Episode: *Ethics Talk: Whose Bodies Should Be Represented in Art?*

Guest: Christine Slobogin, PhD
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[mellow theme music]

[00:00:03] TIM HOFF: Welcome to *Ethics Talk*, the *American Medical Association Journal of Ethics* podcast on ethics in health and health care. I'm your host, Tim Hoff. For listeners who are unfamiliar with the concept of embodiment, it has to do with how a person inhabits their body in ways that are, in some cases, chosen and in others unchosen: how one moves and feels in their body, and how one experiences their body in its various states of limitation or freedom through large muscle movements or through micromovements of proprioception, for example. How someone uses their body to exercise agency, express what they value, and commit acts that forge who they become over time are all ethically, clinically, and aesthetically relevant phenomena that we investigate in the June issue, which also happens to celebrate the five-year anniversary of an internship collaboration between the School of the Art Institute of Chicago and the Journal. Habits of embodiment that express creativity, for example, can simultaneously facilitate or interfere with how a person experiences what can often be co-occurring states of health, wellness, illness, or injury.

Joining me on this episode to talk more about how embodiment is expressed in artistic practice and what health professionals might learn from that is Dr Christine Slobogin, assistant professor of health humanities and bioethics with a joint appointment in art and art history at the University of Rochester in Rochester, New York. She's also the author of *Putting Plastic Surgery on Paper*, coming soon from the University of Rochester Press and Boydell & Brewer. Dr Slobogin, thank you so much for being here.

DR CHRISTINE SLOBOGIN: Thank you so much for having me. I'm so excited to talk about this. [music fades]

[00:01:50] HOFF: Some of your work draws on art to consider how some people have embodied illness or injury experiences. So to start, could you share some examples that you think are the most interesting, important, or illuminating?

SLOBOGIN: Yeah, for sure. So, one of the examples that I've used to teach before, and that I talk about quite a lot in my classes, is the dual example of Marc Quinn and Alison Lapper. And so, Marc Quinn and Alison Lapper are both artists, but thinking about their work in tandem, I've found, really helps for me and for students to think about embodied experiences of physical difference and physical disability as well as how that embodiment relates to questions of agency in artistic display and in art making. So it's a really rich example, looking at these two artists together.

So, just as a bit of background, Marc Quinn is an able-bodied male artist, and Alison Lapper is a woman artist with limb difference. And they collaborated on this piece called *Alison Lapper Pregnant*, which is a monumental marble sculpture that was unveiled in 2005 in a spot called the Fourth Plinth in Trafalgar Square. And Trafalgar Square, if you've ever been to London, is in the center of London, the very, very center. It's in front of the National Gallery of Art. And all the other sculptures in Trafalgar Square are of 19th-century generals, essentially. And so, they worked on this piece together with Alison Lapper as the model and Marc Quinn as the sculptor. And so, you, in 2005 had this massive marble sculpture of a disabled pregnant woman in the center of London, which was really incredible in so many ways. It got a lot of pushback. Some people called it vulgar, said that it didn't deserve to be there: "Oh, her life should be a movie, but I don't want to see her body naked in the middle of London." It was really complicated. But that's all to the side. I use this example to talk to students, again, about the differences between looking at Marc Quinn's use of the embodied experience of disability and looking at an actual disabled artist's use of the embodied experience of disability.

[00:04:11] HOFF: Hmm, yeah. That is an interesting comparison. Can you expand on how those discussions usually go with your classes?

SLOBOGIN: Yeah. So the way that I talk about this with my students, and we pull apart kind of the affect and the message and the appreciation of disability art and the difference between looking at disability art when the artist is arguably using a body with limb difference for shock value versus when a person is using their own embodied experience to communicate and to create art. And so, Alison Lapper has these incredible photographs, empowering her own body: adding wings, posing it in artful ways. Versus Marc Quinn, who is known for using bodies for shock value. Not only did he use Alison Lapper's body, he also had a whole series called *The Complete Marbles*, which showed people with different visible disabilities. And then he also used his own body for shock value in a series called *Self*, which is actually a self-portrait series casts of his aging face over the years. And he used his own blood and froze it to make those sculptures. So, I talk, when I show my students the *Self* series, they're like, "Oh, he is using bodies for shock value!" And that is such a different thing when he's using his own body and his own blood versus using Alison Lapper's.

However, I mean, that idea of empowerment and embodiment, though, is complicated more by the fact that Alison Lapper has only ever spoken really positively about this collaboration. And so, I'll show my students this really recent article from *The Guardian*, where Alison Lapper is super positive about this collaboration with Marc Quinn and having this able-bodied artist kind of appropriate her embodied experience as a disabled individual and put it up in Trafalgar Square. So it's a complicated one, but it really gets to these questions that you're investigating here about embodiment and agency and art production, I think.

[00:06:08] HOFF: So, which art objects have you found to be the most powerful in helping health professions students specifically consider their own and their patients'

experiences of embodiment in clinical encounters or other experiences around health and health care?

SLOBOGIN: Yeah. So, for this question in particular, I look at the photography work of Jo Spence. Have you seen Jo Spence's work before?

HOFF: I've heard the name, but I'm not too familiar with her work.

SLOBOGIN: It's so phenomenal and it's really powerful. So she's this working-class feminist photographer. And from the 1970s, she was working in critical documentary photography, considering a lot of social issues, but particularly those related to health and gender. And she developed this practice called phototherapy, which is using photography to claim ownership of your own story and your embodied experience and your health and your biography. But from the patient side, for showing medical students in particular, she was diagnosed with breast cancer in 1982, and she used photography to document failures of the medical establishment throughout that process. And the series is called *Picture of Health*. But the photograph that I find most affecting within that series is called *Property of Jo Spence?*.

HOFF: And briefly here, it's worth noting that the pieces that you mention throughout this interview, we'll be linking to them in the show notes. So I highly encourage listeners to go and actually look at these pieces.

SLOBOGIN: So, in this photograph, you've got Jo Spence nude from the waist up, looking at the viewer with some tinted glasses on. And over the breast that has the breast cancer she has written, I assume in Sharpie in like a thick black marker, "Property of Jo Spence?". And so, not only is she calling out the medical establishment, she's reversing the clinical gaze. So the surgeons who are about to perform the surgery to remove this breast would be seeing this writing, understanding her experience within her ill body and her experience of the medical encounter. And I find that this photograph is really helpful for students thinking about being in a patient's body, thinking about agency, and thinking about how patients might embody their own humanity in the often-dehumanizing medical space. This is such a powerful image in so many ways, and she's really just asking if her body actually belongs to herself. She's like, I have this embodied experience, but is it really mine if I'm within the health care system? Which is a massive question.

HOFF: Hmm, yeah, yeah. That's very interesting. And for me at least, that "Property of X" language reminds me of things like gym class, where there's multiple copies of a very similar thing that you just need to keep track of and know where they are. And so, it sort of introduces this administrative view, almost, of the human body.

SLOBOGIN: Yeah. Yeah, that's a really good point. Yeah.

[00:09:02] HOFF: Are there any other examples that come to mind as useful, while we're on the topic, that you'd like to share with our audience here?

SLOBOGIN: I mean, of course. So—

HOFF: [laughs] Or rather, I guess, how many other examples?

SLOBOGIN: [laughs] Yeah. Well, perhaps a less unexpected example— I mean, this photograph by Jo Spence is very, it's coded as medical, right, in a lot of ways. If you know the background of her and this artwork, it's definitely a medical image, even if it's not a clinical photograph by definition. But perhaps a more unexpected approach to helping medical students consider their patients' experiences and their patients' embodied experiences is I use the history of the nude throughout the history of fine art, so like nude paintings that you would find in museums that aren't medical at all, in order to help students with this. So, I use the history of the nude in fine art to talk to medical students about how patients might feel when they're in a clinical setting and have to disrobe. So in order to do that, I used the art historical frameworks of the naked versus the nude and what values of agency and comfort are ascribed to both of those terms.

And we talk about the difference in power and agency between high-art nude paintings that one finds in a museum, and then the perceived nakedness that you might see in a photograph in a medical journal or a publication. And I find that really helpful for just getting students to step back for a second and be like, oh, yeah, nakedness is actually really uncomfortable. And it is not the nude, the nudity of fine art. And so, how can I think about how patients might be feeling in the clinic? Like, what cultural, what kind of cultural mess is ascribed to being naked that I might need to have in the back of my mind when I'm dealing with patients who have disrobed, who need to be examined by me and submit to my gaze, to go back to the Jo Spence photograph?

[00:11:04] It's also really helpful when you're talking about the nude to talk to medical students about gender presentation. The art historian David Getsy has a really excellent article from a few years ago about how art historians have and should teach the nude, and how looking at a nude body actually doesn't tell us whether it's male or female or what the embodied gender experience of that person is. And so, going through that article and thinking about how we categorize nude or naked bodies is also really helpful for talking to medical students about dispelling biases and assumptions about patients' embodied experiences. So that's the nude. Again, that's a whole class that I do on the nude and the naked for med students and patient experience, but that's kind of the SparkNotes for you.

BOTH: [chuckle]

[00:11:51] HOFF: Yeah, that's great and, I think, likely relatable to your classes as most people, I would imagine, have that experience of having disrobed in a clinical space and sitting there not even really knowing why they've been asked to disrobe. It's uncomfortable enough by itself.

SLOBOGIN: Yes. Absolutely. Yeah, exactly. So we talk about that a lot. But yeah, using paintings that you wouldn't normally see in medical school is really fun for having those conversations.

[00:12:19] HOFF: Staying with our unintended theme of portraiture, I'd like to turn to an idea from Mark Gilbert, who is a portrait artist and researcher with whom the Journal has worked closely over the years. Mark often points out that we can sometimes be too quick to frame the relationships between art and health care in terms of what clinicians can learn from art, and not what artists might learn from clinicians. Anatomical accuracy might be a good example of key learning exchanges among artists and clinicians in the history of art, but there must be other key exchanges that you think are good examples of ways in which clinical work can inform art, and art can inform clinical work. Could you share a few?

SLOBOGIN: No, that's such a great question. Thank you so much. Because that relationship should be mutually beneficial, and sometimes it can feel quite one-sided between art and medicine. And I love that you mention Mark Gilbert's work, and I would like to stay with one of his themes of focus in his *Saving Faces* series, which I'm sure you know. And so, the *Saving Faces* series shows patients undergoing facial surgery, facial reconstruction. And I would like to talk about some of the artistic precedents for Mark Gilbert's work in order to show historical examples of this partnership being mutually beneficial. Because this area of plastic and reconstructive surgery, which is my area of expertise as well—and it's actually the subject of my book that's coming out this month—but it's one of those areas of really great partnerships, although they weren't always 100 percent equal, of course, but areas of partnership where both artists benefited surgeons and surgeons benefited artists in their careers.

So perhaps the most famous example is Henry Tonks from the First World War. He made these beautiful, really sensitive pastel portraits of men who had been injured at the front, sometimes before and after, but the before, the quote-unquote "before" pastel portraits are really, really affecting and really beautiful. And he helped to bolster the career of the surgeon with whom he was working, Harold Gillies. But he also really learned a lot about himself as an artist in that, in those couple of years during the First World War. He said that those artworks of the injured servicemen were the only ones of which he was not ashamed, which I just think is really powerful. It shows that how even though he had been an incredibly successful art professor in London— You can tell that I focus on British art history with all of my examples here!

HOFF: [laughs]

SLOBOGIN: But even though he was a very successful art professor in London and a successful artist, he still learned so much from partaking in this collaboration with a surgeon during the First World War and really learned a lot about himself as an artist and how he treated the human body as an artist.

[00:15:16] We had a similar thing happen with one of his students, actually, Dickie Orpen, and she worked during the Second World War. So again, another historical example within the same realm of medicine that Mark Gilbert was working in. And she similarly said that working in the fast-paced environment of the operating theaters and on the ward helped her to hone her skills in a way that she never would've been able to in art school and wasn't able to in art school. And she said that she was absolutely at

her peak when she was drawing these pencil and pen drawings on paper during the Second World War for plastic and reconstructive surgeons. And these drawings really helped surgeons to illustrate the progresses that were being made, to help teach visiting surgeons, and to help kind of, to bolster the reputation of their field. Which is, it's really incredible to see the conversations and the exchanges between these artists and these surgeons and how they helped each other out, these moments in the First World War and Second World War.

[00:16:24] HOFF: Hmm, yeah. That's great. Thank you. One of the key exchanges that Mark is interested in is the relationship between the artist and the person sitting for the portrait. And he says that the time spent together during the portraiture process can help reveal themes that are important to patients during their health care experiences, for example, the importance of silence, the importance of opportunity to reflect, the community formed between sitter and artist itself. He goes on to say that the sitter-artist relationship has important things to teach us about the patient-clinician relationship. So I'd be interested in hearing your thoughts on how engaging with art, as I imagine most of our listeners are not artists themselves and won't necessarily be creating artworks, how engaging with art, perhaps especially art about embodiment, can help bolster that crucial patient-clinician relationship.

SLOBOGIN: Yeah, I like this question. I like what you're getting at here. I think in a lot of, in some of these cases, particularly with the Dickie Orpen case that I mentioned about the Second World War, you see the artists kind of—especially the artist who draws, not the artist who is a photographer, because I think there's a slight difference there—but the artist who is drawing these patients almost serves as like a humane proxy for the medical practitioner, for the clinician, for the surgeon. Which the clinician will be spending time with the patient, obviously, but not in this kind of extended artistic, relational way where the gaze is quite different. It's not the clinical gaze, the medical gaze that Jo Spence is calling out in her photographs. It's a softer, artistic, okay, I want to get to know you as a person and understand all of the details of your face and who you are and try to put that into a portrait. Because these artists made diagrams, too, and that can be maybe filed under the medical gaze or the clinical gaze, right? It's like taking the patient out of the patient image. But these portraits really serve to kind of bridge that gap and put the patient back into the patient image and put the patient's embodied experience back into the patient image. And so, this is when you get arguments that these medical portraits allow for some psychological depth and some tenderness and some affect that you don't see in clinical photographs or in written exchanges or in written representations by the surgeons themselves. [theme music returns] So I think it's a really simple, perhaps overly simplistic message, which would be just to see the patient as a human, to see them as a human with depth and meaning and dignity and worth, right? To see them as someone worthy of a portrait.

[00:19:19] HOFF: Dr Slobogin, thank you so much for your time on the podcast today.

SLOBOGIN: Thank you so much for having me. This was a lot of fun.

HOFF: That's all for this episode of *Ethics Talk*. Thanks to Dr Slobogin for joining us. Music was by the Blue Dot Sessions. To read the full issue on *Embodiment in Art Practice* and see all of the artworks included, visit our site, journalofethics.org. Find us on Bluesky @amajournalofethics, and we'll be back soon with an episode on Rural US Emergency Medical Care. Talk to you then.