The Anatomy Lesson:

An examination of the medical body as represented in contemporary anatomical art

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Abstract

In this thesis I examine issues raised by works of contemporary art that depict the anatomically dissected body. In recent centuries representations of the anatomical body have become synonymous with the medical body. This analysis of contemporary artworks reclaiming the trope of the anatomical body thus allows room for critical reflection on the culturally constructed nature of the modern medical body. Discussion centers around three pieces in particular: Body Worlds, an exhibition of plastinated corpses by Gunther von Hagens; Hymn, an enlarged dissected torso sculpture by Damien Hirst; and Science of the Heart, a video installation by Bill Viola incorporating a projection of a surgically dissected heart. In each chapter I explore how the artwork reveals, reflects, reproduces and contests current conceptualisations of the medical body, often in problematic ways. Issues of commodification, gender and technology are examined through detailed textual analysis of each artwork, the discussion drawing upon a range of critical theories including postmodern, feminist and phenomenological theory. The thesis acknowledges the dialectic between medicine and art surfacing from the artworks and aims to extend this into the medical humanities by recognising the pieces as engaged and potentially powerful critical discourses on the state of the body in medical culture today.
Declaration

This is to certify that

a. the thesis comprises only my original work, except where indicated

b. due acknowledgement has been made in the text to all other material indicated

Anna Harris
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Introduction

DISSECTION 1. the action or process of cutting asunder or in pieces; division by cutting
2. the methodical cutting up of an animal or a plant, for the purpose of displaying its
internal structure 3. the action of separating anything into elementary or minute parts for
the purpose of critical examination; a ‘taking to pieces’, a minute examination; detailed
analysis or criticism

(Oxford English Dictionary)

The labyrinths of the inner body, normally hidden from view by epithelial couture but
which become exposed when cut ‘asunder’ through the ‘critical examination’ of
dissection, have fuelled an ongoing quest of discovery amongst scholars and laymen
alike. Over the centuries, prominent explorers of this anatomical terrain have included
both medical practitioners and artists. Indeed, up until the last few centuries there has
been a close relationship between artistic and medical depictions of the dissected body.
Since the Enlightenment however, medical discourse has dominated the realm of
anatomical representation. Recently contemporary art has seen a resurgence of interest in
the dissected body and in effect, reclamation of the anatomical body. This thesis explores
examples of the rich body of work created by this contemporary rapprochement. In
particular the three works that I am examining that deal directly with the dissected body
are: Body Worlds, an exhibition of plastinated corpses by Gunther von Hagens; Hymn, a
sculpture of a dissected torso by Damien Hirst; and Science of the Heart, a video
installation incorporating a surgically dissected heart by Bill Viola.

As noted, over the past couple of centuries the anatomical body has become synonymous
with the medical body. In this thesis I assert that an analysis of representations of
anatomically dissected bodies repositioned in the art gallery, allows a fresh examination
of contemporary cultural constructions of the medical body. By taking the anatomical
body out of the context of the dissection lab and surgical theatre, artistic representation
provides us with tools to deconstruct the ‘taken for granted’ aspects and underlying
epistemologies of medical culture. With its historically strong connections with medicine
and anatomy, art is particularly well positioned to address these concerns. Thus, rather
than existing in a social vacuum, these artworks can be seen as social and theoretical barometers, offering the potential for a simultaneously engaged and critical commentary on the current status of the medical body.

Theoretical Framework/Methodology

In this thesis I will be approaching these artworks from a poststructuralist perspective. In particular I will be drawing upon poststructuralist theories of representation to discuss the way in which these artworks reflect, and open to up critique, dominant cultural conceptions of the dissected body. A poststructuralist approach will enable me to bring together a close semiotic analysis of the artworks with a broader understanding of the social and cultural settings in which each work is embedded. My concern is to reveal and critique the assumptions which underpin biomedical constructions of the normative body through a form of ‘discursive surgery’ (Barker 1995 (1984):81).

Using a ‘critical visual methodology’ (Rose 2001), I will be reading the artwork as texts. By text I am referring to each piece of art not as a static work with a fixed essential reading, but as a social and cultural production with potentially multiple readings. Admittedly, textual analysis is methodologically limiting as it does not incorporate audience viewpoints and public engagement with the work, or individual artist’s thought processes or intentions (Carter 2004). However, as Gillian Rose points out, trying to encompass all aspects of interpretation into one visual study, especially one of this size, can also lead to ‘analytic incoherence’ (Rose 2001:29). I will be incorporating additional cultural theory into each textual analysis, in particular Marxist theories of spectacle and commodification, feminist and postmodern theory and theories of the cyborg and embodiment, to illuminate messages and underlying power relations embedded in the work and to contemplate broader areas of discourse pertinent to a reconceptualisation of the traditional medical model.

History of Dissection and Anatomical Art

Dissection can be seen as one of the most important practices to have shaped the discipline of medicine, its discourse and imagery playing a powerful role in legitimating
and reinforcing its sociopolitical power (Sharp 2000:296). The first recorded human anatomical dissections were performed in Alexandria, Egypt during the third century B.C. (Carlino 1999 (1994):121). In the second century A.D., Greek physician and philosopher Galen produced diagrams of the human body based mainly on his observation of animal dissections. These illustrations and texts, preserved through Arabic translation (Petherbridge 1997:43), were used throughout the Middle Ages as the basis of anatomical information in the Western world, prevailing over Egyptian knowledge.

Hasan ibn Ahmad, Plate from *The Anatomy of the Human Body (Tashrih-i badan-i insan)* by Mansur ibn Ilyas, 1488, ink and watercolours, National Library of Medicine, Maryland

However, it was not until considerably later that the kinds of anatomical practices and discourses that led to the development of modern biomedicine started to emerge. In the sixteenth and seventeenth centuries human dissections were once again performed, this time in large public theatres for both professional and lay audiences (Kemp and Wallace 2000:23), leading inevitably to a reconceptualisation of the body that rejected Galenic ideas. Arguably used more as an extension of capital punishment than as a mode of scientific enquiry in its initial phases (Turner 1992:206; Barker 1995 (1984):66), researchers such as Ruth Richardson have demonstrated how an analysis of these practices also highlights the historical development of processes of class discrimination, clinical detachment, disregard of theological concern and commercialisation associated with the practice of dissection and anatomical enquiry (Richardson 2000 (1987)).
During the Renaissance period, prior to Enlightenment’s more medically orientated ownership of the dissected body, artists were intrinsically involved in representing the anatomical body. Indeed, the relationship between medicine and art at this time was quite collaborative. Aesthetic representations were viewed as important components of the ‘culture of dissection’ (Sawday 1995.ix), and of the quest to ‘know thyself’ (Kemp and Wallace 2000). Most famously, Leonardo da Vinci and Andreas Vesalius both combined dissection skills with artistic ability to produce illustrations and woodcuts of the body based on their own dissections. Their depictions revised those based on Galenic dissections, forming new representations of the anatomical body. Martin Kemp and Marina Wallace question the ‘usefulness’ of these artworks for medicine, owing to the fact that the works were so finely detailed that they may have delivered more to aesthetic sensibilities than to the limited medical interventions possible at the time (Kemp and Wallace 2000:11). Conversely, Barbara Stafford proposes that illustrations in anatomical treatise were of greater importance than the text because of the universal
comprehensiveness of art (Stafford 1991:115). Regardless, their work is representative of a close working relationship between the medical and artistic disciplines. Vesalius and da Vinci were part of a larger collaborative project that existed between physicians, anatomists and other scientists, printmakers, wax-modelers, ivory modelers, sculptors, academics, hospitals, museums and galleries (Petherbridge 1997:100). Through manual and intellectual pursuit, craftsmen from these areas worked together to establish and forward a larger and richer body of knowledge.

At the end of the seventeenth century however this collaboration started to falter, as Enlightenment beliefs regarding the body dictated a more rationalistic mode of examination. These ideas were based on René Descartes’ mid-seventeenth century metaphysical doctrine separating the irrational mind from the rational body. By the nineteenth century, art had surrendered any claim it had to represent the dissected body, and artists, wax modelers and sculptors were replaced by medical illustrators (Petherbridge 1997:14). Henry Gray’s Anatomy, which was first published in 1858, subsequently became the ‘gold standard’ for anatomical illustration and has not been out of print since. The cool, technical illustration in this text exemplifies the way in which the medical profession sought at this time to distance themselves from the “‘frivolity’ of

H. V. Carter, Muscles of the Chest and Front of the Arm. Superficial View, figure 152 from Henry Gray Anatomy: Descriptive and Surgical, 1858, engraving, Wellcome Library, London
Improvements in printing technology enabling such illustrations to reach large numbers of the medical community (Hansen 1999:23) coincided with new chemical techniques which allowed the preservation of cadavers, moving public dissections back behind closed doors, further out of reach of artists and into the sanctums of medicine and science (van Dijck 2001:106). Steadily, dissection and anatomical representation became the sole property of the increasingly influential and powerful regime of medicine.

The Medical Body
As medicine became professionalised and institutionalised it worked to perpetuate this rationalistic construction of the body based on Cartesian metaphysics and Enlightenment thought more broadly. Michel Foucault contends that anatomy became not only the reason for a new medical spirit, but also its form of expression (Foucault 2003 (1963):152, 154). He argues that it was during the eighteenth century that medicine became inseparably linked with anatomy (Foucault 2003 (1963):155), forming the powerful anatomo-clinical gaze used to circumscribe the body with its “great white eye” (Foucault 2003 (1963):177), defining normativity and justifying its important social position as a discipline. Byron Good contends that this conceptualisation of the body continues to be apparent today in anatomical education, which he argues socialises the medical student to ‘think anatomically’ and reconstruct the body as a ‘medical body’ (Good 1994:72, 73). As Jonathan Sawday claims, it is now “virtually impossible to think about the body outside a prevailing medical-scientific discourse” (Sawday 1995:16).

Over the last few decades this regulatory ideal has come under consistent attack. In the 1970s, ‘medicalisation’, described as the process by which non-medical problems become defined as medical ones, was labeled and critiqued (Conrad 1992:209). Accused of decontextualising the social elements of medical encounters, medicalisation was argued to result in an objectification and individualisation of the patient (Conrad 1992:223). This period also saw the emergence of a body of Foucauldian-inflected scholarship which viewed medical knowledge more as a social construct, and the ‘body’ as a fabrication embedded in power relationships to be engraved in culturally specific
ways (Lupton 2003 (1994):17). Feminist researchers, working both within and outside of Foucault’s framework, also highlighted the way in which social constructions of sex and gender were inextricably linked to medical culture (e.g. Berman 1989; Bordo 1989; Butler 1990; Grosz 1990). Poststructuralist theory and its offspring, postmodern theory, were again concerned with a deconstruction of modernist dualistic principles, this time through a rejection of grand narratives and a deterritorialisation of the corporeal constructions of biomedicine. Whilst Simon Williams contends that these texts are more optimistic than those of Foucault’s and his descendents (Williams 2003:19), through their deconstruction of the body they can also be seen to dematerialise and disembodify it (Williams 1998:126), often unwittingly reinforcing masculinist frameworks regarding the body. As I discuss later, attempts to address some of these criticisms have resulted in the recent popularity of phenomenologically grounded discourses concerned with a more embodied practice of medicine (e.g. Leder 1990; Csordas 1994; Williams 1998).

*Anatomy and the Medical Body in Contemporary Art*

Although much has changed since C.P Snow’s lament in the 1950s regarding the chiasm in communication between the arts and sciences (Snow 1964 (1959)), medicine still tends to remain distant from alternate disciplines. New artwork, exhibitions (e.g. Petherbridge 1997; Kemp and Wallace 2000; Raney 2003), and texts in visual cultural studies (e.g. Stafford 1991; Elkins 1999; 2003), that deal with medical issues however are reforming bridges to cross some of this divide. In the words of Snow, they are creating a ‘clashing point’ between cultures (Snow 1964 (1959):16), reminiscent of the historical rapprochement between medicine and art at the beginning of the Renaissance. Of particular importance to this thesis is the fact that artists are resituating representations of the anatomical body into contemporary gallery spaces. By involving themselves with medical discourses and in their dealings with the dissected body, these artists are not only metaphorically reclaiming the anatomical body, but also engaging with medicine and forming new relationships with the discipline that concomitantly retain a critical potential.
This thesis aims to examine some of the issues raised by this contemporary rapprochement. It offers a critical discussion and deconstruction of the representations as ‘medical bodies’, to attempt to promote discourse in the medical humanities on the cross-disciplinary dialogue created by artists, curators and visual studies researchers. For, although the numbers of artists concerning themselves with medical issues continues to grow, critical discussion of their work remains almost exclusively in the realm of artistic disciplines\(^1\). The new relationships being formed between medicine and art however need to be bi-directional. Medical journals are starting to acknowledge exhibitions such as Martin Kemp and Marina Wallace’s *Spectacular Bodies*, which provided a historical and contemporary commentary on the relationship between science and art (e.g. Grant 2000; Wood 2000). The critical value of the artworks however is still little discussed. Art scholars such as Ken Arnold quite rightly proclaim that these new works “take science as a starting point but they are artworks in their own right, not illustrations of science” (cf Kemp and Wallace 2000:150), but this may miss a crucial point. These works *can* be seen as illustrations or reflections of science and medicine, and of discourses concerned with these disciplines, just as the historical representations of anatomical art are recognised as reflective of social beliefs of the time (e.g. Jordanova 1980). By extending upon the numerous historical studies interested in the relationships between anatomy and art and joining those who wish to relocate these concerns into a contemporary context, I aim to contribute towards greater discussion in the medical humanities on the importance of these works as critical reflections of medical culture. For as Martin Kemp has observed, “art is too important to be left to the art world” (cf Raney 2003:205).

My choice of pieces is premised on the Foucauldian notion that the dissected anatomical body is inseparable from the medical body, and that its representations can be used to capture a contemporary ‘medical spirit’. It should be noted here however that all works

\(^1\) A notable exception is Simon William’s brief discussion on contemporary art in *Medicine and the Body* (2003), although he gives little critical attention to the work
are based on a specifically Western conceptualisation of a medical body. As evident in this introduction, I will often use the terms ‘anatomical body’, ‘dissected body’ and ‘medical body’ interchangeably. The three ‘bodies’ of work that I have chosen have been popularly received and offer I believe, potentially interesting insights into the contemporary status of the biomedical body.

In chapter one we encounter bodies en masse, as I analyse Body Worlds, an exhibition of dissected corpses, plastinated by Gunther von Hagens and positioned by him into life-like pieces of art. Drawing upon media coverage of the exhibition and using frameworks of consumer and postmodern theory, I explore how the work blurs traditional boundaries defining art and the medical body. I locate the work within a historical setting of artistic representation, where the exhibited body can be seen as a form of spectacle. I then read the exhibition as a postmodern construct, analysing the work as both material and symbolic commodity. I explore how the exhibition democratises and deinstitutionalises anatomical knowledge, yet problematise this with a reading that integrates simultaneous commodification and alienation of the human body. I examine how these contradictory messages accompanying the work reflect and further perpetuate broader contemporary perceptions of the medical body.

In chapter two I discuss a sculpture by the renowned English artist Damien Hirst, entitled Hymn. Copied from an educational anatomical toy, and arguably male, the work can be read to reflect and play with historical constructions of the medical body as normatively male. I read the work through feminist frameworks that argue that sex and gender are socially and culturally constructed around a binarised reiteration of male as ‘normal’ and female as ‘other’. I propose that Hymn may be read to support feminist concerns with decentering this masculinist paradigm by offering an ironic and subversive take on dominant conceptions of the medical body. At the same time I also read the work as an illustration of the postmodern aesthetic that Frederic Jameson critiques, which I argue problematises its ability to critically engage with feminist discourses. Both theoretical

2 Although Viola’s piece does allude to Eastern practices of medicine not discussed in the thesis
frameworks allow an examination of how the work operates as a representation of the historically constructed anatomical body created and proliferated by the modern medical institution as dominantly male.

Finally, in chapter three, through a reading of *Science of the Heart* by Bill Viola, I explore a dissected body that pushes representation of the medical body beyond its traditional Cartesian limits. Following a discussion of Descartes’ doctrine and its numerous nuances, I use Donna Haraway’s cyborg manifesto to read the medical body in the artwork as a posthuman technologised one that transgresses Cartesian dualism. I argue that Viola both appropriates and critiques this disembodied construction of the body. I then use Drew Leder’s phenomenological work to extend the cyborgian concept into a more embodied notion of the lived body, arguing that Viola’s work embraces an affective experience by acknowledging the absent body and its hidden viscerality, something often missing from medical constructions of the body.
1. *Nature Morte*: Spectacular Consumption and the Democratised Medical Body

I saw how the fine form of man was degraded and wasted; I beheld the corruption of death succeed to the blooming cheek of life; . . . I paused, examining and analysing all the minutiae of causation, as exemplified in the change from life to death, and death to life, until from the midst of this darkness a sudden light broke in upon me

*Frankenstein or, the Modern Prometheus* by Mary Wollstonecraft Shelley

Knowledge spins where once larva was formed

*The Birth of the Clinic: An Archaeology of Medical Perception* by Michel Foucault

When Gunther von Hagens’ exhibition *Body Worlds (Körperwelten)* opened in a London gallery two years ago, he confronted the British public, as he had done in other European and Asian cities, with rooms full of dissected human corpses and body parts that were plastinated and by virtue of their mouldability positioned into life-like pieces of art. Incorporating, yet at the same time breaking with, traditional modes of representation of the anatomical body in art and medicine, Hagens’ exhibition ignited heated debates in the
media and public as well as in theological and academic circles (e.g. Connelly 2001; Elvin 2001; Feinmann 2002; Jeffries 2002; MacKenzie 2002; Herscovitch 2003; Grieshaber 2004).

The exhibition is a confronting experience. Viewers, warned about the potentially distressing imagery, encounter real bodies and body parts with accompanying educational material, painstakingly dissected and plastinated to show organs and intricate systemic detail. The whole bodies are particularly striking. One dissected corpse holds his jacket of skin in a self-conscious moment. Another sits at a desk, absorbed in a game of chess. Others, frozen in the midst of activities such as fencing or swimming, dare the viewer to believe them dead. What is also challenging is the way that von Hagens’ exhibition disrupts traditional boundaries between art and medicine, reforming new and complex relationships between the disciplines.

In this chapter, I will explore how Body Worlds resists medicine’s sole ownership of the anatomical body through its not unproblematic construction as an artistic exhibition, by relocating the literally dissected body from the dissection room of the medical realm, into the gallery space. I will discuss the ways in which the exhibition can be read to draw strongly upon historical artistic anatomical representations as well as the less celebrated history of commodification and spectacle within anatomy. This chapter will then proceed to examine the exhibition as a postmodern construct, theoretically placing it within the broader context of contemporary consumer culture. I will argue that the plastinated cadavers can be constructed as material commodities that in the postmodern setting can also be consumed as signs with multiple meanings. I will explore how the positioning of the corpses in a commercial arena problematises messages concerning the democratisation of anatomy and highlights broader issues regarding commodification of the medical body.

**The Dissected Body as Art**

Not surprisingly, the very notion of an exhibition of dissected bodies positioned as art objects resulted in heated debate within the art world. First exhibited in Japan in 1996 in
a more educational context, the *Body Worlds* exhibition drew my attention after being staged in a gallery in the ‘arty’ East End of London several years ago ("Bodies beautiful: anatomy as art" 2002). Whilst most art critics doubted the aesthetic validity of the exhibition (e.g. Searle 2002), others alluded to the exhibition as mere ‘sensational art’, feeling that such work exploited the macabre side of anatomy for effect (Kemp and Wallace 2000:150). Conversely, one writer for The Economist felt that the exhibition alienated the intelligentsia whilst exciting the masses, pointing out that usually the reverse occurs in contemporary art exhibitions ("Bodies beautiful: anatomy as art" 2002).

Although some art critics remain skeptical in regards to the artistic credentials of the exhibition, *Body Worlds* does draw heavily upon historical artistic traditions, in particular those of the anatomical artists of the Renaissance discussed in the introductory chapter. In his style of representation, von Hagens appropriates the anatomical artwork of Vesalius, whose flayed corpses were also given live dramatic poses. Franz Wetz has found resemblances to other Italian painters and sculptors (Wetz 2003:249), and Imogen O’Rorke to more contemporary artists such as Salvador Dali (O’Rorke 2001). In its literal presentation of the corpse, *Body Worlds* can also be seen to draw upon Fredrick Ruysch’s cabinet of curiosities which contained dissected body parts (Petherbridge 1997:93), and upon the anatomical preparations of Honoré Fragonard whose touring exhibitions of waxed corpses entertained eighteenth and nineteenth century audiences (Simon 2002). These popular exhibitions, which were often endorsed by the medical community (Sawday 1995:5), relied on the body as a source of curiosity, entertainment and commercial enterprise. Whether the recontextualisation of the dissected body from the medical realm to the traveling exhibition involved a democratisation of medical knowledge or whether it reduced the dissected body instead to a commodity and mere spectacle remains questionable.

*The Dissected Body as Commodity and Spectacle*

The corpse had in fact reached commodity status centuries before touring anatomical exhibitions became popular. During the sixteenth century in Europe, royal grants were established for the dissection of prisoners in public theatrical displays (Richardson 2000
but because the supply of corpses from the gallows could not meet demand, surgeons and anatomists resorted to purchasing corpses for dissection. Whilst prisoners were invited by surgeons to barter their own corpses, medical students paid for their tuition with dead bodies, and, not surprisingly, grave robbing became rife. By 1800, market terminology was unashamedly applied to corpses throughout medical circles (Richardson 2000 (1987):55). Surgeons and anatomists had greatest access to the bodies, since other groups, including artists, had less financial reliability and fewer official connections to provide the needed corpse-trafficking protection (Richardson 2000 (1987):58). *Body Worlds*’ connection to a long history of body trafficking was highlighted by much of the media coverage of the exhibition (e.g. Gentleman and Connolly 2001; Parfitt 2003; Tuffs 2003; Birchard 2004; Harding 2004). I would suggest therefore that *Body Worlds* needs to be read historically not only in connection to a tradition of anatomical art, but also as a contemporary participant in a dissection history entangled with the commercial world. In this tradition the anatomical body is constructed simultaneously as the object of the rational scientific and artistic gaze, as well as a source of commercial exchange, leading to its further status to that of ‘spectacle’.

In his seminal work *The Society of the Spectacle*, Guy Debord describes a modern consumer society saturated by, and defined and manifested through, the spectacle. His account, which draws upon Hegelian philosophy, describes the spectacle as “money which one only looks at” (Debord 1983 (1967), par.49, author's emphasis). He argues that spectacles are alienating representations whereby reality is objectified, becoming the “concrete inversion of life . . . the autonomous movement of the non-living” (Debord 1983 (1967), par.2), so that one’s body becomes owned by those who represent it, consumed without any reflection on its historical basis (Debord 1983 (1967), par.30, 192). Arguably Debord’s sense of spectacle can be read in *Body Worlds*, through its presentation to the viewer of a dissected body devoid of reality, in the context of commercial gain and entertainment. However, whilst Debord states that the spectacle defeats dialogue and is passively and unconsciously accepted in society (Debord 1983 (1967), par.12, 18), I would argue that it was in fact the very spectacular nature of *Body Worlds* which excited opinions by those in media, art, theology, bioethics, and law; a far
from passive response. Furthermore, the tremendous popularity of *Body Worlds* with the members of the viewing public (Lantermann 2003), invites a more complex response to the exhibition’s status as a commercial form of public spectacle and entertainment.

*The Postmodern Dissected Body*

Through its borrowing from assorted historical traditions, its erosion of modernist distinctions between science and art and in its representation of the body as spectacle, *Body Worlds* can be seen to embrace a postmodern aesthetic. Postmodernism has been described as essentially an anti-foundational critique of all ‘grand narratives’ (Featherstone 1991:124), a self-conscious movement, attitude or condition, which questions the foundations of modernism and the Enlightenment through an overly aesthetic blurring of forms and cultural styles (Gitlin 1989:52). *Body Worlds* can be read to be postmodern because it questions modernistic medical ownership of the dissected body, offering instead multiple possible interpretations of the role and status of the dissected body. It provides visitors with a series of jumbled historical references and aestheticises the realities of death. The figures themselves almost seem self-conscious of their status as objects of art, demonstrated most vividly by the corpse holding his dissected skin. As postmodern constructions, any reality belonging to the dissected body is superseded by postmodern notions of parody and irony (Hall 1988:27).

The Marxist critic Fredric Jameson, who I will critically explore in more detail in the next chapter, famously argues that postmodernism can be seen as the cultural manifestation of late-capitalist society (Jameson 1991). Theorists such as Mike Featherstone and Don Slater expand upon this and argue that whilst in classic economics production led to the consumption of material goods, Western society now operates within a postmodern system that emphasises exchange-value over use-value (Featherstone 1991:14; Slater 1997:198). Within a consumer-oriented economy, goods become primarily symbolic, or as Baudrillard suggests, they become ‘commodity-signs’ (cf Featherstone 1991:15). Slater contends that contemporary consumption then becomes a seemingly active process of manipulation of these signs (Slater 1997:200). Featherstone, drawing upon Jameson’s critique of postmodernism’s depthless culture, argues that the saturation of commodity-
signs in contemporary society leads to instability and an over aestheticisation of reality (Featherstone 1991:15). Given the strongly postmodern aesthetics of the exhibition, as well as its openly commercial nature, historical links with spectacular commodification and the growing impact of consumer culture on the medical body, in this next section I frame a reading of Body Worlds within Featherstone and Slater’s work on our postmodern consuming practices.

The Dissected Body as Postmodern Commodity

In the context of postmodern consumption, von Hagens’ sculptures can be read as both material commodities and commodity-signs that reflect and arguably perpetuate the increasing commodification of the medical body. Firstly I discuss the construction of the dissected bodies in the exhibition as material commodities, for as Featherstone points out, regardless of the saturation of signs in contemporary culture, the materiality of goods is impossible to extricate from any analysis (Featherstone 1991:27). And in the case of Body Worlds, as we will see, the construction of the bodies as commodities for exchange is a highly material and labour intensive process.

It takes 1, 500 hours (Harris and Connolly 2002) to transform the Body Worlds corpses into durable and long-lasting, dry and odourless objects, with smooth neat surfaces and clean lines, so that they can become life-like and yet ultimately the most manufactured of products. The bodies are preserved against decay and through the patented process of ‘plastination’, become ‘organic artifacts’ (van Dijck 2001:109). Jose Van Dijck argues that von Hagens has created a “surgically, chemically and artistically modified” object that he then falsely labels a ‘real’ body (van Dijck 2001:119). Whilst von Hagens contends that he presents bodies in their ‘natural state’, he has taken ultimate control of the body by technologising the flesh through plastination, moulding the body literally as an object into ‘live’ poses. As objects, plastinated corpses are sold to universities and museums for the cost of their production, and more importantly for this discussion become central to a commercial exhibition that demands an entrance fee and requires sponsorship by large organisations (Meek 2002). A broader set of material commodities bearing images of the cadavers are also associated with the exhibition, for sale in the gift-
shop and on the Internet, including caps, backpacks, mouse-pads and show-bags. The plastinated bodies and associated products are thus constructed as material commodities, their status as such enforced by a denaturalisation and objectification of the body.

As I have stated previously, many theorists argue that we have now entered an era in which we consume not only material goods, but also signs. Douglas Goodman and Michelle Cohen argue that “every public space, every occasion for public gathering, every creative expression” is an opportunity to encourage consumption (Goodman and Cohen 2004:4). Thus when a visitor attends Body Worlds, they become consumers not only through the purchase of their ticket and souvenirs at the gift shop afterwards, but also through their consumption of signs and messages circulating within the signifying space of the exhibition. The corpses extend beyond classification as reproductions to become representations, or clusters of cultural signifiers or texts that can be actively read or deconstructed. As I will go on to discuss, the removal of the dissected body from the medical context can be seen as a potentially democratising process, enabling viewers to interpret the body outside of the medical regime, although as I will also point out, accompanying readings of the work problematise this process.

Von Hagen’s role as the producer of the exhibition becomes important in the postmodern context because, as Stuart Hall points out, consumers of the commodity sign are often given guidelines for a dominant reading (Hall 1990). As the artist, von Hagens is what Pierre Bourdieu has termed a cultural ‘intermediary’ (cf Featherstone 1991:19). Gunther von Hagens is a semiotically slippery character and most journalists have trouble describing him, littering their accounts with metaphors from popular culture. He becomes “sleek in a dark suit and hat, looking every centimeter the troubled protagonist in a German expressionist film from the 1920s” (Meek 2002), or takes on the persona of literary characters such as Hannibal Lecter (O’Rorke 2001), and Dr. Frankenstein (Harris and Connolly 2002). His role is indeed problematic. He is trained as a doctor and anatomist and through these labels attributes ‘authenticity’ to the exhibition, reinforcing this position by citing scientific publications on his website. Yet this position is problematised by his further role as that of the artist, breaking codes of his profession by
aestheticising the dissected body. He is also an inventor of plastination and an educator. And as I have argued, he is a businessman and ultimately the producer of commodified goods, both materially and symbolically. Von Hagens therefore becomes a postmodern figure in art’s reclamation of the anatomical body. By presenting the body as a cultural text that can be read in various ways, he also has an important role, one that he readily claims for himself (Singh 2003), in potentially democratising the once closed medicalised realm of anatomical knowledge.

The Democratisation of the Dissected Body

Mike Featherstone argues that the process of symbolic consumption representative of postmodernism leads to the “destabilization of long-established symbolic hierarchies” (Featherstone 1991:64), and we can see this occurring in Body Worlds, as anatomical knowledge becomes deinstitutionalised to some extent. By placing the dissected bodies in the very public artistic space, the anatomical body is made available to a wider audience; most of whom would otherwise not have viewed these previously medicalised bodies. Not surprisingly, the process of democratisation of anatomy was often ignored by reviewers of the exhibition in medical journals, who mostly repositioned the exhibition back into its dominant medical context, either praising its educational benefits or the advances in plastination (e.g. Schuster and Obermann 2001), or condemning the exhibition as exploitive and sensational (e.g. Gray 2001). One medical journalist particularly stated that he was worried that ‘anatomy art’ detracted from its educational benefits by alluding to the artistic (Jones 2002:438) and was concerned regarding the repercussions of these new “relationships of anatomy with society” (Jones 2002:440). Medical students writing about the exhibition were also critical. One in particular felt that she had learnt special respect for the dead body in her training, something which she argued was not honoured in a commercialised artistic representation (Vertes 2002). These accounts demonstrate the persistent hegemonic beliefs regarding ownership of the dissected body which still exist in the medical realm, which Body Worlds contests through a postmodern blurring of boundaries in the artistic space, leading to a deinstitutionalisation of dominant representations of the anatomical body.

3 Over 15 million visitors have now seen the exhibition around the world (Whalley 2001)
The question must be raised however, as to whether von Hagens has democratised anatomy in Western society and subverted a dominant medical paradigm through his artistic presentation of the dissected body or whether he is in fact, merely a player in the larger, perhaps more dominant consumer culture? Stuart Hall wonders whether any sense of democratisation becomes lost amongst capitalism’s “authoritarian cultural expression” (Hall 1988:27), but proceeds to argue that postmodernism blurs notions of dominance and that rather than operating within one power game, we are part of a network of strategies and powers and their articulations (Hall 1988:28). As we have seen, symbolic consumption leaves space for contestation of ‘dominant’ paradigms, including its own consumer culture. Mikhail Bakhtin has argued that historically, mass culture contested the anti-bourgeois by claiming the ‘grotesque body’ (Bakhtin 1965), and in a contemporary context we can see through sheer numbers that the public has embraced this artistic exhibition of plastinated dissected corpses, sculpted by von Hagens. This in effect democratises the dissected body and contests ownership of this body by authoritarian medical paradigms. Conversely, democracy itself can be seen to be based on the distribution of a notion of ‘truth’ (Lewis 2002:23), which in fact reflects modernist principles. And as Debord warns, the seeming reunification of the separate rendered by the spectacle may indeed create even more separation (Debord 1983 (1967), par.29). To this extent, the democratisation of anatomy that is being played out in Body Worlds is problematised by these contradictory elements and by its placement within the larger authoritarian sphere of consumerism.

Another problematic aspect of the exhibition, associated with commodification, is the desubjectification and objectification of the bodies in the exhibition, which as a result become devoid of any reality of death or decay⁴. The title of the exhibition, Körperwelten, itself almost alludes self-consciously to this process, for Körper is a German word for the physical, objective, Cartesian body that significantly differs from

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⁴ In *The Tremulous Private Body* (1995 (1984)) Francis Barker also discusses desubjectification of the corpse in his analysis of Rembrandt’s painting *The Anatomy Lesson of Dr. Nicholaas Tulp*
the other German word for body, *Lieb*, which denotes the subjective, lived body (Leder 1990:5; Williams 1998:135). Thus, although the exhibition brings the dissected corpse from its internalised and institutionalised location into the public, it does so in a way that reflects how distanced we are from the realities of death in the Western world, something which has become, as Foucault stated in relation to anatomical practice, a “marker without density” (Foucault 2003 (1963):173). This depersonalisation of the body precedes processes of commodification (Sharp 2000:290), and allows human mortality to be turned into an alienating spectacle. Through this reading, the dead body becomes democratized by being exhibited in a place outside the hospital, morgue and dissecting lab, yet loses any sense of connection to the material reality and affective dimension of death in its postmodern exhibition space. The body that visitors are consuming symbolically therefore can be read to be objectified, technologised, materially commodified and devoid of the realities of death; messages that can be seen to be reflective of the current state of the medical body in its broader social setting.

Thus whilst I have established that through symbolic consumption of the dissected bodies in the artistic space, a long previously regarded medical body has reclaimed its position in art and amongst the wider Western community, as Deborah Lupton states, ‘demedicalizing’ the body imbues it with different, but not more ‘authentic’ modes of subjectivity or embodiment (cf Williams 2003:17). We must be cautious in celebrating a democratized medical body when it comes attached with notions of commercialization, especially one that, despite its Promethean intention, simultaneously diminishes the realities of death and thus lived experience.

The exhibition’s overtly commercial dimensions and the critical responses this produced (e.g. Andrews 1998; Roach 2000; Cowell 2002; Ore 2002), highlight some of the contradictions in medicine and its claims to objective neutral knowledge. As medicine attempts to distance itself from the commercial world, it is increasingly imbedded in it, and perhaps this is why there was such an unsettled medical reaction to the exhibition. An increasing discourse on body commodification in medicine addresses areas of reproductive technology, cosmetic and gender-altering surgery, genetics, immunology
and organ transplantation (Sharp 2000; Scheper-Hughes 2002), issues which demonstrate that medicine is being placed further and further into consumerist enterprise. Analysis of the commodified medical body reflected in Body Worlds forces us to ask whether contemporary medicine is as removed as it likes to think from the eighteenth and nineteenth centuries when “corpses were bought and sold, . . . touted, priced, haggled over, negotiated for, discussed in terms of supply and demand, delivered, imported, exported, transported” (Richardson 2000 (1987):72).

Certainly, by literally exposing the dissected body to the public gaze, the exhibition has broken down distinctions between life and death, popular art and bourgeois art, rational science and aesthetics, representation and reality. The dissolution of these boundaries forms part of the process towards redefining and contesting constructions of the clinico-anatomical body. By also playing self-consciously with historical representations, and through aestheticising the realities of death, Body Worlds embraces what I have established as the complex “democratizing, populist spirit of postmodernism” (Featherstone 1991:61). Through this postmodern lens we can examine the Body Worlds exhibition as both material commodity and commodity-sign, with von Hagens acting as intermediary between the work and the audience. In the artistic space the exhibition becomes not a new meta-narrative, but an alternate one to the medically orientated representation of anatomy, allowing for critical audience interpretation and thereby potentially democratising the dissected body in a Western context. However, as I have argued, the democratisation of anatomy is thoroughly intertwined with a process of commodification, with a tendency to objectify death and dying. Thus, whilst there are a variety of potential readings, the dissected bodies in Body Worlds are largely framed within a discourse of consumerism and the wider messages inherent in this result in both an exposure and contribution towards, broader cultural constructions of an objectified and commodified medical body.
2. **Big Boy**: Postmodernism and the Gendered Medical Body

Undoubtedly philosophers are in the right when they tell us, that nothing is great or little otherwise than by comparison *Gulliver's Travel’s* by Jonathan Swift

The 20-foot cast-bronze sculpture by Damien Hirst entitled *Hymn* demands attention in every art space it inhabits. For the past few years this massive work has loomed over visitors in a central room in the Saatchi Gallery in London, which celebrates works by other contemporary British artists working with the theme of the body. Famed like many works of art because of a price tag to fit its size (Berger, Blomberg et al. 1977 (1972); Jones 2000; Karwoski 2004), *Hymn* is a replica of an anatomical teaching toy (Danto 2000:38), which has literally been taken out of the medical/educational context and enlarged into its own Brobdingnagian glory (Kino 2001).
*Hymn* represents a dissected body that has been severed to form a limbless trunk. While the body has a certain sexless quality, closer examination reveals a phallus shaped mound and an Adam’s apple, its ‘maleness’ further confirmed by the playful title of the work. With one eye docily closed in restful sleep and the other dissected away to protrude ominously above a cavernous oropharynx, *Hymn* is elevated monumentally upon its black plinth, the fragmented and glossy cartoon-like anatomy belittling the gallery visitor. There is a mere hint of white-pink flesh covering the stumps of an arm and leg, but otherwise the anatomy is all muscle and large colourful organs; bright pink lungs with a heart nestled in between, squiggly intestines and a dark shiny liver. It is a contemporary representation of the anatomical body that permeates with haunting familiarity.

In this chapter I analyse *Hymn* as a dissected body positioned in the contemporary art space and more specifically, as a representation of a gendered medical body. Examining the role of ‘sex’ in constructions of historical medical imagery, I argue that hegemonic ideology has tended to construct the male body as normative and the female body as aberrant or ‘other’. Utilising feminist scholarship, I explore contemporary notions of sex and gender, their need to be performed and their dichotomised constructions in medical discourse. I explore how feminism attempts to decenter such masculinist constructions through a rejection of hierarchised binary frameworks, and how *Hymn* itself demonstrates a deconstructivist impulse. As well as reading the piece as a parodic deconstruction of the performance of gender, I also examine it through its seeming alignment with the postmodern aesthetic that Fredric Jameson critiques. I examine the work’s anti-foundational capabilities through these theoretical frameworks, using a discussion of the piece to explore tropes and themes perpetuated in visual representations of anatomised bodies throughout history into present day medicine.

*The Dissected Body and the History of Sex*

Historical and visual studies researchers have demonstrated that illustrations of gendered anatomical bodies are culturally constructed through and contingent on the hegemonic ideologies of the time (e.g. Jordanova 1989; Petherbridge 1997). Although representations of the dissected body both in medicine and art have shifted to adopt
contemporary concerns, they have also retained elements of a body historically constructed as normatively male.

Ancient philosophers of science such as Galen, Aristotle and Hippocrates were the first to articulate concepts of female inferiority in their theorisations. Some argue that their work had particular influence because their positions coincided with the underlying patriarchal and misogynist stance of Middle Ages Christian theology (Hatty and Hatty 1999:8). The ancient theorists presumed that female inferiority was ‘natural’ and based on immutable, inherited differences in the soul (Schiebinger 1987:46; Berman 1989). Galenic anatomical representations of women had inverted, internal reproductive systems, modeled as imitations of the male’s, with organs such as the ovaries labeled as ‘internal testes’. These depictions were mainly based on male dissections and the female body was only dissected to demonstrate the anatomical features that the male body could not (Kemp and Wallace 2000:67). Enlightenment anatomists such as Vesalius who actually dissected female bodies and appeared to reject Galenic ideas, continued to reiterate constructions of female inferiority through similar depictions of male-like inverted female reproductive organs (Schiebinger 1987:48, 49). Images of female inferiority were continually reproduced throughout centuries of representations in Western medical systems. This meant that the a one-sex model of anatomy based on the male body, was perpetuated as universal ‘truth’, the female simply depicted as a weakened version of the male (Laqueur 1987:2). In artistic circles of the same period, only the male was used in the study of surface anatomy in (all male) life drawing classes (Callen 2003:680). Both constructions of the male as normative in artistic and medical disciplines represented and perpetuated wider held conceptualisations about sex and gender.

During the mid-eighteenth century anatomists started to question ancient homologous models, gradually becoming interested in demonstrating more intricate anatomical differences between the sexes (Laqueur 1987; Schiebinger 1987). Whilst historians such as Thomas Laqueur argue that the study of biological difference resulted in convictions of incommensurability rather than hierarchy (Laqueur 1987:3), Schiebinger contends that these representations were used to continue to assert hierarchical dominance (Schiebinger
Anatomical representations of this time depicted women with wide pelvises, small rib cages and tiny skulls. Schiebinger argues that the male dominated scientific community used the assertion of sexual anatomical difference to justify existing social inequalities, denigrating women as child-bearers without intellectual capabilities and in effect further muting the female voice (Schiebinger 1987:43,72). The value-free objectivity believed to have been inherent in Enlightenment scientific discourse was thus significantly value laden. In the construction of hierarchically differentiated bodies, produced and reproduced in visual representations, the dominance of male thought can be seen to be reflected and naturalised, impacting significantly on the universalisation of sex roles (Jordanova 1980:67).

Today, medical textbooks continue to primarily depict male anatomy as the norm in illustrations. A reading of Hirst’s *Hymn* offers a contemporary reflection on the historical construction of the gendered anatomical body, becoming part of the reproduction of these representations whilst simultaneously offering a potentially subversive stance on the construction of sex roles.

*Contemporary Constructions of Sex/Gender*

The constructed quality of ‘sex’ has received poststructuralist treatment in recent feminist scholarship that draws upon the previously presented historical representations and upon the work of the first and second generation of feminists. Two theorists in particular, Judith Butler and Elizabeth Grosz, highlight the social and cultural construction of sex by dismissing concepts of biological determinism to incorporate more complex notions of gender. Both argue that neither sex nor gender are natural attributes, Butler problematising the definitions by regarding them as intersecting modalities which are not necessarily coherently linked (Butler 1990:3). Grosz on the other hand, through her work on bodily inscription describes gender as an embodied experience, shaped but not defined by sex, which we continue to problematically categorise into male/female binary opposites (Grosz 1990:72, 73).
Butler and Grosz both assert that constructions of sex and gender are produced through unequal power relations that are underpinned by masculinist representational systems. More specifically they argue that women’s bodily existence is marginalised by the male-developed historically constructed, biological paradigm that I have alluded to in the previous section. As this paradigm is not natural, Butler argues that to become legitimate, such views require repetition (Butler 1990:32). She states that sex/gender is “the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being” (Butler 1990:33). In the institutionalised Western medical system the male as norm is constantly perpetuated by anatomical toys and high school models, university education and textbooks, and in much medical research. By revealing the constant need for performance underpinning the sex/gender system, feminist scholars such as Butler and Grosz, and other researchers particularly in fields of science and medicine such as Sandra Harding (Harding 1991), challenge identity construction and attempt to decenter masculinist discourse and the representations of the body perpetuated by it. Unlike Grosz, Butler and other deconstructionist theorists can be seen to de-emphasise biology to the point of irrelevance, something that I believe can neglect an important aspect of embodiment, and which I will explore in more detail in the next chapter. Importantly though, their work demonstrates the need to reconceptualise the sex/gender binary and view it not simply as a given, but instead as a constructed and performative act.

Damien Hirst’s *Hymn* can be read to play and thereby deconstruct normative depictions of the male body, commenting upon the sex/gender binary on a number of levels. One reading may see Hirst having a Magritte-esque joke with the audience about the power of naming in art and the arbitrary meaning of gender and its representation, through his choice of the title, *Hymn*. The sculpture can also be read to be critical of the almost religious power of medical representations through the double meaning of the title, perhaps simultaneously and contradictorily commenting on the secularisation of the body
in modern day medicine, perpetuated through anatomical dissection\textsuperscript{5}. Hirst may also be seen to be using the largeness of the body to comment upon the need for masculine dominance to be constantly performed, as Butler has pointed out, and exaggerated to achieve its normative position, belittling the viewer to emphasise ‘otherness’. Hirst’s allusions here are reinforced by widening the analysis to include several of his other works often exhibited with \textit{Hymn}, which are of smaller black female dissected torsos, literally representing the complete binary opposite to the dominant white masculine body. Captured in a glass cabinet like curiosities, the bodies are diminutive and othered, reiterating inferiority and suggesting a critical moment in the wider context of his work.

By using an educational toy, Hirst may also be critiquing the constant reinforcement of the binarised body free of ambiguity, in medical and educational settings. Elizabeth Grosz highlights this problematic binarised sex construction by pointing out that sexed anatomical bodies belong to a vast continuum, including those ‘typical’ of each sex, but also including the more ambiguous (Grosz 1990:72). Medicine attempts to construct sex as a definable dichotomy, manipulatable by genetic engineering, hormonal treatments and

\textsuperscript{5} Hallam and Hockey also note this in their discussion in \textit{Death, Memory and Material Culture} (2001) on the half dissected/ half intact wax models of the nineteenth century, which they believe differ from previous eighteenth century models by the positioning of the sleeping eye next to the dissected eyeball. This they argue demonstrates secularisation of death and the movement of mortality into a world of science where the dead are awakened only through anatomical study.
surgical intervention. A child born with ambiguous genitalia, as represented perhaps by *Hymn*'s poorly formed phallus, is submitted to physical examinations, radiological studies, chromosomal analysis, biochemical studies, and hormonal and genetic testing to establish its ‘gender assignment’ (Gomella, Cunningham et al. 1999:309). As one medical textbook assures “in most cases the gender will be determined as soon as test results are available” (Gomella, Cunningham et al. 1999:311), demonstrating a medical control extending beyond sex determinism into the lived experience of gender. Within this binarised model of sex/gender, indeterminate gender is viewed as a diseased state rather than as a ‘normal’ variation. Transsexuals and transvestites, who also evade binarised medical categorisation, demonstrate again the constructedness of sex and gender (Garber 1992). *Hymn* can therefore be seen to expose the politics of representation of sex/gender and a medical body that has become circumscribed and culturally ingrained throughout the process.

*The Dissected Body as Postmodern Aesthetic*

The critical potential of the playful deconstructions of a ‘normative’ medical body outlined in the previous section are potentially undermined by a reading of the piece as an appropriation of the postmodern aesthetic described by Frederic Jameson. As previously mentioned, Jameson is a major critic of postmodernism who argues that the movement has become the cultural dominant of contemporary consumer society. He contends that because of an overriding ‘depthlessness’ and weak utility of historical connections, the ‘fragmented flatness’ of the postmodern aesthetic obliterates affect and the possibility of political or critical comment. He argues that in this transformation of individual style, ‘surface effect’ and marketability are favoured, and as a result any sense of ‘subject’ is displaced (Jameson 1991).

*Hymn* can be read as an illustration of Jameson’s view of the postmodern aesthetic. The sculpture’s ‘fragmented’ body, with its enlarged and engorged organs is glossily oversimplified and affectively ‘flat’. Marketed as “the most famous sculpture in Britain”
it undeniably appropriates an existing toy-sculpture, yet can be seen to do so without any alteration other than enlargement. There is in fact, little material input from the artist besides a concept, as the sculpture was manufactured by others in a foundry (Lee 2000).

Along with many of his contemporary colleagues, Hirst also popularises the ‘readymade aesthetic’ in his art, drawing weakly upon not only historic representations of the dissected torso but also upon the artistic movement of Dadaism to confront the viewer with a familiar object in an artistic context. Perhaps the most well known artist in this avant-garde movement was the controversial Marcel Duchamp, who presented gallery viewers with a urinal in 1917 that he entitled *Fountain*, becoming one of the first artists to meaningfully challenge the structure of art, consumerist ideology and the location of objects in the gallery space (Gaywood 2005:90). By enlarging an existing inexpensive anatomical toy, Damien Hirst’s sculpture incorporates the Dadaist readymade aesthetic, yet does so in a weakened way. This is because in the context of postmodern consumer culture, the readymade aesthetic becomes representative of the commodity-sign and as a result, ends up assimilating the commodity status that the readymade initially critiqued (Gaywood 2005:93). Thus its sign function loses critical value and becomes flattened. With a Jamesonian postmodern reading, *Hymn* becomes artwork devoid of the essence of the avant-garde that it has historically appropriated (Gaywood 2005:92), becoming a representation that is imbued with ‘pastiche’, ‘blank parody’, or fittingly for this analysis, becomes “a statue with blind eyeballs” (Jameson 1991:17). Within this reading *Hymn* reflects an objectified, fragmented and commodified version of the medical body.

Recognising that postmodernism is not totalising but rather the hegemonic norm (Jameson 1991:6), Jameson appreciates that resistant forms of contemporary cultural production are possible, yet is dubious about art’s political or critical potential in the postmodern period of consumer capitalism. His argument that Warhol’s Coca-Cola bottles and soup cans “ought to be powerful” (Jameson 1991:9, author's own emphasis), can also be applied to a reading of *Hymn*, which ought to have something to say about dominant masculine norms in representations of the anatomical medical body. Read as a

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6 Or plagiarises, as the original toy manufacturer and most newspaper reportage claims
flat, depthless piece, *Hymn* then fails to engage with a counter-ideological discourse. Whilst Jameson states that such postmodern art leaves only minimal space for the viewer (Jameson 1991:8), I would argue that it leaves too much space. The work has significant ‘instant impact’ (Kemp and Wallace 2000:155), but perhaps too much is left unsaid, leaving a hugely popular and well-publicised piece of art that can be read to merely reiterate a medical body that has been historically scripted and proliferated by the powerful institution of medicine as normatively male, the female body its subservient counterpart.

Utilisation of Jameson’s critique of the postmodern therefore leaves little space for a critical engagement with the feminist deconstructive agenda I discussed at the beginning of the chapter. He strongly contends that the dominance of postmodernism in late capitalist society absorbs ideological critiques, arguing that depthless aestheticisation of the past “effectively abolishes any practical sense of the future and of the collective project” (Jameson 1991:46). Somewhat dismal in his outlook, Jameson’s own work can be seen itself to be overtly Western, masculinist and modernist in its conceptualisation of postmodernism. Linda Nicholson challenges this lackadaisical version of postmodernism and proposes that the movement can be situated comfortably within feminist discourse. She argues that postmodernism is indeed counter-hegemonic and that both postmodernism and feminism are united in a rejection of dichotomies by questioning political power and knowledge claims which are presumed to be objective (Nicholson 1990:5). It is possible therefore, that in alternate readings of the work perhaps utilising theoretical concerns of scholars such as Nicholson, *Hymn* may be read to meaningfully incorporate both feminist concerns and the postmodern aesthetic.

Many other feminist scholars however disagree with such close positioning of the two theoretical frameworks. Christine di Stefano and Nancy Hardstock are two academics who consider postmodernism to be a male theory which deconstructs modernist notions constructed themselves by men, denying gender status and the ‘woman’ subject

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7 Donna Haraway is another such scholar and her work becomes important to my analysis in the next chapter
constructed in feminist discourses (Nicholson 1990:9). Jameson is representative of those who assert that the subject is absent in the postmodern movement. By using his theoretical framework in my reading of *Hymn*, I am positioning myself alongside skeptical feminists such as di Stefano and Hardstock, and demonstrating a possible dissension between feminism and postmodernism played out in this particular representation of the anatomical body. Whilst many of the parodic readings mentioned earlier in the chapter may also be inherent in the work, I believe that *Hymn* finally becomes a play of floating signifiers without critical referent to anchor it, doing little to meaningfully engage with deconstructive attempts to decenter the hegemonies addressed by scholars such as Grosz and Butler in feminist studies. With a dominating postmodern aesthetic that in Jameson’s view is devoid of parody or irony, we are left then with only the remnants of possibility.

Within such a reading, Hirst’s objectified human body can be seen as a shell, a seemingly empty plastic case, representing the Cartesian body of medicine. Through objectification the medical body becomes a prototype on which diseases are inscribed rather than experienced. Symptoms are categorised and coded from research on ‘normal’ (white male), bodies and are fragmented to different systems, easily definable. Just as the sculpture’s vital organs appear removable and distinct, so too the medical body can be seen as a composite of parts which each demand separate specialties. Surgery is categorised by systems and procedures are learnt through textbook anatomy, depicting and reiterating ‘normal’ (white male) bodies. Sex and gender, if considered, are dichotomised and social and cultural influences become interference. By resituating the anatomical body into the gallery space, Hirst can be seen to expose many of these constructions of the medical body.

In this chapter I have argued that historically and culturally we have represented the medical body as normatively masculine. This is a representation that feminists have worked hard to decenter by questioning constructions of sex and gender. By resituating the body outside binarism and the patriarchal gaze, feminist scholarship has demonstrated that just as Gulliver’s height and status was contingent on the island he became stranded
upon, so too is our knowledge of the body socially and culturally constructed. I have suggested that there are numerous ways in which *Hymn* implies an ironic meaningful reading of the performance of sex and gender in medicine. I have also demonstrated that a reading of the work through Fredric Jameson’s critique of the postmodern aesthetic implies a depthless and meaningless sculpture incapable of transforming its historical appropriations into a contemporary interpretation that incorporates feminist concern and questions hegemonic power relations. By representing an anatomical model that often acts as a visual cultural interface between medicine and society on an educational level, I have argued that ultimately Hirst educates without critical engagement, and therefore acts to perpetuate dominant cultural constructions of the medical body.
3. Living Anatomy: Posthumanism and an Embodied Medical Body

Man consists of two parts, his mind and his body, only the body has more fun

Woody Allen in Love and Death

Meanwhile the hellish tattoo of the heart increased. It grew quicker and quicker, and louder and louder every instant . . . Yet, for some minutes longer I refrained and stood still. But the beating grew louder, louder! I thought the heart must burst

The Tell-Tale Heart by Edgar Allan Poe

And then there is silence, until it beats louder and faster again. The erratically beating heart exposed by retractors in the dissection of heart surgery and projected into the gallery space by video, is central to Bill Viola’s installation work entitled Science of the Heart. The work comprises of a single brass bed dressed in red linen and bathed in red light, above which hovers a video screen projecting the heart image. Everything else is
engulfed in blackness. The deafening beat of the heart fills the room, quickening to a crescendo until a point when it seems the “heart must burst”, then slows to a stop, the video loop endlessly repeating the cycle. The artwork arguably pushes representation of the dissected body beyond the objectified constructions demonstrated in readings of the first two pieces. Viola presents the gallery viewer with what could be seen as the ultimate technologised posthuman cyborg, a disembodied, virtual heart, yet at the same time his installation imbues this potentially transcendent subject with a notion of embodiment often missing from constructions of the body in medicine today.

In this chapter I will undertake a textual analysis of the video installation and once again use my reading to explore the representation of the medical body in the artistic space. Firstly I will outline the Cartesian dualist metaphysics underpinning Western medical conceptions of the body. I will then use Donna Haraway’s poststructuralist-inflected writings to read Viola’s depiction of the medical body as a ‘cyborg’ that deconstructs dualistic distinctions between the ‘natural’ body and technology. I will also interpret the work through a reading of Drew Leder’s phenomenological dissection of the body, which further deconstructs Cartesian categories, extending Haraway’s thesis into an exploration of the artwork that enables a more integrated understanding of embodiment\(^8\). By using the work of Haraway and Leder as critical frameworks from which to read the piece I will argue that *Science of the Heart* engages with and questions the dominant cultural constructions of the medical body, presenting us with a representation of a lived body in an increasingly technologised society that transgresses the corporeal boundaries of the Cartesian body.

*The Cartesian Body*

In the mid-seventeenth century, the French philosopher and mathematician René Descartes proposed a metaphysical doctrine that reworked previous philosophical beliefs. He reconceptualised contemporary understandings of the nature of the soul and self at the time, offering a dualist treatise in which he conceived the mind and the body as separate

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\(^8\) Defined for the purposes of this chapter as a “perceptual experience and mode of presence and engagement in the world” (Csordas 1994:12)
entities (Lloyd 1993 (1984):41). He states, “my mind, by which I am what I am, is entirely and truly distinct from my body, and may exist without it” (cf Barker 1995 (1984):89). Using geometric-mathematical abstractions (Berman 1989:235), he associated the mind with rationality and objectivity and identified the body conversely as non-rational, separating intellectual matters reflective of the self from those of the corporeal (Lloyd 1993 (1984):46). Cartesian metaphysics were central to the development of Enlightenment thought that challenged religious authority of the time. The concept of a metaphysical ‘truth’, enabled through pure intellect, formed the foundation of science (Lloyd 1993 (1984):47), and biomedicine. Thus, within the Cartesian model of biomedicine, the body came to be seen as a physical entity controlled by a distinct and separate incorporeal mind.

Although Descartes’ work is seen as laying the groundwork for the reductive dualism that came to underpin much of biomedical thought, some scholars have pointed out that Descartes’ theories were more nuanced than they have generally been given credit for. Joseph Almog for instance argues for an ‘integrative’ reading of the dualist metaphysics, asserting that Descartes’ concept of the mind and body can be seen as less oppositional than it is often generally depicted (Almog 2002:115). He points out that Descartes himself wrote; “everyone feels that he is a single person with both body and thought so related by nature that the thought can move the body and feel the things which happen to it” (Almog 2002.ix). Drew Leder, whose work I will explore in more detail later in the chapter, similarly maintains that a ‘hidden phenomenology’ can be elucidated from Descartes’ work (Leder 1990:125). Furthermore, in her classic critique of Cartesian thought, Genevieve Lloyd also acknowledges that there are times when Descartes did recognise that, beyond the moments he describes of pure intellect during which the mind and body are separate, we also live in a “zone of confused, sensuous awareness” (Lloyd 1993 (1984):47). I would argue however, as many have pointed out, that whilst there may be numerous nuances within Descartes’ writing, the Cartesian philosophical doctrine that has came to underpin modern science and medicine today has been one which assumes a separation between mind and body.
The Cyborg

Over the past few decades the fundamentals of Cartesian philosophy has been the subject of an enlivened critique in the social sciences and humanities. Donna Haraway, a postmodern feminist science historian who has been one of the leading practitioners in the critical discourse of science and technology studies (Lewis 2003:53), has critically interrogated the role and relevance of modernist corporeal dualism in contemporary society. Central to her reworking of Cartesian thought is her argument that we now live in the postgendered, posthuman world of the ‘cyborg’ (Haraway 1991:150), which she defines in her ‘manifesto’ as a “cybernetic organism… a hybrid of machine and organism” (Haraway 1991:149). Cyborgs can be seen as entities that represent the interdependence, or codependence, between humans and technology (Ryan 2002:238). The cyborg is both a literal figure, as Haraway argues that the contemporary body is now increasingly dependent on technological prosthetics, implants and interventions (Haraway 1991:165), and also a metaphor for her philosophical reconceptualisation of postmodern embodiment. As ‘potent fusions’ of the organic and machinic, Haraway argues that cyborgs disrupt Western binaries and distinctions, transgressing Cartesian boundaries between the physical and non-physical whilst simultaneously blurring dichotomies between self and other, reality and appearance, truth and illusion, whole and part, public and private, nature and culture and men and women (Haraway 1991:153, 163, 177).

Haraway’s concept of the cyborg strongly resonates with the depiction of the body in Science of the Heart. Here the empty hospital bed and the video projection onto the gallery wall of the image of a beating heart mark the posthuman nature of the contemporary medical body. The technologised body replaces the modernistic concept of the body as a self-contained, bounded object. Through its powerful and intimate representation of a non-gendered disembodied heart, the work operates outside of the dualisms identified by Haraway, disrupting the binary oppositions she maintains mark the Cartesian body.
Viola’s use of surgical footage of the dissected heart points to an area where medical technology increasingly focuses on transcending the body and its limits. Because of increased advances in this area, the heart as an organ has assumed a cyborgic position within the complicated medical diagnosis of death, allowing the possibility of organ transplantation. Ever since the invention and routine use of artificial ventilators, the brain dead body has been able to become a ‘beating heart cadaver’ (Sharp 1995:363), or a ‘donor-cyborg’ (Williams 2003:159), blurring the boundaries between life and death. Viola’s representation of a disembodied heart can be read to play on how the organ is often conceptualised differently by the medical professional than it is by patients. As Lesley Sharp points out, some transplant patients are objectively reduced to their received organ (e.g. ‘the hearts’), within the medical regime (Sharp 1995:370), whilst in contrast many transplant recipients feel that their organ becomes embodied with a biography of its own (Sharp 1995:378). The fact that organ personification is often seen medically as a pathological condition (Sharp 1995:381), demonstrates how medical technology can simultaneously be seen to continue to adhere to Cartesian dualism by reducing the body to a passive object some how separate from the self (Sharp 1995:378).

Whilst Haraway’s perspective on the integration of technology into contemporary forms of embodiment is obviously a useful critical framework for textually conceptualising Viola’s work, one area in which it is somewhat limited is in its tendency to marginalise the experience of embodiment itself, a problem that I have just demonstrated to be reflective of wider trends in medicine. Haraway attempts to incorporate social and cultural concerns into her writing, however I would argue that her technologised discourse tends to reinforce a body that fails to encapsulate these into lived experience. Rather than embracing an integrated body and self in her deconstruction of the dualistic medical body, she tends to reproduce the transcendent discourse of Enlightenment thought. The cyborg is thus a problematic figure in the critique of Cartesian thought as it tends itself to represent the posthuman experience as disembodied.

9 In Medicine and the Body, Simon Williams also discusses the way new products are used to enhance the organ giving potential of the donors and suggests that it is only when the body has reached a totally technologised state that parts can be distributed to replicate what he describes as ‘new cyborgs’ (Williams 2003:159)
Science of the Heart, with its self-conscious depiction of a literally absent body, of a body reduced to a disembodied technologically mediated image, offers I would suggest, a critique of this technologisation of the body, questioning the ongoing tendency in medicine to reduce the complexity of embodied experience to replaceable body parts. By relocating the image of heart surgery into the context of video art, Bill Viola also deconstructs an increasingly technologised medical body. The video installation allows Viola to play with a cyborgian deconstruction of Cartesian metaphysics whilst also opening up a space for a critique of medical technology’s postmodern tendency to efface the body. At the same time, the installation through its use of the beating heart and the blood-like redness of the bed cover and lighting creates an intensely affective and embodied experience for the viewer. Here Viola can be seen as attempting to reconceptualise the cyborg through an interactive aesthetic representation of an emotive experiencing body. The installation thus suggests a post-Cartesian body that embraces rather than disavows the viscerality of embodiment, a concern central to the phenomenological writings of Drew Leder.

The Absent Body

In his book The Absent Body, Drew Leder draws upon, critiques and extends Merleau-Ponty’s work on embodiment to attempt a medical and philosophical ‘rediscovery’ of what Leder describes as the hidden, ‘absent body’. Leder’s critique is particularly pertinent to Viola’s artwork where the material body is portrayed as literally absent in the medical context. Leder describes the absent body as one that has lost several layers of corporeal awareness. Initially he observes that our sensory perception of the world requires the disappearance of our body from awareness. He then explores the hidden depths of corporeality through a study of visceral functions and acts of sleep, birth and death, which he maintains are unexperienced or unconscious, constituting a ‘depth disappearance’. These become cognizant and exposed he states, in times of dysfunction when there is an absence of a desired or controllable state, something which he terms ‘dys-appearance’ (Leder 1990).
Leder uses his philosophical thesis on the absent body to account for and critique Cartesian dualism. He contends that Descartes used the notion of bodily disappearance to conceptualise the immaterial mind. He also suggests that Descartes had a preoccupation with the dysfunctional body observed through contact with illness and dissection (Leder 1990:142, 145). As a result, Leder claims that the Cartesian body perpetuated throughout medicine originated as a ‘animated corpse’ (Leder 1990:143), with little attention paid to the ‘well body’ and hidden visceral processes, which he argues are important elements of embodiment. He proposes that Descartes established his dualistic model for altruistic reasons (Leder 1990:140), but argues that through its construction of the body, Cartesian science succeeds in creating a desubjectified, devitalised and demystified body, one which has become firmly planted in medical practice. Like Haraway, Leder is concerned with critiquing Descartes’ metaphysics, but whereas Haraway’s cyborg tends to reinforce a sense of transcendent disembodiment, Leder’s approach is concerned with extending the transcendent body into a rediscovery of corporeality to reveal the intertwined subjective and objective, both of which he argues are essential characteristics of embodiment. This is reflective of the phenomenological tradition that he draws upon which attempts to provide a more ‘sustained notion’ of the alignment between the objective and subjective body (Turner and Samson 1995 (1987):235)\textsuperscript{10}. Although visual studies scholar James Elkins asserts that these conceptualisations are more appropriate surveys of philosophic positions and cultural trends than aids to visual analysis (Elkins 1999:19), I will use Leder’s model to deconstruct the visual precisely to enrich understandings of cultural trends in medicine. In the rest of this chapter I will specifically draw upon his concepts of ‘depth disappearance’ and ‘viscerality’ to read the artwork and enable a realisation of a medical body that further extends beyond the traditional Cartesian boundaries of corporeality.

*Embodiment and the Dissected Body*

Upon entering *Science of the Heart*, the gallery viewer is immediately immersed into the inner visceral depths of the piece. On screen, the tugging muscle fibers of the heart and

\textsuperscript{10} Similarly captured in the distinction between *Körper* and *Leib*, as explored in chapter one
its creamy globulated casing are fully exposed. It pulsates, seemingly ready to leap from the chest cavity like Poe’s Tell-Tale heart under the floorboards. The hidden heart is central to the sustainment of life, and as Leder puts it, “in the depths of sleep, in the depths of my prenatal past, I am given over wholly to this unconscious vitality” (Leder 1990:36). Medical texts point out that it is not possible to control the heart consciously, for it has no voluntary muscle fibers like the lungs. It functions ‘involuntarily’ through control by the autonomic nervous and endocrine systems. Recent biomedical research in neurocardiology suggests that the heart also has its own in-built nervous system with specialised neurochemicals and hormones (Siebert 2004), further detaching the heart from the mind. Theoretically then, the heart could be seen purely as a physical entity, with the body’s visceral processes more broadly being reduced to those of a mechanical body. *Science of the Heart* challenges such a simplification, portraying the heart as interconnected with mind, emotion and environment. Stimulated by the sight and sound of a booming heart, whose rate continually speeds up and slows down, the observer decides what is reflected on screen and may absorb as their own heart rate changes, the rapid onset of fear, pulsations of excitement or the slow beating of tranquility. The viewer, simultaneously the subject and outsider, interacts intellectually and empathetically with the piece through a “visceral engagement with symbolic form” (Lock 1993:139). This emotional acknowledgement transcends mind/body dualism and phenomenologically recognises ‘being-in-the-world’ (Williams 1998:126).

In the semiotic complexity of the artwork there are further gestures to depth disappearance, or unconscious visceral processes, in the multiple layers of affective, social and cultural meanings underpinning the image of the bed in the installation. With its red setting and bedding it can be read as the place of birth, the piece exposing the inner pre-natal sanctum of the uterus. With the screen image hovering above the bed like an imagined dream-scape, the bed becomes a place of sleep, ready for a body “lost in respiration, digestion . . . circulation” (Leder 1990:59), and of course dreams. It can also be read as a place of sexual liaison and passionate encounters, the heart representing

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11 Although some practioners of yogic practice have been reported to be able to lower their own heart rates through intensive training (Leder 1990:43)
poetry and primality. And finally, with the heart beating erratically and slowing to a stop, it may be seen as a deathbed. In all of these visceral states the body is a “creature of depth” (Leder 1990:59), hidden from direct awareness. Leder asserts that this body in absence, often neglected by philosophers such as Merle-Ponty, forms a crucial part of our own embodiment. Viola presents us with this body of depth alongside one that is exposed by dysfunction, the latter represented through the signifiers of a hospital bed, surgical footage and a diseased tachycardic/bradycardic heart rate. By positioning the dysfunctioning body alongside ‘well’ ones in processes of hidden visceral depth, he reinserts a further understanding and appreciation of embodiment into the medical encounter. By aesthetically incorporating the reality of the cyborgic medical body into the artwork, Viola thus successfully extends the contemporary posthuman form beyond Haraway’s disembodied description into an embodied one.

In blurring the dualistic boundaries of Cartesian conceptions of the body, the Viola piece can also be seen to break down the external limits of the body in relation to its wider surroundings. As Leder writes:

I do not notice my body, but neither do I, for the most part, notice the bed on which I sleep . . . I live in bodies beyond bodies, clothes, furniture, room . . . recapitulating in ever expanding circles aspects of my corporeality. As such, it is not simply my surface organs that disappear but entire regions of the world with which I dwell in intimacy (Leder 1990:35).

*Science of the Heart* widens the circle of embodied corporeality beyond the material body into an intimate space that encompasses the viewer and their immediate surroundings. This extended notion of corporeality is enacted as the viewer enters the installation and becomes engulfed by their surroundings as if “swallowed into a larger body” (Leder 1990:165), breaking down distinctions between subject and object. According to Leder’s critical discourse, they can be seen as becoming ‘one-body’ through ‘aesthetic absorption’. Thus, Viola challenges the separation of one’s mind, body and environment simultaneously. The piece provides a representation and evocation of embodiment that incorporates and traverses a corporeality inextricably entwined with both mentality and social space.
N. Katherine Hayles states that the crucial cultural project at this stage in our discovery of
digital visual culture is to “find forms adequate to express and construct the posthuman
without erasing embodiment as the essential enabling ground for human existence”
(Hayles 2000:51). In Science of the Heart, Bill Viola works with video technology and
the art installation genre to both extend the boundaries of art and viewer participation and
broaden our definitions and representations of the body in a posthuman context. I have
argued in this chapter that in so doing he manages to meet Hayles’ challenge, presenting
the viewer with a medically dissected body that is simultaneously a posthuman cyborg
and a visceral being of depth. In Science of the Heart Bill Viola utilises and critiques
cyborgian fantasies of bodily transcendence, aesthetically extending the corporeality of
the posthuman cyborg that works within and challenges biomedical regimes (Lewis
2003:60), by exposing the depths of our unconscious viscerality. This is a medical body
that, as Leder argues, is on the whole absent from medical discourse and one that many
feel is absent from postmodern discourse too (Williams 1998). It is perhaps one that
recognises the more ambiguous and holistic aspects of embodiment that Descartes may
have originally intended. Whilst medical technology has enabled great improvements in
health care as it advances with painless instruments and techniques that enable deeper
penetration of the interior body, we may ironically have also become further detached
from the experience of our own corporeality. Lesley Sharp, in her work on medical
technology, argues that medical professionals need to embrace a more complex sense of
organ embodiment particularly in the objectifying space of the hospital and clinic (Sharp
1995:381). As we continue to redefine the medical body in more abstract, hybridised,
fragmented and dehumanising ways, it is reassuring to know that there will be those to
remind us, through avenues such as art, of the coexisting sensuous depths of lived human
experience.
Conclusion

The consequences of not avoiding the viscera are dire: to really see the inside of the body is to risk falling in love with the heady proximity of death, with the incomprehensible tangle of unnameable vessels and chunks of fat, and with the seductive textures of the smooth, sensitive membranes – more delicate than ordinary skin, more sensitive and vulnerable, and above all more redolent of the most intense pain.

*Pictures of the Body: Pain and Metamorphosis* by James Elkins

Even the happiest of marriages have their volatile aspects and ... the liaisons between art and anatomy are exciting precisely because they are also potentially dangerous.

*Happy Marriages and Dangerous Liaisons: Artists and Anatomy* by Ludmilla Jordanova

Throughout this thesis I have dealt with a “body that refuses to hold still” (Lock 1993:148), one that refuses to be constrained by its disciplinary boundaries. The dissected body can never be ‘owned’ by any regime, yet its representation has been dominantly controlled by medicine in recent history. In this thesis I have analysed three representations of dissected bodies that have resisted a solely medical location by creeping back into art spaces, thereby allowing us to critically reflect on their cultural constructions as medical bodies.

In chapter one I discussed an exhibition, *Body Worlds*, which extracted the dissected body from its medical confines, taking hundreds of plastinated bodies on a worldwide tour through various educational and entertainment spaces including an art gallery in London. Here the body that was presented was a literal one, a reproduction of the medical bodies encountered by medical students. Its relocation within the public space of the art exhibition can be read as democratising anatomical knowledge. I argued however, that due to its postmodern positioning within the larger context of contemporary consumer culture, this democratic impulse was complicated by processes of commodification and objectification, reproducing rather than undercutting trends within biomedicine.
In chapter two, I examined a sculpture created by the British artist Damien Hirst entitled *Hymn*, which can be seen as a playful representation of an anatomical teaching toy. I discussed the way in which the sculpture could be read to deconstruct the normative sex/gender binaries buttressing biomedical conceptions of the body. However I argued that by drawing upon a Jamesonian critique of the postmodern aesthetic, the work could be seen to lose its critical resonance, becoming part of the reiteration of the male as the normative medical body and relinquishing a meaningful alignment it may have made with feminist discourses that are attempting to decenter these dominant constructions.

In chapter three I analysed a video installation, *Science of the Heart*, which represented the body in a more abstract form, using and simultaneously critiquing contemporary forms of the medical body as a posthuman cyborg. I argued that the artist extended this construction into a more embodied form by acknowledging a lived body, evoking hidden visceral processes alongside dysfunctioning ones and blurring traditional corporeal boundaries of Cartesianism to extend the body into a wider social space.

Within each chapter I concentrated on pertinent theoretical concerns raised by each work. Yet these topics also refuse to stay still, the issues overlapping in any representation of the medical body and in the social reality of medicine. Each artist for example, dealt with the theme of gender differently. *Body Worlds*, because of the predominant use of male cadavers, reiterated the male normative model reflected in *Hymn*, whilst *Science of the Heart* presented an ungendered ideal, a cyborgian body that effaced the conventional binarised markers of gender difference. Broader themes such as normativity in medicine were played out in all pieces, each also commenting on the way in which a normative body is reproduced through the institution of medicine, either by representation of the hospital (*Science of the Heart*), or its educational practices (*Body Worlds* and *Hymn*). Yet rather than draw neat lines or represent a medical body that is a “sum of its topics” (Carlino 1999 (1994):5), these similarities point instead to ways in which, when analysed together, the artworks reinforce the culturally constructed nature of the body that is presented to us today as the medical body.
In this thesis I have demonstrated how, by incorporating the trope of the anatomically dissected body, these artworks provide a fresh perspective to a study of the medical body. Art makes the conventional nature of biomedical depictions of the anatomical body more obvious because it takes them out of their dominant medical context where they are seen as objective pictures of ‘reality’, and turns them into socially and politically shaped representations. To varying degrees, each analysed artwork revealed, reproduced, questioned and at times subverted the concept of the historically, socially and culturally shaped medical body. The various meanings of the pieces discussed in this thesis are just some of the many possible readings of the work. In the gallery context, viewers are given their own opportunity to engage with, interpret and challenge the current status of the medical body. By providing a public dialectic between medicine and art, one reminiscent of Renaissance times, the artwork creatively realigns the now disparate disciplines, yet remains, to varying degrees, at a powerfully critical distance.

As anatomy continues to progress in such areas as the Visible Human Project, which provides detailed three dimensional digital visualisation of corpses, or the Human Genome Project, which has extended dissection and fragmentation of the body to further limits (Samson 1999, p16, 17), future constructions of the medical body will become even more complex and ethically, morally and politically challenging. Artists are likely to play a crucial role in enabling a space for critically engaging with such developments. The potential impact of their work needs suitable recognition in the medical humanities so that it can be allowed to play a more active and engaged role in enriching our understanding of the body presented to us by an ever-changing medical culture.
References


Feinmann, J. (2002). "Vein glories". *The Observer*. October 13


Harris, P. and K. Connolly (2002). "World trade in bodies linked to corpse art show". The Observer. March 17


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