathologisation itself can be a site of trauma but that some forms of resistance can take place by reckoning with pathologisation's history, including the violent attempted containment and erasure that is part of pathologisation's lineage, as well as the very real positives that can come along with medicalisation. To articulate these, I examined the asymmetries of bodies seeking "top surgeries" versus gynecomastia procedures—similar surgeries with the same physical goal but whose demands for pathologisation play out differently across differently gendered bodies. This allowed me to demonstrate that the lines between pathologisation within and beyond performance are not distinct and can have real and life altering impacts. In this section, I have tried to acknowledge pathologisation as a tool that is sometimes wanted, fought for, and hard won. In this way, I have dealt with the effects of pathologisation in the world in very concrete ways: effects on careers, life quality, and access to healthcare.

In Chapter 3, I looked to the effects of pathologisation that are harder to see: that which it forecloses. I worked to parse the ideologies underpinning pathologisation which make it seem like a common-sense response to that which is perceived as "self-harm" in performance. To do this, I examined the forms of personhood that pathologisation reinforces, predicated on Johanna Hedva's assertion that personhood is separate from the state of being a person. I explored this formation underlying pathologisation as part of a compulsory form of personhood that organises and justifies uneven access to resources of all kinds. The performance works of Esther Marveta Neff and Kamil Guenatri offered fertile sites from which to investigate the qualities of this form of personhood because they both inhabit and resist compulsory personhood, making it visible. In Part 1, Neff's performance helped me

articulate personhood as figured in relation to the womb and madness. Neff deals explicitly with the mental pathologisation of womb-bearing people, which elicited an examination of the *DSM*. The thinking of Attwood D. Gaines showed that the form of personhood underpinning the *DSM* is white, male, adult, and predicated on self-possession. Coupled with Moreton-Robinson's research, I then read the formation of personhood underpinning pathologised readings in this way. Neff's work makes this formation evident through its resistance to individuation. By working with mutualising skin piercing, Neff's performance refuses the possibility of stable individuation, bringing into question the stability of the "self" that should be possessed. Neff's engagement with the womb required me to deal with the gendered historical dimensions of womanhood, madness, and the womb. Through the thinking of Silvia Federici, I demonstrated the historical links to capitalism's primitive accumulation and the role of the witch trials in the West in subjugating womb-bearing people in the transition out of feudalism.

In Part 2, the performance works of Kamil Guenatri acted as a culmination of my examination of personhood underpinning pathologisation. Because of the presence of his physical body in his work, Guenatri is consistently obligated to deal with notions of disability, ableism, and pathologisation that it is met with. Since he deals with them in an artful and complex way, his work acted as a fruitful performance site from which to analyse how perceptions of physical disability interact with notions of mental illness in "self-harming." Confounding the delineation of bodies that self-possession and self-mastery require by inventing a plural-bodied existence that includes the more than human, Guenatri's work inherently disrupts pathologisation's ideal imagined personhood. Because he and his assistants resist easy assimilation into imagined ideals of personhood but also into a completely pathologised narrative, his work demands the imagining of other ways of understanding bodies. This, I argued, is not only how the pathologising of self-wounding in

performance can be resisted by artists but also the portals to new ways of worlding might be at stake if pathologisation goes unquestioned.

Throughout this thesis, I theorised a way in which pathologising readings of self-wounding in performance art unfurl and traced their path to chart their effects. The theoretical development of critical literalisation from Blocker and Doyle allowed me to assert that such literalisation is in fact an investment in the denial of equal personhood to subjects who do not or cannot adhere to the requirements assumed of personhood. This often manifests as an assumption that the work of a pathologised artist can never be skilful, complex, ambivalent, or intentional. In other words, it is merely compulsion that might be framed as art. The personhood of Western pathologisation cannot be granted to the compulsive subject because it requires self-possession, and the compulsive artist does not possess a selfhood. They are, instead, possessed and therefore literally become their trauma as illuminated through diagnosis. I looked at four different ways this plays out through the works of Raeven, Grey, Neff, and Guenatri, each whose practice illuminated different and important elements of this phenomenon.

I have argued that the pathologisation of self-wounding in performance should be of concern because the subjugation of the abnormal into the pathological risks foreclosing new knowledges. If the meaning of self-wounding forms of embodiment are always framed as pathological, then any new knowledges they have to offer are made illegible. However, as Koppers reminds us, “if the relations between embodiment and meaning become unstable, the unknown can emerge not as a site of negativity but as the launch pad for new explorations.”<sup>1</sup> Rather than suggesting that the logics of pathologisation should never be used, I ask that readers using such lenses become conscious of using them, the ideologies and

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<sup>1</sup> Petra Koppers, *The Scar of Visibility: Medical Performances and Contemporary Art* (Minneapolis: University of Minnesota Press, 2007), p. 94.

histories they carry with them, and the effects that they can have on not only how performance art can mean but on imagining possible futures.

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