Moving Bodily Fantasies: Medical Performances and Modes of Communication

Petra Kuppers

This article investigates the relationship between movement, communication, and medical presentation in three contemporary dance performances. In particular, I wish to present three instances of collaborative work: of work where boundaries between specialists and “lay people,” between different kinds of expertise, and different kinds of knowledges become questioned, dismantled, and (re)erected through performance. My argument hinges on the ongoing creative work involved in the translations between embodiment, phenomenological experience, narratives of self, medical stories, and cultural context. Living as a body in the world means a constant readjustment of these frames, a productive and often painful emergence of life through tensions. What it means to be a (gendered) specialist or a lay person, a patient, or a spectator, emerges in the call-and-response of everyday life, as roles are taken on, re-created, changed, and discarded.

A celebrated U.K. dance performance (winner of the Critic’s Circle National Dance Award 2004), a U.K. exploratory sci-art experiment by medical experts, writers, and performers, and an Australian music theater piece are at the heart of this analysis: the article explores alignments between semiotic and phenomenological knowledges in these performances. In all of these performances, women are center stage, sometimes as informers, sometimes as playwrights and visual artists, sometimes as main performers. But more importantly, the vision explored, which approaches bodily difference as generative rather than hierarchical and condemned to “the minor” position, emerges from a feminist impulse. The methodology comes out of a desire to emerge from a history in which “the female” summed up an uncomfortable closeness to “the bodily”

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as the secondary other to mind, knowledge, and clarity. In these performances, unknowing, density, and vibration become positive principles which productively disrupt knowledges about bodies and realms of expertise.

**Bodily Fantasies**

In my analysis in this article, I am interested in bodily fantasies: the sensations, images, stories, and experiences we have of “having a body.” The word “fantasies” in my usage refers not to a dichotomy between truth and falsity, but to the labor of imaging and fashioning that surrounds the coming into being of bodies as selves and social beings. I am investigating the productive meetings of image and experience at the sites of medical imagery and private body knowledge. My use of “bodily fantasies” refers to creativity and forms of agency in a socio-cultural environment where bodily experiences multiply and overlap, and where these overlaps become generative, not destructive. In these fantasies, certainties are questioned, but retain their enunciatory force. Knowledge becomes a performance, a re-citation, an ordering act, an action.

In order to approach the theme of bodily fantasies, it is useful to investigate moments in the term’s history. Sigmund Freud conceived of the early formation of the Ego as a corporeal projection, a unifying desirous narcissism that creates cohesion across multiple and feeling sense elements. The Ego and the body are bound together, mapping each other in turn. Freud writes that “The ego is first and foremost a bodily ego: it is not merely a surface entity, but is itself the projection of a surface” (Freud 1994, 26). Jacques Lacan, in his turn, uses the term “imaginary anatomies” to point to this mechanism of ordering and structuring, of an ego-formation that is dependent on the split between the body as site of self and the vision of self as whole (within the mirror phase), a psychic dilemma overshadows corporeality and subject-formation.

In Lacan’s scheme, the imaginary anatomy is under threat, “the stability of the unified body image, even in the so-called normal subject, is always precarious” (Grosz 1995, 43). The destabilization of the imaginary anatomy leads to psychosis. Even so, the fragmented body of bodily fantasies has a certain richness in Lacan’s reference field:

This fragmented body . . . usually manifests itself in dreams where the movement of the analysis encounters a certain level of aggressive disintegration in the individual. It then appears in the form of disjointed limbs, or of those organs represented in exoscopy, growing wings and taking up arms for intestinal persecutions—the very same that the visionary Hieronymus Bosch has fixed, for all time, in painting . . . But this form is even tangibly revealed at the organic level, in the lines of “fragilization” that define the anatomy of phantasy, as exhibited in the schizoid and spasmodic symptoms of hysteria. (Lacan 1977, 4–5)

The lushness of the field of the struggles between analysis and the questing individual speaks for the power of the anatomy of fantasy: Lacan sees how the “fragmented body,” as a third agency between analyst and analysand, can rule bodies on the organic level.
But while the plasticity of body image is acknowledged in the belief structures of psychoanalysis, certain alignments of embodiment and psyche seem exempt from productive power: any lability of gender seems unproductive, problematic, dangerous. Both in Freud and in Lacan, subject-formation is dependent on an early, unconscious, deep structure of signification which spins bodies into a gendered net of meaning. Feminist theorists have wrestled with this strangely bifurcated, male-dominated system of bodily fantasy that somehow assigns negativity and loss to the female body a priori. Feminist theorist Elizabeth Grosz, for instance, points powerfully to the accumulation of discourse at the gendered base of subject formation, this stand-in for gendered violence, in the body of subject theory.

The feminist project demands to take the story further, to destabilize again and again the dominant systems for aligning corporeality, power, and meaning. This article, which is part of a larger study called The Scar of Visibility: Medical Performances and Contemporary Arts (Minneapolis: University of Minnesota Press, 2007), is a daughter of this heritage. This study doesn’t take on psychoanalytic discourse on bodily fantasy directly—there are many other sites where this occurs—but, instead, looks to a related site of production of corporeal fantasies and incursions into dominant certainties. It investigates creative work in relation to the medical system for their productive vision of the chafing of bodies against and within systems.

In order to move more fully into that terrain, I will look at a more generative account of bodily changes and the connections between knowledge and embodiment in Maurice Merleau-Ponty’s phenomenology.

Merleau-Ponty has, of course, become an important touchstone in debates surrounding the re-evaluation of experience, and both Iris Marion Young’s essay “Throwing like a Girl” and Grosz’s discussion of his synthetic approach to experience in Volatile Bodies have contributed significantly to this revaluation of embodiment in feminist discourse. My position is influenced by these readings of Merleau-Ponty—not by his stance that universalizes male, white, middle-class experience and leaves no space for thinking about different phenomenological experiences, but by his openness towards embodiment as process. This process relies on plasticity: on the malleability of the body schema, the processual character of this lived perception of the body. Merleau-Ponty’s conception of “having a body” is that it is a spatial act:

"The word “here” applied to my body does not refer to a determinate position in relation to other positions or external co-ordinates, but the laying down of the first co-ordinates, the anchoring of the active body in an object, the situation of the body in face of its tasks. (Merleau-Ponty 1977, 4-5)"

Thus the theater, the spatial performance of embodiment, enters into this conception of “having of a body”:

"Bodily space can be distinguished from external space and envelop its parts instead of spreading them out, because it is the darkness needed in the theatre..."
to show up the performance, the background of somnolence or reserve of vague
cpower against which the gesture and its aim stand out, the zone of not being
in front of which precise beings, figures and points can come to light. (Merleau-
Ponty 1962, 100–101)

The body is a stage(d) environment: lights on, lights off, spotlight on whatever our
attention is focused on.²

[T]he body image is finally a way of stating that my body is in-the-world.
As far as spatiality is concerned . . . one's own body is the third term, always
tacitly understood, in the figure-background structure, and every figure stands
out against the double horizon of external and bodily space. (101)

In this triad of figure, external space, and bodily space, the positions are mobile: the
“object” on the double horizon can be an “external” object, but can also be the image
of the cancer cell that attention and energies become focused on, or the broken nail of
one’s finger which becomes the focus of attention of the scissors/fingers assembly I cre-
ate in my other hand.

In the same way, the car I am driving (or the wheelchair, the crutch, the glasses, the
wig, and even the walls of my home) can be swallowed up in this darkness of bodily
space attention, and my eyes and kinesthetic sense will have traveled to the edges of
the car’s metal frame, allowing me to park safely. Incorporating a “foreign” object into
the bodily economy of senses and pleasures, in other words, does not require the mech-
anisms of fetishization or other translation schemes that characterize most psycho-
analytic perspectives. Attention and being-towards-object, in this phenomenological
sense, provide the mobility within this framework, which is improvisatory, provisional,
and malleable:

[T]he subject, when put in front of his [sic] scissors, needle and other familiar
tasks, does not need to look for his hands and his fingers, because they are
not objects to be discovered in objective space: bones, muscles and nerves, but
potentialities already mobilized by the perception of scissors and needle, the
central end of those “intentional threads” which link him to the objects given.
It is never our objective body that we move, but our phenomenal body, and
there is no mystery in that, since our body, as the potentiality of this or that
part of the world, surges towards objects to be grasped and perceives them.
(Merleau-Ponty 1962, 121)

But what happens when our bones, muscles, and nerves become objects to be grasped,
when their (background) sense as potentialities is impeded in some way (either from
within one body, or from the sense of threat from without)? The interesting twist that
emerges out of the focus shift, from phenomenal body to the socially designated “ob-
jective” body and back, held in suspension in the ground of self which emerges in this
weft, will be explored in various ways in the performances I discuss below. In the following discussion of three performances, I am focusing attention on openings: on the places where bodily knowledge and kinesthesia emerge in a productive tension with social structures, semiotic knowledges—oftentimes derived from medical discourse—and existing power schemes.

**AtaXia: The Fascination of the Other**

One of the most discussed dance events of 2004, at least in Britain but also beyond, was Random Dance’s *AtaXia* ([Fig. 1](#)). Audiences and critics were fascinated with the concept of merging scientific research and movement research, and creating a dance based on a disorder. Wayne McGregor, director of Random Dance, choreographed *AtaXia*, a performance designed with the help of neuroscientists and with Sarah Seddon Jenner,

![Figure 1. AtaXia. Photograph by Ravi Deepres. Courtesy of the photographer.](https://www.cambridge.org/core/terms)
a person experiencing an ataxic movement disorder, as well as with his troupe of well-trained, professional dancers. With the input of this team, McGregor choreographed dance based on a medical condition which disrupts movement and overloads nerves. There is a long tradition of work akin to this: postmodern performance companies such as Societas Raphaello Sanzio have used “autistic” performance modes to create images that speak about contemporary conditions of communication. Here, though, the focus does not seem to be on disability as a metaphor—instead, disability and bodily difference emerge as formal principles, and create a non-storied attention to different ways of being in space. But of course, this “formal” moment is impossible: people who go and see *AtaXia* know about the title’s signification as a medical term, and seem to read some form of narrative content into the movement patterns presented.

And it is not just the bodies that play with disruption, starts, stops, overload: *AtaXia’s* stage has a mirroring backdrop, multiplying the movements and bodies on stage. The bodies themselves are enhanced by costumes shot through with fiber optics, lighting up movements and speed. During the dance itself, the governing principle of movement is control, and the loss of control. An arm’s arc gets arrested, thrashes, hacks at the air, and seems disassociated with the dancing body.

The language used by various reviewers pivots on these issues of control. For instance, in a typical response Jann Parry writes that “the [dancers] have gone from hyperalert interactions into a mode where they seem taken over by a force outside themselves” (Parry 2004, 18). The notion of movement attention, and origin of movement control, becomes central to the reception of *AtaXia*. As a piece of dance laid out in front of the spectator, far away on an elevated stage, the image of moving bodies becomes that, *an image*. The additional information provided by program notes and the intertextual universe of media attention, as well as the significant press coverage initiated by the sci-art experiment, structures the audience’s attempt to decode the visual information conveyed to them by the stage action. With this, the audience reaction embodied by many reviewer comments echoes the creation process—the movement from external knowledge to embodied echo. Seeing the “objective” body of others on stage seems to be translated back into spectators’ sense of their own embodiment—from objective to phenomenological vision, and from there to the kind of sensation that “movements like that” would have on one’s own sense of being in space. It is this kind of phenomenological and semiotic intertwining I read in Parry’s comments of hyper-alertness and foreign take-overs. But this reaching out towards the other body was indeed at the heart of the rehearsal process, as well.

Curiosity and research shaped the creation of the piece. Jenner describes her interaction with the company in the creation of the piece (she had contacted McGregor after hearing about his research residency, eager to share her own, embodied information with him):

I came back for a 135-minute question and answer session with the company, during which we covered many of the things they had learned in the research context, as well as working through some of their own observations about movement, dysfunction, and how bodies cope with impairment.

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The whole piece really started to make sense to me, though, after a rehearsal I did with the company during which one of the dancers (Leila Dalio) and I worked through some choreographic exercises.

The whole company, including Wayne, was in the room, but they all appeared to be working intently on their own material. I was concentrating on lasting three hours without a) forgetting my movements; b) injuring Leila by leaning on her too much; and c) falling over. So, I didn't realise until I saw the finished dance how carefully I'd been observed.

Some examples of ways I move that made it into the finished piece: I scoot on my backside along the floor rather than stand to move from one place to another. I touch people and things not so much to bear weight as to help orient myself relative to them. As I get tired, I lean on others for support and more often than not, I get that support.

In her discussion with me, Jenner mentions how her contact with the dancers taught her important information as she continues to adjust to living with ataxia: the information reflected back to her by the trained bodies of dancers, well used to picking up unusual movement information, structuring it, and creating communicable information with it in the form of choreography. Through these translatory processes, Jenner's embodiment echoes back to her across the image of the dancers on stage—personal memory, the narratives of “how I move,” “how I touch,” interact here with the movement patterns on stage. In the in-between of her own body, her memory of the performance rehearsal, and through the performance, a new image of her own movement quality emerges for her.

Towards the end of the piece, a screen descends as a backdrop and images jumble and move across it. The soundscape, “Trance,” is provided by Michael Gordon and is played live on stage by fourteen musicians. Its level of noise approaches the edge of pain. Parry’s review once again makes a link between her own being in the shared space of the performance environment, and decodings of affect—she discussed how the character of thought itself became experiential:

The result is an hour-long dance that overloads performers and spectators with more information than we can process. We’re made aware of how our brains are struggling to cope. (Parry 2004)

I wish to take my cue from this “being aware of how our brains are struggling” to investigate the aesthetic experiences provided by those who are diagnosed as different, “not normate,” and who use different means to open up their experiences to “specialists” (be it to dancers, in order for them to learn a new movement language, or to doctors, to communicate about illness, or to other outsiders). In AtaXia, people who actually experience the specified difference in their lives are not part of the performance event—although Jenner’s comments are foregrounded in the framing of the performance, she is not herself on stage. In the next two performances I discuss, people speak about their experiences directly from the stage, and initiate movement material in a more direct way, linked to the (presumed) authenticity of their presence.
**Because It's There: Mountains of Pain**

The issues of specialist and outsider, and their complex and translatory communications, are at the heart of *PUSH*, a show that emerged out of a collaboration by playwrights Diane Samuels and Sarah Woods, visual artist Alexa Wright, performer Catherine Long, and two medical practitioners. The collaboration emerged out of a Science on Stage and Screen Award by the Wellcome Trust, and was showcased at The People Show Studios in London in June 2003.

“How our brains are struggling to cope,” and the metaphoricity of brain/body/embodiment language could well provide the subtitle to this fascinating production which centers on the illumination of pain as a complex experience.

Issues of location and language are central to the struggles of people experiencing pain. The physical location of pain within the body’s tissues is ambivalent. Historically, the materiality of pain has been questioned by practitioners who point to the lack of organic traces of chronic pain. In this scenario of unlocatability and “imagination,” the patient’s voice easily gets lost in the monologues of specialists, diagnostic procedures, and interventions (and gender plays an important role in this history of mis/communication: hysteria and depression as disorders that are liminal to conventional body/mind boundaries have often been relegated to the realm of the “female”). But in the past decades, biomedicine has slowly been forced to acknowledge experiential, phenomenological accounts of embodiment.

*PUSH* dramatizes some of the struggles that surround this slow turn of the medic’s ear and eye. In the play, two figures move on stage. One is a mountaineer (Matthew Bowyer), who speaks about mountain climbing and the effects of altitude, and who begins to put himself at risk, scaling the walls of the theater. The other figure is called the *shadow*—a person covered from head to toe, who moves sacks around the stage floor. The other strong visual element of the show is a background projection, showing mountains in montage, and two smaller videos of talking heads—“expert opinions” intruding upon and interacting with the scenario in the theater. The experts are Charles Pither, consultant pain specialist at St. Thomas Hospital and medical director of IN-PUT pain management unit, as well as Catherine Long, an artist and performer who lives with chronic pain (at the end of the show, she is revealed as the shadow person moving over the stage). Their images and voices are joined by the audio presence of Patrick Wall, who is described in the play text as

a world leading pain research scientist and clinician, founder of Pain as a discrete medical area, discoverer with Melzack of the Gate Theory. Patrick died in August 2001 after living with cancer for a number of years. As his condition deteriorated, he took his own life. (Samuels 2004)

At some point, the mountaineer’s discourse on climbing is replaced by explanations of experiences of pain—and by the description of a splitting, a visualization, a hallucination. The mountaineer explains how irrational images assault a climber at a certain
height—and how he himself sees a shadow, a figure, steadily following him out of the corner of his eye.

The stage action shifts and slides between the mountaineer’s live performance, audio fragments, Catherine Long’s video description of her life experiences with pain, and the slow movements of the shadow in the background. Various languages meet: the language of the medical pain specialist, the languages of movement theater, languages of patients, of a person remembering herself in time, and of the second pain specialist who speaks with a mixed voice: he is all at once expert, sufferer, person, and beyond this, living, yet dead. Position and production are core themes in the assault of explanation and discourse production that only lessens when the mountaineer is hanging on the wall, climbing, exhausted, pushing himself, taking his breath away:

**PROJECTED TEXT:**
- where have I got to?
- check the position
- the last dizzy spell was this morning

**MOUNTAINEER’S VOICE (AUDIO):**
- The first thing I noticed was a weird sensation on the left side of my mouth. . . .

**AT SAME TIME AS PROJECTED TEXT:**
- Don’t know why it came again
- headache’s in my face
- left and right sides
- it’s erupting again
- and radiating
- into all my joints
- it’s like a heat now

When Charles starts to speak, Mountaineer acknowledges his image, wearily.

**CHARLES (video):** 30. Endless Detail

- They feel they have to express and often write down and talk in endless detail about their pain because they suddenly think that—well, they think and hope that the doctor will suddenly be able to say—aha, of course it’s that—and therefore their problem will be at an end. So certainly some people do feel the need to constantly embellish and reiterate their sensations of pain with that in mind. And often, from the medical point of view, one has to then have this rather difficult task of trying to disabuse them of that notion and get them to see it differently, which is difficult (Samuels 2004).
The embellishment, the constant production Charles points to by projecting it onto someone other than himself—the patients (“They feel . . .”)—is at work in the machinery of the theater production, both in its verbal and bodily excesses. Origin and location are unclear, and are overwritten, replaced, replayed, montaged; the mountains that provide the background slip, return upside-down, fragmented, in the shimmering images of a migraine hallucination. Patrick’s voice repeats a phrase: “That’s all there is in the world at this moment is the pain.” In the delivery, in the grammatical inversion, in the insistence of the “That,” the boundary is overstepped—from Charles’s “they” to an experience that is experiential, boundary-less, and that doesn’t permit a pronoun.

We are back at the site of endless production, and the lability of self: the bodily fantasies that keep producing differing versions of unity; we are at the intervals between meaning and creation. Different heads tell different stories, muddying the label of “insider,” and revealing insights into the fantasies of art creation, bodily border situations, and professional practice. In the revelations of the interdisciplinary set-up, the different angles, the different privacies, and the different stakes in perspectives open up, as mutually exclusive epistemological and practical concerns spark against one another. What the production leaves behind is a sense of not-knowing. Many in the audience might feel that they can vicariously participate in the mountaineer’s efforts on stage, seeing him exhaust himself, clinging to walls, hearing his breath and sensing his exhaustion. But most audience members might not be able to begin to approach the more extreme (in a different way) embodiments of the other presences on the stage: the two people who suffer strong and significant pain for long amounts of time, one living on stage (and present with us), one dead and speaking to us from this auratic position. I can see them, ascertain “objective” fact through their bodily appearances and through the medical facts they both provide, but the physical gesture of strife and futility that is offered to me in the mountaineer productively leaves me aware of the gap between identification and my own self. Once again, the phenomenological experience of pain is not “enacted,” or presented clearly. Instead, it is shrouded, surrounded by fields of intensity. But I value that pain as the center of the performance field: it does not become wholly invisible, instead, it is erected and left as a problem—but not just a personal problem. In the playwright’s words, the problem of pain becomes a social and cultural problem, intertwined with the position of minority, of female otherness, of that which is relegated to the realm of “hysteria,” but escapes that realm by dint of its sheer magnitude. In PUSH, pain highlights problems in the economy of medical discourse and in the social interaction between people.

**Talking Heads and Hollow Bodies: Inside Anatomy**

The last production I wish to discuss takes a different path to weave bodily fantasies into socially legible scripts. Storytelling is the device used to merge objective bodies and their medical histories and medical visualizations as fascinating, artistic translations of hidden spaces deep behind human skin. The phenomenological tease I tried to excavate in the shows I discussed above is more hidden here: to me, the point of identification
rests more with narrative than with senses of embodiment. But there is another dimension of this last show that reconnects imagery to interiority: sound and its play with hollows, inner ears, and the spatiality of bodies.

_TULP: The Body Public_ is a musical and visual meditation on anatomy, art, and their historical meeting places (Fig. 2). The interdisciplinary meeting emerged in 2003, as visual artist Justine Cooper collaborated with composer John Rodgers and the Elysion Ensemble. At the heart of _TULP_’s performance in Brisbane’s Powerhouse Theatre is sound, resonance, vibration—and therefore a complex of relations between sound, image, and space. In the run-up to the performance, Cooper interviewed people in New York and Brisbane and the collaborators set up ultra-sound booths at the Art Gallery of New South Wales. There, they enabled members of the public to engage in an exploration of their bodies, charting the hollows and densities of flesh and bone with the echoes of the ultra-sound. The video interviews’ unnamed and yet not anonymous “talking heads” make up a significant strand of the projected visuals during the show.

This sound and image collage of “the public body” meets baroque instruments, visual and auditory referents of the time of Nicolaes Tulp, the doctor who dissected a thief in 1632 and whose image Rembrandt caught in _The Anatomy Lesson of Dr. Nicolaes Tulp_. Historical depictions of anatomy practices and contemporary medical visualizations complete the images projected onto large latex screens. The main performer visible on stage is a singer, Deborah Kayser, who also moves into the auditorium, and “records” members of the viewing public with a small camera attached to her hand, creating a strange amalgamation of vision and touch as she moves closely past people’s

![Figure 2. TULP. Photograph by Justine Cooper. Courtesy of the photographer.](https://www.cambridge.org/core/core.png)
faces, the musicians of the Elision Ensemble, and dancers who move behind the latex screen, reading out and molding the projection surface into a spatial sculpture, a malleable screen.

Composer Rodgers writes about his perspective on the show:

The highly trained apparatus of the classical musician suggests the trusted and skilled hands of the surgeon. A bass saxophone is played while pushed through a latex panel like an internal growth pushing through skin demanding attention while an old sackbut bell searches a latex surface like a giant stethoscope seeking information. An early baroque tuning is explored using feedback-like sine tones that oscillate, pulse, throb and beat and finally merge with pure soprano recorder multiphonics. A Monteverdi madrigal decays beyond recognition and the breaths of the vocalist and the recorder player grow ever longer and hover improbably in the air.

How does it work? Where does the soul reside, where is the sound made? These questions frame the performance, equating not only skill-levels but also the scientific queries of anatomists with the order and clarity of baroque music. But the mystery of bodies overwhelms the rationality of dissection. The round, hollow forms of musical instruments do not give up their mysteries, and the skin-like latex screens quiver with the sensitivity of other tissues, translating the dance of the movement artists behind the screens into the strange pulsations of living skin and membranes. Out of the hollows and vibrations emerge the sounds—stretching across the stage, reminding us of shared fields, and of bodies’ extensions in time and space.

In strange contrast with the starkly beautiful images, the slow, meditative movements of the singer and the musicians, the measured cadences and thrilling order to the baroque songs are the sounds and sights of the “public”: eager to talk, they pour forth all kinds of information about their histories, lives, and encounters with both medical practitioners and death. A boy opens the show, commenting on the boring place of the hospital. Fairly soon, though, it becomes obvious that there are all sorts of interesting things afoot in the hospital; and in a second clip, the boy admits that he fainted on a previous visit, a hard-won confession, it seems, framed by a twisting away of the laughing young face. One woman talks about her “non-standard” body, also with a strange mixture of laughter and pride: she had an appendix over a foot long, which the attending nurse at her operation later showed to her. Yet another woman talks about how the hospital seems a safe place to her, since it smells so clean. A man talks about fancying a particular nurse. Other examples of non-normative meetings of medics and patients abound, creating an assemblage of the many different emotions, hopes, fears, futures, and histories that make up the meeting places of bodies and medicine.

One man commented that he hadn't expect to find “this here”—and I take him to refer to the interview—he didn't expect this playful engagement with storytelling. Visibly relaxed, the interviews and the booth clearly have set up alternative spaces in two environments not usually associated with “freedom”: the hospital and the gallery.

At other times, “specialists” talk about their experiences. While endoscopy footage
familiar from Mona Hatoum’s installations dominates the screen, for example, a doctor speaks on the audio track and reveals some of her feelings about her explorations. She reports seeing “floral arrangement at the top of the fallopian tube,” captured with an endoscopic camera. The doctor compares her visions with Georgia O’Keeffe’s paintings, and contrasts the rich colors of the living body with the dead matter she encountered in the gross anatomy lab.

Smells, sights, desires, erotics, (surrogate) pregnancies, bodies’ journeys in time—these are the themes many of the interviewees speak about. Rich tones and vibrations, reminding me of like ancient rituals or the drone of the didgeridoo, merge with close-ups of glistening mucus surfaces. The human body becomes translated into and through instruments. This thought structure is cogently worked out on stage—the instruments, dancing and vibrating with the sounds produced by them, are dissected live on stage, equating the dissection of the conventional carriers of movement information—human flesh-and-blood dancers, dissected as corpses.

During the dissection of a viola, strange noises emerge from the scraped strings, from the caressed wood, used in non-familiar ways. These noises on the limits of instruments, bodily noises, ultra-sound merge with the clear alto sounds emerging from the singer’s body. What is signal, what is noise, and who decides? How does one inform the other, what is missing when the noise is ordered into information?

Medical specialists and sound specialists—doctors’ and musicians’ work with emergent patterns, with exploration and reduction—these are themes emerging for me from TULP’s cacophony and heteroglossia. The stories of people discussing their cancer operations as rites of passage, their new vaginas after sexual reassignment surgery, the details of cosmetic facial surgery, provide insight into the different registers of ordering and categorizing that fuel their bodily fantasies. They recast the power relations between themselves and doctors through the reference fields of torture, collaboration, erotic encounters, as well as through urban legends, strange things that happened to friends, instant operations. The familiarity of some of these stories echoed with the audience, who rewarded the storytelling with laughter.

Emotional statements about pain, death, and wasting away in hospital beds are framed by these “safe spaces,” these genre stories that keep the audience at bay. Similarly, the visual structure, offering multiple visual tracks, always framed the “talking heads”—and no matter how harrowing the stories became, how near to tears the heads were, the strange and compelling visuals of moving MRIs and X-rays would allow audience members to glance away. Thus, the private and the formal met uneasily, undermining each other. Noise and signal: the cruelty of this step from engagement to overview, from detail to the general, from bodies to the body, arched over my reception of this work. Who is the outsider, who the insider? Who can decode, whose signal gets lost?

Bodies opened, pain revealed—these issues of authenticity play in the performative actions of AtaXia, PUSH, and TULP. In all of these performances, communication paths get hijacked, diverted, re-routed: communications within the sphere of the private, or in the patient-doctor relationship, open up to other audiences. What
happened when Siddon showed her movements to McGregor’s dancers? How does strenuous movement intersect questions about pain, elaborate on the physical effects of language’s discursive presence? Can I fantasize my ear membranes vibrating as I listen to the singer’s voice? These questions of re-tooling, shifting ground, also deconstructed the mountain in pain’s communicative act, and they wove new harmonies in the dissection of instruments. In the short discussions in this article, based in my own desire to read for feminist, de-stabilizing openings, I pointed towards those moments when “objective” body images, external and recognizable entities, shifted into the less clearly demarcated realm of phenomenological experience. I highlighted the potential connections between audience’s bodies and performers’ actions, the strange echoes that emerge as, to quote Merleau-Ponty again, “our body, as the potentiality of this or that part of the world, surges towards objects to be grasped and perceives them.” At certain points in all of these shows, the connection between subject and object becomes momentarily unstable, as reviewers fantasize about the meaning certain motions might have if they themselves executed them, as audience members try to grasp the mountain of pain, and as I see and hear with membranes at the same time. The outside/inside dichotomy opened up to triangulation: to a third, to a connecting touch via interdisciplinary practice.

Notes

1. In this essay, Young examines how physicality is structured by attitude: her account marries observations about gendered bodily difference and attitudes to movement with a structural account of the differing embodiments of men and women, based on Simone de Beauvoir’s work (1974). For a detailed discussion of Young’s essay in relation to dance studies, see my essay, “Vibrant Agencies: Dance, Disability Embodiment and Phenomenology,” forthcoming in Discourses in Dance, 2006.

2. This conception of bodily space as a theatrical darkness, harnessed to reveal or conceal, provides the base for Drew Leder’s (1990) observations of the body that can “switch” what the light does, and that can highlight internal processes in the presence of pain.

3. McGregor had an eight-month research fellowship at an experimental psychology department in Cambridge.

4. Sci-art collaborations have become an important aspect of contemporary art practice—although the different knowledge projects of scientists and artists can lead to tensions, and to formal problems. These challenges of collaboration, the formulation of research questions, and the status of uncertainty in these interdisciplinary practices are charted, for instance, in Arends and Thackara, 2003.

5. Della Pollock also points to storying
as a generative principle—she analyzes women’s birth stories for their ability to “re-mark” the narratives of pain and birthing, to claim language for themselves (1999, 133ff).


7. I remember this glee from some of the site-specific installations my own research company, The Olimpias, has engaged in: in 2000, we had mounted dance videos and interactive installations in the waiting areas of the Royal Manchester Hospital, Manchester, England. The disabled performers and the many visitors to the hospital mingled freely, and little coves of conversation seemed to emerge—there was a man with a urine bag, who clearly had all the time in the world to spend between his doctor’s visits, and chose to spend it with us. There were people waiting to hear about the operations of loved ones, who were fingerling our sensors and sound patches nervously, using it to pass time. A nurse came, and ate her sandwich while watching the dance movements on our screens. Time passing, waiting, and the need for play and communication are strong draws in institutions such as hospitals, prisons, and other places where alternative art practices and community art thrive (for more information on visual and performance art in prison settings, see Kornfeld, 1997).

8. There are a number of visual and literary texts that focus on practitioners’ thoughts on medical practices such as the gross anatomy lab—see for instance, Levin, 2000.

### Works Cited


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