

10

HEALING MIRRORS

Body Arts and Ethnographic Methodologies

Christina Lammer

Prologue

In this chapter I discuss the development and application of audiovisual ethnographic methodologies in the context of body-oriented projects with patients who are being treated through plastic and reconstructive surgery. Inspired by the medieval *Speculum Humanae Salvationis* (*Mirror of Human Salvation*), an illustrated assemblage of popular theology in the Late Middle Ages, I suggest how photographic and video cameras function as a contemporary *Heilsspiegel* (*Healing Mirror*). In doing so I evoke the *doing* of methodology through ethnographic research at the Medical University Vienna (MUV) over a period of 10 years (2000–2010). The processes I describe are part of a methodological framework influenced by approaches from body art and physical theatre. This includes video interviews, action research in a broad and experimental sense, audiovisual participatory observation, work with movement and voice, as well as portraiture and self-experiments. Theoretically, my discussion is informed by *The Image and Appearance of the Human Body* (Schilder, 1978 [1950]), *Art and Agency* (Gell, 1998) and *The Corporeal Image* (MacDougall, 2006) – works that bring to the fore pivotal points around which human modes of experience, emotionality and expressiveness unfold. The ‘healing mirror’, an apparatus invented for a study with facially paralysed patients, is used here as a metaphor to capture the expressive capacities of the *inner face* – an emotional smile, for instance, or a promising twinkling – as sensory categories of oneself.

It is this very bringing together of methods, practices and approaches that constitutes the methodological advance that is the focus of the chapter, through a discussion of the *FEATURES* project. In *FEATURES* – Vienna Face Project (2010–2014), my research project on facial expressiveness, people suffering from partial facial paralysis are invited to talk about their disability and how

they perceive themselves in everyday life. Since the human face is studied in plastic surgery and in the visual and performance arts, the *FEATURES* project has been developed together with plastic surgeons and contemporary artists. One important issue that is explored is body image and how we perceive, experience and express ourselves on a daily basis. The methodological framework is interwoven with the Russian literary critic and theorist Mikhail Bakhtin's approach to speech and expressiveness, and with the Polish theatre director Jerzy Grotowski's studies on the 'organicity' of the 'actor's act' (Bakhtin, 2000 [1975]; Grotowski, 1991 [1968]). However, I depart from the psychoanalytical methods and theories that may be expected of a researcher living in Vienna and brought up in its intellectual atmosphere. My attention instead passes through the living and moving flesh of personal and subjective impressions and expressions of disability and otherness in the mirror of a self that is in constant flux. In particular, I search for ways to analyse physical actions and their socio-cultural and symbolic meanings. This is comparable to the theatre work of the Russian director Constantin Stanislavski (1863–1938) who claimed, before Grotowski, that the nature of a figure is *organic* (Stanislavski, 1984 [1948]: 21). According to the anthropologist Richard Schechner, the major goal of acting 'and the basis of Stanislavski's great work is to enable actors to "really live" their characters. Nature ought to be so skilfully imitated that it seems to be represented on stage' (2003: 46). Stanislavski aspired to a life-like style on stage. As he wrote:

FACE

Facial expressions are brought about of their own accord, naturally, as a result of intuition, inner feelings. Nevertheless their effectiveness can improve through the exercise and development of flexibility of the facial muscles. Yet ... to accomplish this one must be familiar with the muscular anatomy of the face. (Stanislavski, 1963: 62) **C10Q3**

Imagine yourself as an actor or dancer doing physical exercises in front of the mirror. The self is always possessed by the *other* and perceived as mediated. Thus subjectivities are shared. In the words of David MacDougall: 'Although there is pain and danger, there is also humour and an acceptance of the shared subjectivity of bodily experience' (2006: 15). In my research I compare patients who exercise their facial and bodily expressiveness with the training of actors. My approach takes into consideration their personal impressions of themselves.

Sharing subjectivity

The mirror apparatus that was developed for *FEATURES* has to fulfil various functions: it has to allow me to video record patients while they do their

exercises; it has to be as simple as possible and easily transportable since the glass sheet is used in various locations; and it has to let me create individual portraits of patients, both videos and stills, with the aim of illuminating one of the most vulnerable parts of their bodies. My considerations led to the construction of a square mirror with a small circular hole in its centre. The device is placed on a tripod. The *sitter* is on the reflective side of the sheet while I, as *portraitist*, stay with the photo or video camera on the opposite side, which is painted black.

The hole in the 'healing mirror' functions like a mediating channel, creating a lively encounter between *sitter* and *portraitist*. The Viennese psychiatrist and neurologist Paul Schilder (1886–1940) was particularly interested in the phenomenon of *autoscopy* (seeing one's own self). He noted, 'we create a mental point of observation opposite ourselves and outside ourselves and observe ourselves as if we were observing another person' (1978 [1950]: 84). Schilder asked (healthy) persons to close their eyes and imagine what they would look like if they were standing or sitting in front of themselves. They all imagined themselves as pictures rather than in a three-dimensional way.

This finding corresponds with the photographic self-portraiture developed at the very beginning of 20th century by the Vienna-based artist and anatomist Hermann Heller (1866–1949) in order to create 55 mimic masks. Heller was

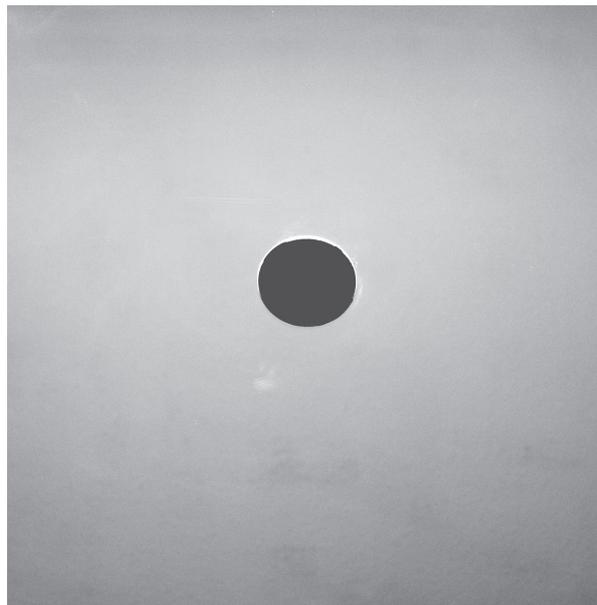


Figure 10.1 Christina Lammer, *Healing Mirror*, 2010

a professor of artistic anatomy at the Academy of Fine Arts between 1906 and 1936. He was familiar with the Austrian painter Egon Schiele (1890–1918), who is recognized as a major figure in the history of Modern Art and in the development of the Expressionist movement. For some time they even had their ateliers in the same building at Wattmangasse 6, in the 13th district.

The portraitist does not co-opt, does not eat up, does not analyze – in the Freudian sense – the sitter and leaves him [or her] in his [or her] personal consistence. It is incredibly beautiful that one can see faces in this way. (Hermine Heller, 2006)¹

The visual and sensory ethnographic methodologies I outline in the following pages are inspired by a historical context that is specific to Vienna, including the diverse and intersecting relationships between some of its inhabitants.

I introduce the process of working with the healing mirror with persons who have partly ‘lost their face’ as an example to illuminate a methodological and theoretical grounding. Patients who suffer facial palsy and are treated in plastic surgery need to do physiotherapy in front of the mirror in order to adequately smile or close their eyes. This form of therapeutic movement is an integral part of their healing process. Thus healing is deeply connected with re/learning bodily as well as emotional skills through exercise. In developing the healing mirror methodology I borrowed ideas from Jerzy Grotowski, suspending the differentiation between acting in theatre and everyday acts for the development of a test arrangement with patients who suffer facial paralysis (Goffman, 1959). According to Grotowski, the:

actor’s act – discarding half measures, revealing, opening up, emerging from himself as opposed to closing up – is an invitation to the spectator. This act could be compared to an act of the most deeply rooted, genuine love between two human beings – this is just a comparison since we can only refer to this ‘emergence from oneself’ through analogy. (1991 [1968]: 212)

In advancing this methodology I produce a variety of different portraits – of disabled persons, clinicians, artists, and of myself. According to Maggie O’Neill, ‘through art works – performing arts/live arts, painting, poetry, literature, photography – we are able to get in touch with our “realities”, our social worlds and the lived experiences of others, in ways which demand critical reflection’ (O’Neill, this volume, Chapter 9). Using my body as a sensory research instrument, the practice of portraiture builds relationships of trust between the sitters and myself. In his anthropological theory of art (1998), anthropologist Alfred Gell studied agent/patient relationships. This notion of agent/patient enabled me to understand the power dynamics I encountered, both when I

accompanied patients to their treatments or appointments with physicians and during my own encounters with clinicians and artists. Connecting methodologies and power relations related to body art – such as physical theatre and contemporary video art – with biomedical issues is an integral constituent of the audiovisual tools developed within my ethnographic and artistic work. I collaborate with four artistic colleagues, amongst them the Polish artist, Artur Zmijewski. His video installations are impressive examples of how video analyses of the social realities of sick and disabled persons – whether visually or hearing-impaired – can at once be painful and ironic, even grotesque. Artur creates situations in front of the camera, showing sick persons in the nakedness, vulnerability and loneliness of their everyday lives. Mirroring the agent/patient relationship of medical practices, he applies the camera like a surgeon uses the knife to lay bare the qualities of life beyond the skin.

Creating embodied dialogue

My research is based on the idea of taking an organic approach to advancing dialogues. Some dialogues are already established in clinical contexts. For example, during their treatments, patients learn to recognize themselves as objects of a medical scientific theory of signs. The dialogue between the sick and their healers is interpenetrated with visual media, such as endoscopic imaging and video-based diagnostic testing. In this dialogue, the body is discussed on two levels, which in phenomenological terms we would call *Körper* and *Leib*:

the term *Leib* refers to the living body, to my body with feelings, sensations, perceptions, and emotions. ... *Körper* takes its root in the Latin corpus and refers to the structural aspects of the body. It is the objectified body (somebody else's *Körper*), and also the dead body or corpse. (Ots, 2003: 116)

I consider the concept of *Leiblichkeit*, or living embodiment, to be an important ingredient in any dialogue. In *Doing Sensory Ethnography* (2009), Sarah Pink emphasizes 'that the talk of an interview is not simply performative and embodied, but that it is more fully situated in that it is an emplaced activity that engages not only the performative body but the sensing body in relation to its total environment' (2009: 83–4). To a certain degree, this argument corresponds with what Mikhail Bakhtin refers to as: 'dialogic communication, [where] the object is transformed into the subject (the other's *I*)' (2002: 145). In Bakhtin's approach, meanings accompany one another and build a context.

Healing Mirrors has the character of a self-critical review – illuminating the modes of ethnographic sound and video production in a clinical environment,

including the creation of installations presented in the context of art exhibitions (Lammer, 2007a: 208–15, Lammer, 2007b: 91–116, Lammer, 2009: 264–75). However, as a concrete project, *Healing Mirrors* is at its very beginnings. In *Picturing the Self* (2005), Gen Doy discusses what:

writers on photography and autobiography say about the self as single self, or multiple selves. The main point of contention is whether there exists a self with agency and consciousness, which changes through time but is essentially an individual self, or whether the self as multiple, decentred and fragmented, results not from human agency, but is constructed by social discourses including, most importantly, language. (Doy, 2005: 144)

According to the art historian Janet Kraynak, Mikhail Bakhtin ‘develops an idiosyncratic approach to the problem of language, focusing upon its aspects as speech. ... The utterance, Bakhtin emphasizes, is not an autonomous unit but always arises, either directly or indirectly, in response to another utterance’ (Kraynak, 2005: 4). Bakhtin’s broader concept of *dialogue* includes *utterance* as an integral part of any linguistic exchange:

The domain of speech-act philosophy brings attention to precisely those aspects that structuralist and formalist linguistics cast aside – material context, human action, and subjectivity – and as such, to what the art historical reception has suppressed in its assessment of language-based artistic practices. (Kraynak, 2005: 5–6)

In light of this, I stress the importance of *speech* – for personal contact and in its mutual expressive intonations and incantations – as a methodological category within the framing events of sensory ethnographic and art-based research activities. I do not present an already executed and finished piece of work, but rather invite you, the reader, to follow me along the way through a labyrinth of approaches.

Dialogue plays an important role in the development of my approach (O’Neill, this volume, Chapter 9). For example, I recognized chains of meaning in a public discussion between Manfred Frey, head of the plastic and reconstructive surgery unit at the MUV, and the Austrian artist, Günter Brus, known for his active role in the Viennese Actionist art movement, with whom I collaborated to produce *Günter Brus Kleine Narbenlehre* (*Günter Brus’ Small Theory of Scars*) (Lammer, 2007c). The conversation between the plastic surgeon and the artist took place at the book’s presentation at the Museum of Modern Art in Vienna, in February 2008. The volume confronts surgical practices with the artist’s violent and self-injuring performances of the 1960s and 1970s. In

the late 1990s, Brus had a cancerous growth in his stomach and underwent two operations. By creating the *Bilddichtung* (works that combine poems with drawings, paintings and photographs) *Theory of Scars* (1999), Brus ironically self-documented his hospital stays. He 'put himself in the picture' as a patient (Radley, 2009; Spence, 1988 [1986]; Tembeck, 2009). The confrontation of visual arts and surgery in the frame of the book presentation was particularly fruitful for the development of FEATURES. Their exchange is interwoven in the methodological and theoretical fabric of the project's ongoing hospital-based audiovisual and sensory ethnographies:

Günter Brus: Initially, I was at the hospital and it was not a stomach operation, which had taken place earlier, but rather a ruptured scar. That's why the book is known as 'Kleine Narbenlehre'. I felt relaxed, as I sometimes am, and bored, so I decided to capture a few situations in photographs, then I wrote verses to accompany them. My wife photographed me in a hospital bed. I then went out into the corridor. The nurses were very surprised to see me standing there in my nightshirt and funny slippers and white socks. I asked one of them to take a picture of me. I pressed the camera into her hand. She burst out laughing and went back to her room saying, 'Mr. Brus, Mr. Brus, nobody has ever done that before!' I said, 'please do it for me as an experiment.' So she took eight photos. I photocopied them, without intending to do anything special with them, and stapled them together to make eight or nine copies, to which I added verses and sent to friends. There was no speculation about me being a suffering invalid – you can't really say a funny invalid either.

In Brus' conceptualization of his art piece, dialogue – between the nurses and the artist – played a crucial role. Without the help of his caregivers who took the photographs, the work would not have come into existence.

Fairytale surgery

Referring to a range of arguments in *Günter Brus Kleine Narbenlehre*, Frey raised a question of *aesthetics*: 'What is aesthetic? ... I am a plastic surgeon who also performs cosmetic surgery, but that's something entirely different. Even then, I do not have any freedom of design'. Brus, the artist, on the other hand, regarded the issue from a different perspective, focussing on the technical aspects of dissection in order to get a better understanding of how the human body is perceived in surgery: 'You [surgeons] are trained in dissecting

bodies. Simply put, you use the same techniques for living people when they are anaesthetised. What is the difference between a corpse and a living person who has been anaesthetised?’ This was a controversial remark for the surgeon. He responded that the symbolic meaning of the human body is unmistakable, as is the respectful treatment that must equally be given to each individual. The difference between operating on a living or dead body is self-evident in his field of practice. ‘I would never and should never be able to pick up a knife and cut open a living, feeling body with circulation without undertaking many years of study’. According to the historian Ivan Illich in his study *Medical Nemesis – The Expropriation of Health* (2002 [1975]), Descartes ‘constructed an image of the body in terms of geometry, mechanics, or watch making, a machine that could be repaired by an engineer. The body became an apparatus owned and managed by the soul, but from an almost infinite distance’ (Illich, 2002 [1975]: 150). In a socio-cultural order of functionalities, the suffering *Leib*, as living bodily experience, and the articulation of pain in the form of speech, are increasingly neglected. In contemporary medicine, aesthetic experience is merged with functionality. A diagnosable body is the necessary precondition for surgical treatment. Within our exceptional research collaboration, Manfred Frey and I aim at deepening our understanding of practices of self-presentation and portraiture today. Gen Doy refers to the ‘photo-autobiographical’ work of Jo Spence, who ‘examines conflicts between the fragments of the self/selves, but believes that, through photo-therapy, a process she devised together with Rosy Martin, the agency of the self can develop and become more conscious’ (Doy, 2005: 144–5; Hogan and Pink, Chapter 13, this volume). According to this approach, the self as *agent* acknowledges the alienating processes of fragmentation (in the clinical context), but brings the broken pieces into a novel dialogue.

‘Sono operatore’ (I am an operator), wrote the Italian author Luigi Pirandello (1867–1936) in his novel *Quaderni di Serafino Gubbio operatore* (2010 [1926]), in order to bring the main figure of the story, the cameraman Serafino Gubbio, into being (2010 [1926]: 4). As opposed to an *agent*, the *operator*, in Pirandello’s sense, operates nothing:

But, as a matter of fact, being an operator, in the world in which I live and upon which I live, does not in the least mean operating. ... This is what I do. I set up my machine on its knock-kneed tripod. One or more stagehands, following my directions, mark out on the carpet or on the stage with a long wand and a blue pencil the limits within which the actors have to move to keep the picture in focus (Pirandello, 2010 [1926]: 2–3)

Inspired by Pirandello, Walter Benjamin compares the *cameraman* with the *surgeon*, and the *painter* with the *magician* or general practitioner in *The Work*

of *Art in the Age of Mechanical Reproduction* (1977 [1936]).² These comparisons strongly inspired my fieldwork activities in the *operating theatre* of plastic and reconstructive surgery. According to Benjamin, the *magician* keeps a 'natural distance' from the sick person while the *surgeon* has no interpersonal encounter in the 'decisive moment' (1977 [1963]: 31). The central topic raised by Pirandello and Benjamin is the dehumanization of mankind in modern industrial societies (Lammer, 2009: 272). In the aforementioned dialogue between Frey and Brus, a variety of theoretical and methodological implications of the figure of the *operator* were addressed. They are still of importance in my project.

Malfunctions and pathologies inside the body are rendered visible with the help of imaging technologies and media, enabling surgeons to navigate through inner bodily structures, detecting and removing lesions, limiting invasiveness and scars. Minimally invasive surgical techniques increase with the multimedia creation of a virtual body proper, projected on screens in real time. The gastroenterologist Michael Häfner, head of the Department of Internal Medicine at the St-Elisabeth Hospital in Vienna, used the term 'functional aesthetic' to explain the meaning of beauty or aesthetics in his profession: 'A cut is beautiful for me when I remove a malignant tumour'. Phenomenological approaches in medical anthropology and sociology make distinctions between notions of *illness* and *disease*. According to the physician and philosopher, Drew Leder, in 'disease, one is actively disabled. Abilities that were previously in one's command and rightfully belong to the habitual body have now been lost. ... When sick, I no longer can engage the world as once I could' (1990: 81). Leder refers to this phenomenon as an aspect of disappearance, which goes hand in hand with a withdrawal from personal experience of the self and sensibility. Frey, the plastic surgeon, neatly sums up the relationship between the *operator* and the body as object: 'Subjectivity is not reliable in surgery. I cannot operate because I enjoy it, but rather I do it because it needs to be done. Objectivity is required with the object, being the patient, who is at the centre of all actions, thoughts, feelings and design'.

During my work at the hospital I developed a fascination for mucosal and connective tissues. This led to a voracious lust to explore the organic unfolding of the human being. With respect to my ongoing explorations of these fabrics, however, my interest is strongly related to degrees of 'personality-ness', and much less to its 'thing-ness'. Bakhtin's studies on dialogue and language are nurturing: 'Any object of knowledge (including man) can be perceived and cognized as a thing. But a subject as such cannot be perceived and studied as a thing, for as a subject it cannot, while remaining a subject, become voiceless, and, consequently, cognition of it can only be *dialogic*' (Bakhtin, 2002: 161). My conversations with Brus about his self-injuring artistic operations in the late 1960s and the surgeries he later underwent helped me to see the clinical encounters I observe on a daily basis in a different light. He sharpened

my senses and enabled me to perceive, for instance, the material components used in the surgical operating theatre under the phenomenological aspect of *Leiblichkeit*, or living bodily experience. During our collaboration I was frequently reminded of a form of personal knowledge that does not exist in isolation but only in communion.

Connecting tissue

In his speech at the presentation of our book, Frey referred to Günter Brus' *Bilddichtung* and to its section *Einblick in ein Innenleben* (*Insight into an Inner Life*) as follows:

Manfred Frey: There is a relatively bloodthirsty image of the middle of an operating room with a stomach cut open and the bloody gloves of the surgeon. Beneath the image are the words, 'Fairytale surgery penetrates the belly and paunch. Hollow probes furrow in the orchestra pit. Snow White anaesthesia snoozes in the glasshouse. And seven bloody ravens flap from his mouth.' I won't bother to interpret this, but this connection between fairytales and fairytale surgery often features the term 'dream' throughout its correspondence and interpretation. I don't know whether this relates to the fear of reality or the possibility of experiencing and processing reality through this, or indeed, allocating it to a person, a place. (2008)

The depictions of the artist's opened torso during surgery indicate a radical breach of taboos. According to the cultural historian, Jonathan Sawday, in *The Body Emblazoned*: 'Modern surgeons or physicians are careful to shield, wherever possible, any possible sight of our own interiors when we become 'patients'. Indeed, the very word 'patient' hints at the taboo connected with the body interior' (1996 [1995]: 12). In the context of studying Brus' *Narbenlehre* I began to investigate modes of becoming a *patient* with my own body.

Photographs of my stomach taken during an endoscopic examination were integrated into the book *Kleine Narbenlehre* as research materials. In the course of working with these pictures I quickly realized that I would always connect this colourful and glossy appearance of my interior with childhood memories – seeing myself sitting alone at the dining table, a full plate in front of me, and not being able to eat (Hogan and Pink, this volume, Chapter 13). My mother would not let me go play until I had finished my lunch, which could take hours. Eating and digesting are problematic for me and often merge with unhappy feelings, not only in relation to food, but also towards the cook (my mother), and recalling a nightmare-like image of myself as a skinny little

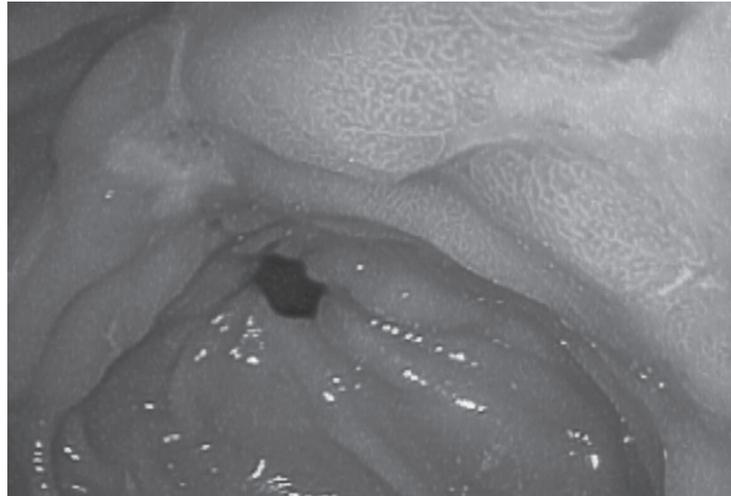


Figure 10.2 Michael Häfner, 2009

girl that is written deeply into my persona. A common saying in English is ‘the way to a person’s heart is through the stomach’. This part of my body is highly sensitive. I raise this childhood anecdote because I consider my psychological and emotional conditions to be uncannily mirrored in the shiny walls of my intestines. This consideration has an important impact on the epistemological grounding with which I build my personal and subjective methodologies.

Inspired by the feminist artists Mona Hatoum and VALIE EXPORT, who produced medical images of their fleshy interiors with the help of endoscopy and presented them as video installations in art galleries, I use my own body as material for ethnography. Both artists experiment with the perception of the body’s viscera. In *Corps étranger* (1994), Hatoum evokes issues of identification with her inner flesh, turning it into a terrain through which viewers can travel, while EXPORT’s ‘glottis’ pieces emphasise that language and speech, commonly understood as channels for sharing thoughts, ideas, and emotions, can also be seen in terms of power and domination’ (Sichel, 2010: 212). In both video works, healthy-looking bodies become subjects of inquiry and self-examination. Showing movement beneath the skin with the help of medical camera technology furthermore reveals different aspects of performativity and utterance – plunged into a delicately personal but synchronously reifying and distanced interpenetration, as in usual medicine. They mimic the characteristic features of a biomedical setting; for instance, with the use of a typical circular form to mark out the image of internal cavities. Endlessly caressing the boundaries of taboo, they put visitors in a rare and peculiar position, allowing their eyes to zoom into secret spaces.

In what was probably the last text he wrote before his death, *Toward a Methodology for the Human Sciences* (2000 [1975]), Bakhtin argued that the ‘natural sciences have an object system (subjectless)’ and, in comparison, ‘our *thought* and our *practice*, not technical but *moral* (that is, our responsible deeds), are accomplished between two limits: attitudes toward the *thing* and attitudes toward the *personality*. *Reification* and *personification*’ (Bakhtin, 2002: 168). In the course of developing the *Healing Mirrors* project with facially paralysed patients, I borrowed methodologies that are used in physical theatre and for the training of actors (Grotowski, 1991 [1968]; Leabhart, 2007; Richards, 2008; Stebbins, 2009 [1886]; Toporkov, 2001). The integration of daily yoga exercises and physical therapy in my work incidentally went along with one of my own stories of recovery. Movement increasingly became a part of my everyday life.

Mucosa speeches

While I was still in a weak condition, I continued to collaborate with Elke Krystufek, a renowned Austrian visual and performance artist. Elke has made hundreds of self-portraits. In her feminist art performances, she used her own body as a canvas and surface for ideological projections, often employing masquerade as a powerful element within her work. But this was in her former life. Last year she decided to stop producing art and to convert to Islam, wearing veils as working clothes. ‘I always covered my head’, she remarked recently in a discussion with the writer and filmmaker Chris Kraus at the Academy of Fine Arts Vienna. In her study, *The Art of Reflection* (1996), Marsha Meskimmon links the ‘concept of masquerade ... to the idea of excess and the carnivalesque body as described in the work of Mikhail Bakhtin’. According to the Russian literary theorist, she writes, ‘carnival represented the space in which sharp boundaries between bodies could be less fixed or even removed’ (Meskimmon, 1996: 122). The exchange with Elke Krystufek is *healing* for me in an unconventional way. She introduced me to her critical attitude towards allopathic medicine during our encounters and invited me to take belly-dance classes and to travel to Egypt together. Our collaboration helps me discover a form of self-healing through movement that is carried over into my work in *FEATURES*.

Elke and I both witness ongoing processes of transformation in each other – her conversion to Islam and my change of lifestyle with a strong curative aim, which includes dancing and other liberatory forms of movement. ‘Intimacy does not arise when we gaze into Annie Sprinkle’s uterine orifice. It is formed within relationships’, she declared in a video interview at my studio in 2006. I included images of our adventurous desert tour in Egypt in a short movie about love, referring to a theatre piece Elke is currently working on. Her

shift away from art production corresponds with her desire to engage with people in a way that allows for a more lively and energetic quality of being together.

In his essay, 'Hunger of an Ox', Italian philosopher Giorgio Agamben poses the question, 'what is dance other than the liberation of the body from its utilitarian movements, the exhibition of gestures in their pure inoperativity?' (2011: 111). Drawing on the relational qualities outlined above, Elke encouraged me to elaborate the endoscopy video recordings of my stomach as a material basis for the development of my illness story as *autopathography* (Tembeck, 2009). In January 2010, she was appointed curator of the exhibition *Hidden Passengers in Contemporary Art, 2000–2009*, at *Montebermoso* in Vitoria-Gasteiz (Spain) and asked me to contribute as one of eight video artists selected for a show entitled *STOWAWAYS*. My gastroenterologist, Michael Häfner, collaborated with me. Using the footage of an endoscopy examination of my intestines that revealed various benign ulcers, we prepared the art piece *Brot + Rosen (Bread + Roses)*, about which Elke wrote:

stomach ulcers turned her [Christina Lammer's] attention towards her own body and frailty, putting her in a different position from that of a researcher, with her gaze fixed on others. The minor or major illnesses of the participants in the artistic field are still not a widely discussed topic in the public arena; nevertheless they define the way we act professionally and politically – as we know very well that weak or injured people do not fight in the same way, and that their activism takes on a different form. (Krystufek, 2010)

As I frequently watched the medical images of my own 'organicity' during the preparation of *Brot + Rosen* (2010), I tried to locate the injured spots within myself that could be identified in these video sequences. I naively thought that there must be a connection between what I perceived as painful internal sensations and what I saw on the gastroscopic movie. Instead, I learned that I was left alone with my living, bodily experience. My personal perception had hardly anything to do with the depicted signs of disease I saw on my computer screen. So I searched for ways to align my subjective impressions with the uncanny but beautiful *reifications* of myself in the image. By synchronizing this internal hollow *thing* with the sound of my breathing, the work took on a fleshy *personalization* and a vibrant rhythm. My gastroenterologist, however, found it to be slightly too vivid. Michael accompanied me to the opening of *STOWAWAYS*, and as we observed visitors' reactions towards the videos, he mentioned that he found our piece's soundtrack to be quite disturbing. His point of view immediately converged with the situation of image-making at the hospital and with his daily encounters with patients. 'Your breathing is totally relaxed during the

procedures', he declared. I could not know because I was unconscious during the examination. I had recorded my breath that very morning, while feeling at ease.

Epilogue

This chapter has addressed the interrelations of epistemic cultures that are usually carefully set apart: for example, the intersections of plastic surgery and *Vienna Actionism*, or video arts and internal medicine. It explored advances in visual methodology that are strongly informed by *organic* and *personalized* expressive modes of knowledge production, including body-oriented approaches nurtured by theatre, sculpture, painting and filmmaking. Artur Zmijewski, for instance, a contemporary Rabelais in the world of visual arts and performance, actively transcends the boundaries between art and science. How far can the limits between the visual methodologies applied in sociology or anthropology and in artistic practices be stretched? I argue that social scientists can learn from the phenomenological and experiential knowledge that artists like Brus, Krystufek and Zmijewski continually produce.

Purse lips – doing physical therapeutic exercises to improve one's facial expressiveness is crucial in the frame of the *Healing Mirrors* video project. *Purse lips with lips open* – these orders are executed in front of the mirror by facially paralysed patients after they undergo plastic surgery. *Push mouth forward* – to date I have accompanied four people who are being treated by



Figure 10.3 Christina Lammer, Video still, Léonie 2011

Frey and his team. *Suck in cheeks* – a seven-year-old girl from Switzerland. I asked her to document scenes and experiences of her everyday life with a video camera. *Stretch mouth wide* – with the aim of teaching her caregivers about what it means to live with her condition (Chalfen and Rich, 2009: 53–70). *Stretch mouth wide with eyes closed* – a Norwegian man in his 20s who studies engineering, a Viennese woman who just turned 30 and works at her parents' company distributing medical apparatuses. *Show teeth* – she did her exercises at my studio and allowed me to videotape her while she was moving her face. *Pull top lip over bottom lip* – filming her through the orifice in the mirror apparatus. *Pull bottom lip over top lip* – the circular hole in the glass sheet hints at an analogy with medical imaging technologies like endoscopy. *Raise chin and pull down top lip* – similar to the Italian *tondo*, a circular picture or sculpture, which has a long tradition in art history. *Puff out cheeks with eyes closed* – the little one is comically grimacing at me. *Push air in and out* – an Italian mathematician living in Sweden is the fourth amongst patients suffering from this peculiar disability who are working with me. *Whistle* – when he tries to smile he has the impression that his face looks sad. *Make a big 'O' shape (open mouth wide)* – understandably, he does not like to appear sad. *Bring lips together to make a small 'o' shape* – so he still avoids smiling. *Wrinkle nose and move nose up and down* – in the style of Arnulf Rainer's art experiments *Face Farces* (1969–1971) and his series of *over-paintings* (1975–1978), and of Franz Xaver Messerschmidt's *Character Heads* (after 1770). *Wrinkle nose with eyes closed* – practising the expressive capacities with Tamar Tembeck who is trained in *Corporeal Mime*, another physical theatre method. *Open and close eyes and flutter eyelashes* – Artur Zmijewski gives me video lessons. *Raise forehead (surprised look) and move quickly up and down and back to centre* – I love his video installation, *An Eye for an Eye* (1998). *Raise forehead (surprised look) and stretch mouth wide* – healthy persons embracing amputees. 'They have been taken into the greatest confidence, allowed the most shameful touch, the greatest ignominy – they touch the scars' (Zmijewski, 2005: 176). *Raise forehead (surprised look), stretch mouth wide and close eyes*³ – shame is an important issue in the dialogue among able-bodied and disabled human beings.

The 'healing mirrors' discussed in this chapter include heterogeneous aspects of *doing* methodology – experimentation, movement and the use of material components in order to develop a plastic vocabulary, comparable with the creation of a sculpture. Human expressiveness involves the body as a whole and is not confined to the features of the face or to particular gestures. In contrast to the artistic act of creation, the illumination of the body's exterior and interior for diagnostic and therapeutic reasons through allopathic medicine goes hand in hand with a loss of expressive personification. 'Healing mirrors' are not restricted to visual methodologies but rather emerge through internal and external sounds

and forms of touch – for example, the peristaltic movements within the digestive pipes or the pulse rhythm. I argued that human agency is infused with an organic quality that is difficult to capture with scientific methods. In front of my video camera, Léonie, the Swiss girl, massaged her face as she did with her speech therapist. At some point I asked her to do it gently, avoiding anything that does not feel good. The movement of her features changed through this soft quality of touching. She was tenderly sculpting herself.

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Notes

- 1 The art historian Hermine Heller (†) was the daughter of Hermann Heller. She invited me to her house to study original historical materials of her father's bequest. In a video interview conducted in the frame of CORPOrealities (2004–2009, www.corporealities.org), my research on body images in the medical context, Hermine Heller (2006) refers to her father's 55 mimic masks.
- 2 Luigi Pirandello died in the year of publication.
- 3 Source: Fialka-Moser, Veronika 2007, University Clinic for Physical Medicine and Rehabilitation, MUV. List of exercises and drawings for facially paralysed patients.

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