

Touching Viscera: Marilène Oliver and Laura Ferguson

Darian Goldin Stahl

Numéro 123, automne 2019

Transparence
Transparency

URI : <https://id.erudit.org/iderudit/92413ac>

[Aller au sommaire du numéro](#)

Éditeur(s)

Le Centre de diffusion 3D

ISSN

0821-9222 (imprimé)

1923-2551 (numérique)

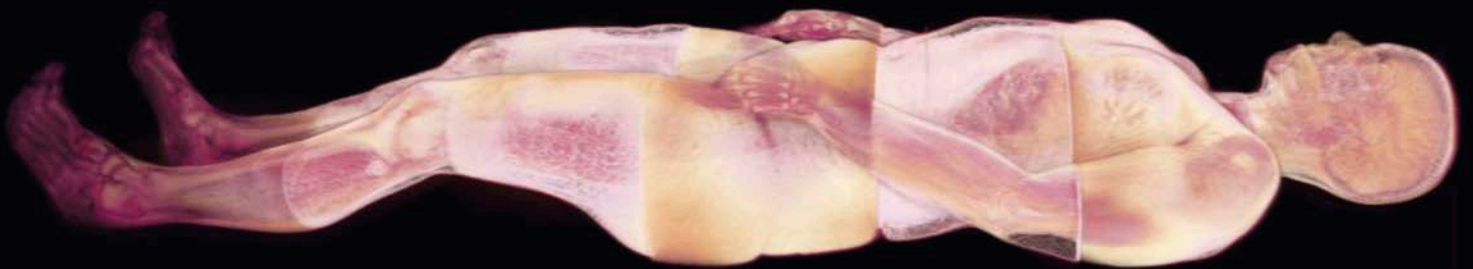
[Découvrir la revue](#)

Citer cet article

Goldin Stahl, D. (2019). Touching Viscera: Marilène Oliver and Laura Ferguson. *Espace*, (123), 28–33.

Touching Viscera: Marilène Oliver and Laura Ferguson

DARIAN GOLDIN STAHL



Marilène Oliver and Gary James Joynes, *Deep Connection*,
2019. Laser cut coroplast sculpture and virtual reality,
2.5 x 2.5 m. Photo: courtesy of the artists.

Remove your clothes and don the gown. Lie on the bed. Put in these earplugs to drown out the noise of the machine. Press on this alarm if you begin to panic. Use the mirror mounted above your head to see the room and stave off your claustrophobia. Remain perfectly still for the duration of this procedure, or we will have to do this all over again.

For anyone who has undergone a medical scan, this is a familiar scene. To create a transparent body and reap the goods of biomedical imaging technologies, one must submit to its regimes. From the dissection illustrations of Henry Vandyke Carter and Henry Gray's *Anatomy* (1858), to contemporary scans of magnetic resonance imaging (MRI), the goal for medical imagery is to make the body transparent. Without the identity that flesh provides, these visceral depictions of the body obscure the personhood of the patient they are meant to depict, and instead transform the exposed anatomy into objects of close medical surveillance. Philosopher Michel Foucault attests to the necessity of viewing a patient as an object, or what he deems the 'medical gaze,'¹ in order to set aside her particularity and see the diagnostic truth hidden within. But how does the patient or caretaker relate with these alienating images? And how can the person that seeks healing recover her identity? These questions tend not to be addressed within the confines of the clinic, but are deeply investigated within the artist's studio.

For artists Marilène Oliver and Laura Ferguson, biomedical scans are seen as another form of photography—albeit an incomplete one. Singular purpose MRI or CT scans fail to capture the movement, emotion, context, or liveliness that the ill or disabled body contains. Therefore, these two artists find it necessary to remove the transparent body from the domain of healthcare and use their scans as a matrix to construct meaning, metaphor and sensorial connection with the audiences of their artwork.

Oliver's latest artwork, *Deep Connection*, exhibits a digital installation that audiences can enter through a virtual reality headset. By exploring this digital realm, viewers are rewarded with an omniscient view of Oliver's transparent body and, for the most attentive participants, are called upon to perform a simple gesture of care for the ephemeral figure before them. In collaboration with a team of radiologists, clinicians, and programmers, *Deep Connection* presents us with a completely black space, occupied only by a full-scale and three-dimensional floating figure, who is lying in a supine position. As viewers move closer to this nude figure, they are not only able to view her highly detailed topography, but also enter the spectral body's interiority. What is normally hidden behind flesh can be seen up close and personal when a viewer bobs her head into the figure's head, chest or abdomen. The stacked datasets of MRI scans that make up this digital figure transform her bones and viscera into a kind of cosmic cloud: a sphere of vision that allows the viewer to focus on up-close bodily structures while also seeing through its smoky atmosphere to more distant organs. The celestial depths of this figure are a testament to the advancements of medical scanning technology, and also pay homage to the wondrous natural forms found within every body.

In a final climactic moment, a sensorial crescendo is initiated if the viewer is attentive enough to reach for the ephemeral figure's open hand. The once-still body's heart starts beating, her lungs inhale, and a musical chorus sounds only while one grasps her hand. Speaking with the artist, it is clear the emotional impact of this simple gesture is at the core of this artwork's motivation. *Deep Connection's* inspiration was the act of caring for Oliver's ill mother. Although digital medical imaging technologies gave clinicians the information they needed to provide medical care, it was Oliver's presence at the bedside and holding her mother's hand that gave the most comfort in this difficult time. Oliver calls on the viewer to continue to give care through *Deep Connection*, as this gesture creates a shared connection with the universalizing aspects of health and illness, and of life and death. Although we often feel helpless in the face of a loved one's serious illness, the seemingly simple acts of being present and taking care are an easing of pain that we can hold on to.

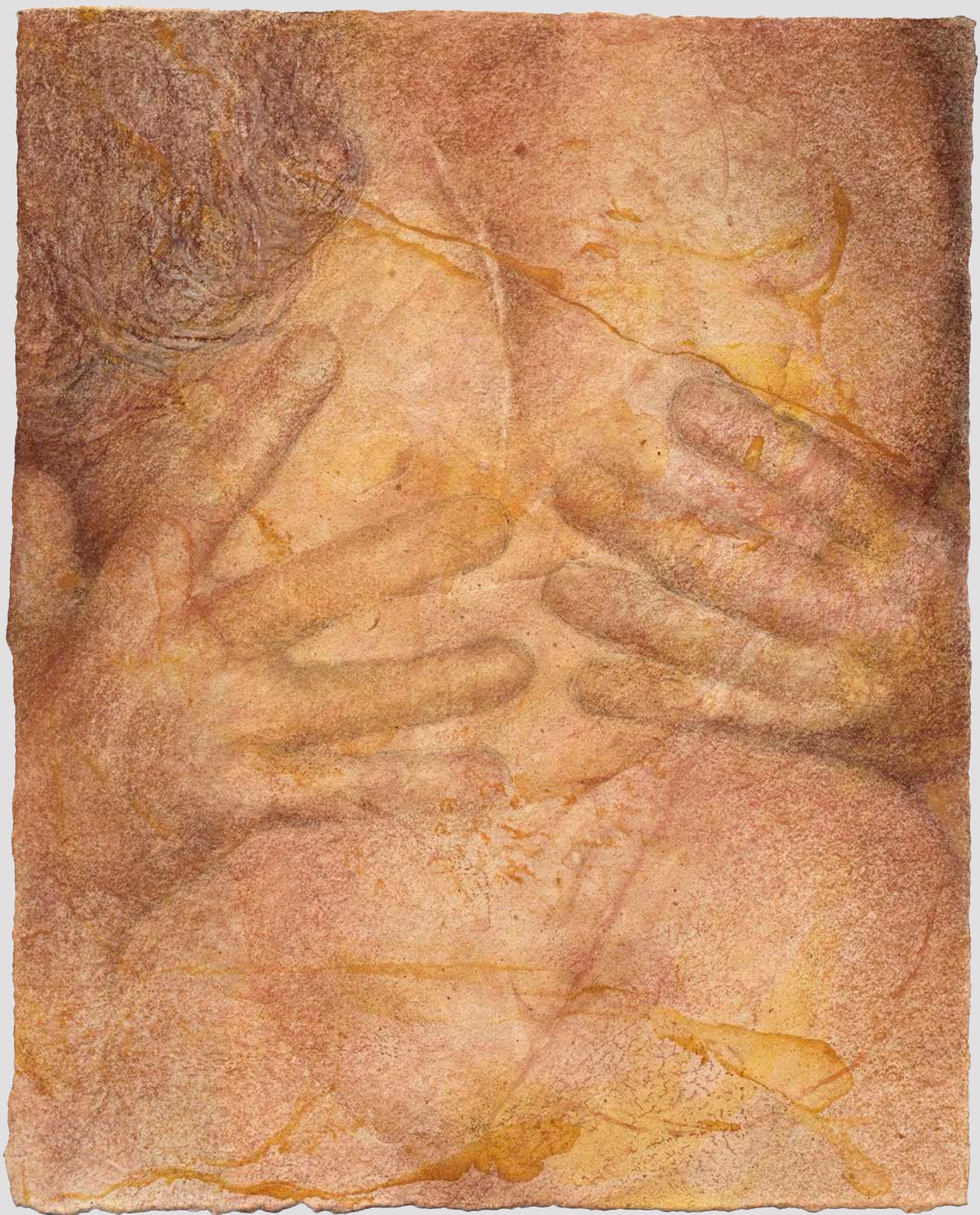
While Oliver's work presents us with a figural metaphor for our collective experiences with illness, the artwork of Laura Ferguson, on the other hand, astounds us with its particularity. Ferguson is no stranger to her own interior structures: from a young age her curved spine has been prodded, constricted in casts, surgically straightened, and repeatedly scanned—causing her torso's unique shape to be a hyper-present aspect of her everyday life. Along with her long-term Artist in Residence position in New York University's Anatomy Lab, it seems only natural that Ferguson's artistic attention focuses on making anatomy as visible to others as it feels within her body.

Ferguson's multi-media and transparent drawings of her body, such as *His hands on my ribcage* and *Spinal cord scroll*, are an amalgamation of her CT and MRI scans, close-up cadaver studies, and microscopy-esque oil paint marbling techniques. Through this combination of sources and layers, Ferguson transforms her diagnostic medical scans of scoliosis into graceful, fluid drawings of her spinal curve—all the more complete with flesh, hands, hair, sinew and surrounding soft tissues that are normally absent from the scans.

It is evident that her position in the NYU Anatomy Lab gives Ferguson an unprecedented artistic perspective of medicalized bodies. Given her own history of medical intervention, she is profoundly aware of how the disabled body is understood by medicine as an object in need of fixing—a position commonly known as the 'medical model of disability.' As an artist, on the other hand, Ferguson understands the medicalized body as belonging to a subject in need of caring and durational consideration, which she performs by delicately drawing the anatomical structures of donated cadavers. What's more, Ferguson passes on this model of contemplative care through art by leading classes on how to draw these cadavers for medical students and clinicians. Not only can attentive drawing help the medical practitioner better understand anatomy, but it also provides the space, time, and tools necessary to reflect on the brutal and emotionally laden experience of dissecting their 'first patient.' By merging transparent portraits with the studies of these cadavers, drawing becomes a vital medium where one becomes acutely aware of the ethics of care between subject and artist, patient and doctor.



Laura Ferguson,
Spinal cord scroll,
2014. Inkjet pigment
print, 3D CT scan,
Oils, bronze powder,
charcoal and pastel
pencil on paper,
40 x 21 cm. Courtesy
of the artist.



Laura Ferguson, *His hands on my ribcage*, 2019.
Oils, bronze powder, charcoal, and pastel pencil
on paper, 28 x 22 cm. Courtesy of the artist.

The transparent layers of Ferguson's drawings reveal the composition of the body in a radically different way than traditional dissection. Within the anatomy lab, medical students must follow the systematic guidelines of bodily layers to remove and study. Ferguson's drawings, however, demand no such adherence to the rules. She moves organically through the body using the transparent assemblages of soft and hard tissues, which creatively demonstrate the interconnection of structures within the living, moving body. Ferguson's artwork also exhibits the interconnection *between* bodies. The intimate grasping of her partner's hands around her torso provides a structural support that her spine cannot. In contrast to the painful and traumatic touch of doctors from her past, these hands are enthusiastically invited as compassionate care.

Oliver and Ferguson are two examples of women artists' growing interest in re-presenting the images of medicine from their own points of view. The history of medical imaging and illustration has placed disproportionate power over the representation of women's bodies in medical media and texts, largely due to the general exclusion of women physicians until the mid-1900s. Thus, women have had little control over how their transparent bodies were represented in medicine for centuries. As Art Historian Ludmilla Jordanova explains, "Feminist artists have shown a particular concern with medical illustrations; ... they want to re-form the representations of the female body in order to affirm the value of women as subjects (including artistic ones)."² These artists reclaim their transparent bodies from the realm of medicine, and add layers of memory, context and sensory consideration to control how their bodies are viewed and what is found therein.

The artists' translocation of clinical imagery into the gallery turns a private occurrence into a social pursuit of relating oneself to others. For Oliver, the virtual act of holding hands draws each attentive viewer into a collective memory of caring for our loved ones. Teaching medical students and physicians the tangible skill of drawing cadavers, in Ferguson's experience, provides the opportunity to collectively process difficult medical experiences through a contemplative artistic practice.³ As a final antidote to the medical gaze, Foucault offers, "Since a patient can be cured only in society, it is just that the illnesses of some should be transformed into the experience of others."⁴ To create such a societal connection to the emotions from our encounters with medicine, Oliver and Ferguson take on the extreme vulnerability of exposing their viscera, holding nothing back, and then invite you to feel their touch.

Whether it is gripping a partner's body or holding the hand of a parent, both Oliver and Ferguson exhibit hands as a key feature to wellbeing. The hand, once the ultimate symbol of humanity that joined practitioners of both art and medicine in the skills of their trade, is now all but supplanted by advanced imaging techniques and the supremacy of the medical gaze. This objectifying sight, as Foucault attests, performs "a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed."⁵ By joining medically imaged viscera, the body's surface, and a sense of touch, both artists release their transparent bodies from clinical surveillance and use their hands to begin the process of healing.

Making the body transparent quenches our thirst for knowledge by revealing the hidden depths of our viscera. As well, taking medical scans outside of the clinical context and into the realm of art promises to show us much more than anatomy: the greater context, purpose and meaning of our experiences with medicine. The figures Oliver and Ferguson offer to us float in a space akin to the otherworldly surroundings of a CT or MRI scan, and yet are grounded in the sensorial reality of phenomenal life. The machines that forced the artists to submit to the regimes of medicine now act as the source materials for them to control how their transparent bodies are viewed and touched. Ultimately, sharing this work allows others to build on these narratives, and evoke an emotive, relational understanding of health and illness.

1. Michel Foucault, *Birth of the Clinic* (London: Routledge, 1976), 39.

2. Ludmilla Jordanova, *The Quick and the Dead: Artists and Anatomy* (Manchester: Cornerhouse Publications, 1997), 112.

3. Laura Ferguson and Katie Grogan, *Art & Anatomy: Drawings* (New York City: University of California Medical Humanities Press, 2017).

4. Foucault, 84.

5. Ibid., 84.

Darian Goldin Stahl is an American printmaker and bookmaker living in Montreal, Canada. She is currently a PhD Humanities student at Concordia University, and the Artist in Residence at *Synopsis: A Health Humanities Journal* out of Columbia University. She employs research-creation methods to investigate how a haptic engagement with one's own medical scans can restore a sense of agency over the medicalized body. Darian and her collaborating sister, Devan Stahl, edited a volume on their practice entitled, *Imaging and Imagining Illness: Becoming Whole in a Broken Body* (Wipf and Stock Press, 2017).