

INTIMATE ANATOMIES
THE FORMATION OF A BIOPOLITICAL SUBJECT THROUGH MEDICAL
VISUALIZATION

By Oliver Aas

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Supervisor: Vera Eliasova
Second Reader: Hyaesin Yoon

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Abstract

Set in the backdrop of “slow death” (Berlant, 2007b) and rampant belief in neoliberal ideals of resilience, my thesis looks at how precarious socioeconomic conditions under neoliberalism have contributed to the increased resonance with medical technologies. However, I argue that in opposition to the cultural canon’s affliction for cathartic emotions, contemporary scenes of the often medicalized everyday life are lived out in what Sianne Ngai (2005) calls “minor affects” and states of anticipation (Anderson, 2007). By analyzing artistic representations of medical imaging technologies in the short story "War Dances" (2012) by Sherman Alexie, artist Mona Hatoum's installation *Corps étranger* (1994), I aim to show how power works through medical visualization. Through an analysis of Laura Ferguson's "The Visible Skeleton Series", I follow a mode of “reparative reading” (Sedgwick, 1997) to suggest a new temporality of medicalized subjectivity that is anchored in the “drifting now”. In other words, I am staging an encounter among medical aesthetics, affect and neoliberal subjectivity by tending to the ways each of these artworks respond to larger cultural worries around medical imaging that include death anxiety, mortality, bodily fragmentation and the loss of independence. Oscillating between the sociohistorical context and psychic identifications of medical imaging technologies, I draw from psychoanalysis, phenomenology, affect theory, literary theory, art criticism, feminist STS studies, medical humanities, disability studies and cultural criticism to outline the complex ways in which affect is an inherent part of neoliberalism, anticipatory scientific practices and subsequently everyday life. Inspired by the Foucauldian notion of "the medical gaze", I am especially interested in that which eludes the one-dimensional medical representations, namely the three-dimensional body. By discussing the discrepancy between the lived body and the discourse that makes it visible, I show how the “seeing eye” of contemporary technologies as political apparatus configures into structural subjectivity.

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Declaration of Original Research and Word Count

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis are accurate:

Body of thesis (all chapters excluding notes, references, appendices, etc.): 27,356 words

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Signed ____Oliver Aas_____ (name typed)

(Signature appears on the hard copy submitted to the library)

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Preface

After I first started researching for this project, I announced in a graduate seminar that I was staging an encounter among medical aesthetics, neoliberal subjectivity and affect to which people responded that I was ambitious. Ambition is not necessarily a bad thing; however what I took this to mean is that, perhaps, I was boxing above my weight. In academia, we are expected to adhere to our very specific, and not necessarily ambitious, thesis statements that we *are* able to prove. This is not say that I whole-heartedly succeeded in fulfilling my aims but rather to underscore how this general attitude is not conducive to thinking differently and it also reinforces the fear of failure, or being different, for that matter. Some of the experimental combinations in my thesis, needless to say, have succeeded better than others. But I tried. In defense of an interdisciplinary analysis, I believe it is important to experiment and try things out. In general, there is something unsettling about the mode of problem solving in which you are expected to come up with *productive* solutions. While helpful, it also silences those who aim to simply name and experiment and it also links to neoliberal discourses of innovation and catering to the market demand of affirmative emotions. Yet I believe there is power in naming and *not* catering to fantasies of transformation and a better tomorrow. These are just some of the thoughts that I have gathered during the thesis writing process.

Introduction

From shows like *Grey's Anatomy* to contemporary art practices, medical images are now increasingly being consolidated into our everyday visual economy. The recent proliferation of medical imaging in popular culture has been argued to offer us a unique access point towards understanding how we relate to anxieties around clinical imaging and the body today (Potier, 2011). The fetishization of the human exterior is a vastly studied area; however given the increasing use of medical images in popular culture, more work is still necessary to understand the uses and meanings of bodily interiority in culture-at-large. Artistic knowledge of scientific visualization suggests both new ways to consider the body and a limit to the medical gaze by outlining its shortcomings (Di Marco, 2012). While screening technologies are recognized as more reliable than human evaluation, there is little reason to actually believe it is true (van Dijck, 2011). Artistic knowledge of medical imaging is becoming a key site in which these questions are being negotiated. One of the central facets that I will analyze through artistic knowledge is how under neoliberal regimes an unquestioned belief in medical technologies has become a way of orienting oneself towards the future (Adams, Murphy & Clarke, 2009). Informed by the cultural climate of precarity and the fear of losing autonomy, medical technologies are often conceived as gateways to “perfect health”. The increasing resonance with such cultural mandates has paved way for our bodies’ identities to become interchangeable with medical subjectivity (Potier, 2011). Approaching these problems by analyzing representations of medical imaging, I am staging an encounter among affects, neoliberal subjectivity and medical imaging.

The crux of my analysis is, thus, informed by the paradox that despite the fragility of social structures and the growing awareness of precarity, many of us, myself included, have bought into the neoliberal motif of individuation that suggests success by way of personal hard work, resourcefulness and resilience at the expense of societal transformation. These are scenes of

neoliberal subjectivity in which we witness the deterioration of all social provisions but at the same time maintain strong affirmative attachments to social ideals. This is what Lauren Berlant (2011) calls “cruel optimism”. Ideas of individuated responsibility and innovation also apply to the body, perhaps especially so, as the body is a central tenet in ensuring the working order of capitalist regimes (Harvey, 1998). Despite these almost crushing pressures on the individual, I have come to the understanding that contemporary scenes of everyday life in the Western world are not played out in high passions. Matters regarding the decline of the socioeconomic sphere have become banal and normalized. Writers like Rob Nixon (2011) and Lauren Berlant (2007b) have described the loss of dramatic flair from nonetheless extreme situations as “slow violence” and “slow death”, respectively. Even though we might expect anger, rage and despair from people suffering under those conditions, the sluggish social circumstances are circumscribed by affects such as anticipation, anxiety and alienation.

While there is a relentless market demand for affirmative emotions and figures (think survivor figure), our quotidian affective life is more prone to what Sianne Ngai (2005) calls “minor affects”. I have chosen these affects not only for their prevalence but since they are often seen as counter-productive, their importance is left out of discussions. While affects have found resonance in many feminist studies the focus, in literary studies especially, has been on “large” cathartic states such as beauty and the sublime (Highmore, 2010, p. 122). My case studies are not emblematic of the high passions that many literary critics favor, making the study of minor affects only more pressing. My project’s contribution will be to think through the political and personal aspects of the minor affects. I follow Ngai here who reads minor affects as “obstructed agency” (p. 3) in relation to their social context and other human subjects. She argues that regardless whether those obstructions are “actual or fantasized”, “individual or collective”, the emphasis will have to be on the politicization of the minor affects as they disclose widespread moments of ambivalence and weakening of agentic

capacities (p. 3). My focus, in particular, will on minor affects' connection to the dwindling of social structures, resilience, futurity, neoliberalism and medical subjectivity.

While affects have been identified to be an important part of anticipatory practices in medicine (Adams, Murphy & Clarke, 2009; Puar, 2012), they play a different role in medical imaging. Considering the prevalence of medical images in popular culture and the increasingly visually oriented nature of contemporary societies (Mirzoeff, 2006; Natharius, 2004), it is my claim that the links between medical visuality and affect under neoliberalism will have to be elucidated. The idea of immediate apprehension and access to the body through medical imaging gives a promise of neutrality, as if the image could see beyond human error (Burri & Dumit, 2008). This affective resonance has been largely unexplored and, as such, I am interested in how visuality and the truth regimes of the medical image operate through affect. Here, I am following Puar (2012) who argues that neoliberalism has been conducive to producing new “affective tendencies of the body, new forms of attention, distraction, practice and repetition” (p. 151). In other words, “bodily processes (how things feel) must be irreducibly central to any notions of the political” (p. 151). This informs my attempts to politicize moments of encountering medical images, even if these moments are not cathartic, as any response to them is political.

Artistic and literary uses of medical imaging are slowly gaining presence in the popular culture (Laflen, 2014) which means it will be necessary to probe into their status. Thus far, literature on the intersections between medical imaging and the arts has been scarce. Silvia Di Marco's (2015b) doctoral thesis on medical imaging outlines a small number of studies by Kevles (1997), Ch. 11; Slatman (2004); van de Vall (2008) as rare instance that have tried to tackle the issue (p. 244). My case studies incorporating medical imaging can be seen to offer us propositions, rather than statements, about the relationship between medical images and society-at-large. These artworks aim to name things that have been thus far only dealt with in a limited manner (i.e. through medical and

scientific discourses), often proceeding in an experimental manner. Following Di Marco (2015a), I argue that probing into creative responses that attempt to reclaim and re-conceptualize the body once the experience of an impairment has been overtaken by the medical institution becomes more important as artistic knowledge avails us to an access point beyond the medical discourse and its “objectifying, distancing and controlling” tendencies (p. 35).

Jenny Slatman (2007) suggests that once removed from the medical domain, it will be possible to disentangle the images from exclusively having the connotation of illness. The images will be more accessible and therefore can provide a more reflective and theoretically rigorous stance towards the medical procedures they represent (p. 188). Theoretically, I am setting-up my project at the intersection of STS (science, technology & society studies) and art which is becoming a key site in which the meaning of medical images is being negotiated. Regula Valerie Burri & Joseph Dumit (2008) maintain that the artistic output that navigates the “rhetorical power” of medical images through art can be called “counterimages” (p. 309). The necessity for me will be to look at artistic work through the rubric of scientific imaging and visualization for comprehending how people negotiate and experience medical images.

Accordingly, we can call my case studies “counterimages” (read refusals to accept the dominant practices of the medical gaze). What I believe the “counterimages” to reveal is that despite the medical gaze’s investment in measurement, definition and control, scientific imaging does not account for the three dimensional body-in-motion. Jenny Slatman (2009) has argued that: “However, transparent these pictures can make our inner body and however lively these pictures might look to us; they cannot grasp the living body” (p. 110). Making my intervention with regards to the living body, I am invested in unpacking the affective “remainder”, the dimensions that is lost in the process of medical visualization. One of the focal points in my thesis is that there persists a discrepancy between the lived experience and the discourse (i.e. visualization) that renders the

insides of the body perceptible. Art, as I have alluded, is a key site in which these disjunctures are articulated. I will identify these moments of divergences between the lived experience and the discourse in my case studies. By doing so, I open up a space to initiate a conversation on agency in the context of power, biopolitics, medicine and visibility. However, with regards to agency, I am also interested in the agency of medical images themselves. I am referring to the affective life of the images, that is the entanglement of structural subjectivity with its emotional life and the image in unexpected ways well beyond the medical gaze.

The general logic of novel medical technologies is that in order to ward off unwanted futures, action must be immediate to prevent them from happening, thus creating a new form of governance by appealing to the future. In the neoliberal affective economy, there has been an intensified focus on preemptive measures and the not-yet-here (Adams, Murphy & Clarke, 2009). Moreover, as Thomas Lemke (2011) notes, contemporary biopolitics focuses on the substance on life. That means, the body is less conceived as biologic matter than “molecular software” (p. 77) that can be electively re-written. Self-determination and autonomy are major keywords in this dynamic (p. 101). This insight also echoes neoliberal ideals of innovation and individuated responsibility. However, this is not to suggest a complete break with modern biopolitical regimes on the body that emerged with visibility and other novel representational modes (Foucault, 1978) but rather to gesture towards significance of the present epoch. Neoliberalism with its thrust for glorifying figures of “perfect health”, “survivor” and “happiness” (see Jain, 2007) has written the body anew, giving medical technologies as potential remedies a renewed thrust. These ideals pave way for upholding technological interventions as means of biopolitical control.

What I am trying to underline is here that even seemingly positive figures (i.e. the survivor figure) become an ““object-target-of” and “condition for” contemporary forms of biopower” (Anderson, 2012, p. 2). By appealing to regimes of survivorship or perfect health, and not allowing a

space to talk about ideas of loss and grief that no doubt accompany our lives, these figures silence and marginalize particular voices. To counter these modes, I have been inspired by Sarah Lochlann Jain's work on "living in prognosis" – a statistics based mode of living in contemporary risk culture implying that we are all living in prognosis. Jain offers an alternative to survivorship through "elegiac politics" that is by default contradictory and embraces "loss, grief, betrayal, and the connections between economic profits, disease, and death in a culture that is affronted by mortality" (p. 90). Both "living in prognosis" and "elegiac politics" are a double-bind. At once, they activate terror of dying but also gives certainty as of what the exact odds of survival are (p. 78). As it will become clear, "elegiac politics" constitutes an important part in proposing new temporalities of living with illness.

The corpus of my analysis is formed by three different works: "War Dances" (2012), a short story by Sherman Alexie (*Chapter 2*), Mona Hatoum's installation *Corps étranger* (1994) (*Chapter 3*) and Laura Ferguson's mixed media work *The Invisible Skeleton Series* (*Chapter 4*). All of the case studies share their anxiety over medical imaging procedures. However, at the same time, I suggest that they equip us with different artistic knowledge on how the body is experienced through medical imaging technologies. Inspired by a decidedly ominous method of "hermeneutics of suspicion"¹ (Ricoeur, 1970) that guides my readings in both Chapter 2 & 3, I will demonstrate the power of medical images to change our relationship to the environment and hinder subjectivity. Through a close reading of "War Dances" (*Chapter 2*), I problematize the cultivation of hope as I argue that hope and

¹ Rita Felski (2011) has described "hermeneutics of suspicion" as a "common spirit that pervades the writings of Marx, Freud, and Nietzsche" who are in possession of a "distinctively modern style of interpretation that circumvents obvious or self-evident meanings in order to draw out less visible and less flattering truths" (para. 2). As some have argued, It is (over)invested in questions of power and always anticipates something negative even before being acquainted with a text (Sedgwick, 2003). Yet nonetheless it is a very useful tool for analyzing power relations.

other anticipatory future oriented states can become an object and target for biopower. Analyzing positions of waiting and “living in prognosis” and their entanglement with affects, I aim to show how these positions draw on cultural anxieties, neoliberal modes of individuation and ultimately provide a means for governance. The *raison d'être* as a theoretical take-away is that hope under neoliberalism can be conceived as anxiety.

My second case study (*Chapter 3*) *Corps étranger* (1994), a haunting installation by Lebanese born Palestinian artist Mona Hatoum, creates a different atmosphere of anxiety. Acquainting us with the insides of her body through video, the artist presents an anxious vision of the female body under intense scrutiny. Taking place in the back-drop of women’s simultaneous increased visibility in the medical sphere but also intensified policing, it is a commentary on the psychic consequences of being surveillanced and identifying with the medical image. While both Chapter 2 & 3 provide us with an insight towards the logic of anticipatory medical practices, in a difference of a degree, I have chosen to include Hatoum’s work as it clearly elucidates the psychic effects of these encounters. Thinking through various theoretical accounts of bodily experiences, I seek to understand how the piece provides a possibility towards having a more complex view on how the body is experienced under neoliberal regimes.

Finally, through my reading of *Skeleton Series* by artist Laura Ferguson (*Chapter 4*), in the spirit of “reparative reading” (Sedgwick, 1997), I wish to suggest slight alternatives, albeit by no means entirely transformative, to the medical and political imagination. In a bid to understand her experience with scoliosis, she begins to draw, paint and employ other mixed media methods on her “actual” medical images. Navigating a different affective and temporal register, her work offers a counterstrike to my other case studies that largely dealt with future oriented affects. By analyzing Ferguson’s work through “elegiac politics”, I propose a possible re-thinking of survivorship that

incorporates the losses of an illness. Ferguson's purposeful presentation of herself as vulnerable through "elegiac politics" constitutes herself as a new "resilient subject".

Welcome to the Theatre of X-Ray Vision

In presenting my theoretical framework, I aim to work on two different, albeit admittedly arbitrarily divided levels. The first level draws attention to structural concerns, while the second is concerned with psychic investments and identifications in medical images. To unpack all the necessary facets, I have divided my theoretical set-up into five separate parts. In the first part (*The "Ordinary Work" of Biotechnological Survival*), I argue the cultural ideal for resilience and technological advancements combined pave way for new subjectivities. The emphasis is on contextualizing the increasing intersection of scientific discourses and questions of survival. In the following section (*"Seeing Eyes" of Science as Political Apparatuses*), I examine how contemporary technologies become entwined with structural subjectivity. Next (*Hope and its Discontents*), through juxtapositions of technologies and affect, I show how contemporary forms of medical practices shape subjectivity by always being geared towards the future. More specifically, I aim to analyze how the future itself becomes a political insistence that changes agentic capacities. In section four (*Vulnerability, Resistance and Resilience – an unlikely ménage à trois*), I begin to set the bedrock for re-thinking the central concepts that oversee the subjectivization of the neoliberal subject and her health (read the backdrop of this project) through the works of Judith Butler, Zeyneb Gambetti and Leticia Sabsay (2016); Sarah Bracke (2016) and Ben Anderson (2015). In the fifth part, *The Personal Still Is Political, and so is the Mirror Image*, I unfold my theoretical toolbox to elucidate how the individual psychic identifications and bodily experiences with different medical images help to understand the embodied meaning of the medical image.

The “Ordinary Work” of Technoscientific Resilience

As the old slogan goes, you are what you make of yourself. It is a belief that is always directed towards the future, fueled by hope of fully realizing the possibilities “out there”, with the underlying assumption of the self as a resourceful entrepreneur. The belief affirms the world as a Kafkaesque place in the midst of which the subject has to identify and push through the loopholes in order to succeed. Under changing social and economic circumstances, no matter the ingenuity of the subject, these are promises that can no longer be kept. Nevertheless, attachments to those ideas persist (Berlant, 2011). From catering to fantasies of being able to avoid illness to never becoming dependent, there is a heavy circulation of affect around those figures of perfect health, body and vigorous independence. As a sign of our times, these ideals constitute something everyone wants to become or at least something most of us have unconsciously accepted. In order to seek the full realization of the fantasy-ridden tomorrow, the subject is also anticipated to creatively survive all the changes the environment goes through.

Quest for survival has added another sought after quality to the neoliberal menu of favored character traits – resilience. Sarah Bracke (2016) notes that Nietzsche’s “What doesn’t kill makes me stronger” has been, as a symptom of our epoch, transformed to “You ought to be stronger” (p. 63). Bracke refers to letter published in a British newspaper *The Observer* in which a woman writes: “If I could only learn resilience, I feel like practicalities wouldn’t be so daunting” (p. 65). The logic that follows from this postulation is that once resilience becomes acquired, future’s horizons would become open again and she would be better a coping with the demoralizing conditions of everyday life. Her letter also marks a state of anticipation and gearing towards a possible future that she envisions for herself, if only she could learn resilience.

Based on my research, and no less on personal observations, I think we all linger in the state of anticipation, being towards the future that never really arrives. Anticipation often includes

negation of the biological body and investment in the phantasmagoric ideals such as resilience and independence. However, this type of anticipation is conducive to inducing anxiety. One would think that under severe social and economic constraints, people would seek avenues to resist the structures, yet attachments to neoliberal ideals are so strong that “coping” (read barely staying afloat) in extraordinary circumstances has become a point of pride (Bracke, 2016, p. 53). At the same time, attachments to resilience foreclose possibilities of resistance as resilience means surviving the current regime at all costs rather than providing any alternatives. In other words, if we continuously continue to obey the current system by being resilient, we cannot even begin to talk about ways of resistance.

Following Bracke (2016), I am not only talking about the political economy of the neoliberal project but instead the “cultural project bent on reshaping the structure of social relationships and subjectivities” (p. 62). Specifically, I am looking at subjectivities that are formed at the intersections of health, independence, resilience and neoliberalism. Lauren Berlant (2007b), no doubt inspired by the writings of Michel Foucault, suggests that “health itself can be seen as a side effect of successful normativity” (p. 765) and that “under capitalism sickness is defined as the inability to work” (p. 754). The inability to work, in turn, will result either in state provisions or being in the care of family. Signaling a failure of being able to cope with the system and not being resilient enough, the loss of independence is a central tenet in this formulation. Not only does this diagnosis acutely develop the relationship between sickness, resilience and the capitalist imagination but, according to Berlant, it also articulates a widespread “contemporary historical experience” in which the personal is inevitably enmeshed with the political to an extent they are indistinguishable (p. 755). The intensity of the problem is placed on “mass attenuation” that suffer under capitalist regimes and governmentality (p. 754). She articulates this cultural and social disposition as “slow death”: “the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining

condition of their experience and historical existence” (p. 754). However, “slow death” is not about dying but rather is ultimately about survival. What I take this to mean in my project is that contemporary life is about the “ordinary work of living on” (p. 761) in circumstances that are very dismal.

Although causal links are hard to make, I would speculate that in a desperate bid for certainty, individuals have turned to scientific authority. Especially considering that we now live in a biomedicalized world and view our bodies through biomedical paradigms that seek to cure our “ills”, sustain our bodies, manage our anxieties, and cultivate our strength as the “natural” body with its chronological maturation process has become an embarrassment (Conrad, 2007). We are also made to believe that the body is something that can be endlessly fixed (van Dijck, 2011). The increased resonance with scientific discourses has led to mass investment in technocratic solutions that have elsewhere been called “scientism” (Erickson, 2016). Under the expanding biomedicalization of the body, Remy Potier (2011) has argued that body’s identity has been replaced by medical subjectivity (p.135). Yet it seems to me that replacing the uncertainty of the body with the certainty of medicine has not brought the anticipated effects. In opposition to the resolve that medicine is expected to bring about, I think *potentially* and *potentiality* (think “living in prognosis”) are the actual keywords here as medicine cannot make any guarantees – only anticipation and anxiety endure.

Medical images are thought to provide an immediate and accurate assessment, not unlike the affordances of the photographic medium (Burri & Dumit, 2008), thus seemingly giving transparent promises beyond statistical probabilities. Living in a society which is more visually oriented than ever before (Mitchell, 2005), the images have acquired a very particular truth regime. This facet also links strongly to medicine replacing body’s previous subjectivity. It becomes important then to trace how affect becomes deployed and/or circulated in the context of seeking certainty from techno-scientific (i.e. medical imaging) interventions. Not only does it show that affect is an integral part of

anticipatory medical practices work but also suggestive of how neoliberalism operates (Anderson, 2015). Anderson (2007) argues that "affect is, consequently, not a mere "extra" to technoscience that can be attributed to directly to individual personal feelings or vaguely to a collective mood but a necessary component of how anticipatory practices function" (p. 158-159). In the context of neoliberal logics, the affects that are produced through the problematization of the future render affects a "resource available for surveillance and modulation" (Puar, 2009, p. 162). Furthermore, I would argue that anticipation (think also "the ordinary work of living on") as a minor affect functions as social glue that through various scientific practices maintains the attachments to technocratic fixes and neoliberal ideals.

I am interested in the "meeting point", that is the affective circulation and atmospheric appointment of neoliberal medicalized institutions, the subject and the image. The decisive juncture for this project entails understanding "neoliberal affects" in the medical visual context as "atmospheres that envelope and animate neoliberal reason as it emerges, circulates and changes" (Anderson, 2015, p. 739). I am not proposing a reductive one-size-fits-all account of affective life that is "organized in a single identifiable way" as the sheer complexity of neoliberalism does not render this goal conceivable in the least (p. 738). Instead, I offer lesser accounts of neoliberal affective economy (or is it economies?) of minor affects to indicate different possibilities for thinking about affects in the medical visual discourse. My modes of criticism here have equally as much to do with modes of experimentation and provocation as they do with reason and rationality.

"Seeing Eyes" of Technologies as Political Apparatuses

By naming my thesis "Intimate Anatomies", I provoke the question as to what the extent of intimacy in said field is. Or rather, can a discipline obsessed with charting the body ever really be intimate? Notwithstanding the truly personal affair that the body is, I am interested in the ways that

medical images, at once private and public, mediate our relationship to our bodies and society-at-large. What is the subject made to experience under what Michel Foucault (1973) called the *regard medicale* (the medical gaze) that is best understood as an impersonal yet nevertheless disciplinary gaze? Cathrene Waldby (2000) has shown that medical (anatomical) knowledge has been in intimate alliance with penal and sovereign power (86). She asks: “How does the practice of anatomy relate to broader questions of power relationships in the production of biomedical knowledge?” (p. 89). However, not just any type of knowledge will do, as Waldby is insistent on the importance of the visual aspect. She argues that the medical scientific representations have always relied on new representational techniques, such as the advent of printing press and more recently various digital affordances, to map the body “into a more compliant and reproducible space of representation” that privilege vision over other senses (p. 90).

However, Foucault suggests that “visibility is a trap” as it is the awareness of being visible rather than that fact of being controlled what modifies the behavior of the subject (quoted in Brighenti, 2007, p. 336). By bringing together these two strands of thought, the medium specificity and the trap of visibility, I mark these intersections as important moments for developing my theoretical analysis to consider the ways in which the scientific enterprise becomes entangled with structural subjectivity. I would also argue that we can see this dynamic akin what Foucault calls the “double bind” of the subject. On the one hand, there is a speaking subject who wishes to be screened, or is indeed submitted to screening, and on the other we witness the totalizing power structures through the power of medicine to organize and catalogue. This process suggests, as Foucault put it, “simultaneous individualization and totalization of modern power structures” that not so much represses but rather produces the subject (1982, p. 785). That serves to ask, what does it mean to be rendered visible by institutions of power?

In Foucault's *The Birth of the Clinic* (1973) he develops the concept of the medical gaze – the power of medicine to classify, visualize and chart. Foucault (1982) argues that the critique of medical institutions is not first and foremost for their involvement in the capitalist money making apparatus but for their unprecedented and "uncontrolled power over people's bodies, their health, and their life" (p. 780). What Foucault is getting at is the criticism of the material effects of the gaze, the contestation of being determined via scientific and administrative imposition (p. 781). Important for my project is that as a result of these classifications, subjects do not recognize themselves in the representation (Shaw, 2012), thus creating alienating experiences of themselves. Since the gaze can be thought of as a rather narrow way of seeing the world through a master subject (i.e. normative, masculine etc.) that unifies the subject and object, it inevitably omits a lot. Artistic knowledge about the body, can be used to recuperate these omissions by aiming for representations in which the subjects recognize themselves.

It is timely here to take into consideration how the "seeing eyes" of contemporary technologies become political apparatuses. Shoshana Magnet (2011) has shown that technologies emerge as an interaction between state institutions and the military; marketing economies and surveillance; popular culture and the scientific discourse. Above all, the production of technologies is driven by the desire to understand and read the body (p. 2). I do not mean to trace the development of medical technologies in relation to the military complex as that is too great of a task but instead to gesture towards the "nature" of how technologies come into being. As Heidegger has argued, technology is "the politics of culture" (1977, p. 116). When we now consider the many facets of medical imaging, their power to classify and produce particular (pathologized) subjects, we can find resonance with Jose van Dijck's (2011) conclusion about medical imaging – there is nothing "innocent" in screening the body as seeing, in fact, is intervening and modifying. There is power in seeing.

I have tried to demonstrate that the relationship between the subject and the medical image is far from being transparent. Nevertheless, we maintain our beliefs in what Josie van Dijck (2011) has called “the transparent body” – a popular mode of contemplating the body as endless malleable as a result of technological advances that enable increasing treatment of different illnesses. This widespread image of the pliable body is very much fueled by the cultural work of imaging technologies that seemingly enable access to all parts of the interiority. However, van Dijck writes: “The idea that, by combining all imaging technologies, we can create an ultimate map of human body is as presumptuous as the claim that we can find the meaning of life by mapping the human genome” (p.7). As it has been argued, medical imaging can never represent the living body in its totality since it is unable to capture its emotional life (Slatman, 2009, p. 119). An extension of the seemingly impersonal the medical gaze, medical imaging, too, ought to render visible what was once unseen while giving the procedure through which medical knowledge is produced an aura of being objective and without prejudice.

Seeing should remain an important keyword for feminist analysis that wishes to incorporate power relations as the question of “seeing” and “being seen” is a deeply gendered one², especially in the medical context, given the long history of female pathologization. Thus the locus of my analysis is to consider the different ways that subjectivities are produced through medical visualization (read through “seeing”). Semiotically and culturally, the male is the one who looks and the female is the one who is being looked at (Brighenti, 2007, p. 300). Jennifer Shaw (2012) has described as the feminization of the contemporary medical subject in which interiority of the body “must be excavated in order to be made functional; the metaphorical matter on which the operation is

² This forms a hugely debated topic in feminist literature and to discuss in the scope it deserves is well beyond the scope of this thesis. However, for canonical references on how power and gender are weaved into practices of seeing, please see Laura Mulvey’s (1989) work on the male gaze in cinematic iterations; Lacan’s much discussed and elaborated work on “the gaze”; John Berger’s seminal (2008) *Ways of Seeing*.

performed is female” (Shaw, 2012, p. 112-113). In other words, being looked at can constitute a vulnerable position that is subject to (male) intervention and command.

For instance, when it comes to scientific imaging and visualization, there have been numerous studies by feminist theorists on fetal imaging (Petchesky, 1987; van Dijck, 2011; Georges, 1996; Shaw, 2012; Beynon-Jones, 2015) with the main takeaway that visualizing pregnancy not only makes the female body a subject of public, more often than not, male discussion. More importantly, it suggests that the embryo is separate from the mother (Shaw, p. 126). Medical imaging aims to understand the interiority of the body without the intervention of the subject/patient. Shaw considers this relationship to be conducive towards producing a “disjunction between the experience of the body and the discourse which renders it knowable” (p. 128). There is undoubtedly more to just “seeing”, as Nikolas Rose (2007) reminds us, that “contemporary medical technologies do not merely seek to cure diseases, but to control and manage vital processes of the body and mind” (p. 8). He thus problematizes the bio-political implications of the very practices that objectify and manipulate the body pursuant to its rigid and often more culturally than medically informed conventions.

Hope and its Discontents

There has been slight break with medical practices that were described by Foucault (1978) which aimed at classifying and curing. I do not mean to say that these processes are no longer part of the clinical gaze; however, medical practices now are inclined towards a never-ending state of being oriented towards the future (Adams, Murphy & Clarke, 2009). Neoliberalism as a global force, with emphasis on the body as an infinitely malleable entity, turns biotechnological interventions into affects like hope, fear, anxiety and anticipation. Adams, Murphy & Clarke (2009) argue that anticipatory regimes and modes are contributory to the way hope and fear become important

political actors (p. 248). To emphasize, this disposition is by no means an isolated case of individual's capacity to affect and be affected but rather it is structurally congealed as individual through "neoliberal modes of individuation" (p. 249) that always emphasize the importance of individual action. Individualized actions are always presented outside the scope of social structures. As the authors suggest, the constant demand for what is essentially living in the future, affect the physical, mental and emotional well-being (p. 251). Medical and diagnostic imaging, too, operates on a logic of futurity that call for action in the present to prevent a certain undesired state of being in the future. In such a rendering, it is almost as if the individual is guilty for they were not able to act in time – a new mode of subjecting the individual to surveillance.

Problematizing hope as something unquestionably positive in the biomedical context is one my central aims. Though it is routinely invoked as an inherently positive and necessary lens through which to approach the world, I conceive it instead as a form of governance. Puar (2009) criticizes the "democratization of hope" as a capacity available to everyone, particularly in the biomedical context, as she questions: "who is ultimately included in the designation "all bodies"?" (pp. 162-163). I see "democratization of hope" as something similar to Berlant's thinking on how attachments to particular projects persist, while the social reality is, in fact, ultimately very unforgiving to those attachments. Hope is not just hoping for the best but it is a temporal position geared towards the future – an anticipation strongly mixed with anxiety. Adams, Murphy & Clarke (2009) write of futurity in the technoscientific context: "Anticipation is a regime of being in time, in which one inhabits time out of place as the future" (p. 247). Under neoliberalism, the subject, an entrepreneur of herself, may recognize the inevitability of death but at the same time is made to believe that through neoliberal modes of personal resourcefulness it can be avoided.

Anticipation produces a new subjectivity that often times requires the negation of biological and chronological maturation in order to fit in with the neoliberal imagination of the future. This

subjectivity also includes being highly knowledgeable, to the point that it becomes excessive, about what can be done to counter prognosis probabilities through interventions. Affect is important here. Ben Anderson (2007), in his work on neoliberal governance, building up on the work of Brian Massumi, has argued that the “efficacy” of “immaterialities such as risks and threats, poised between the virtual and actual and the present and future” is established through affect (p.158). Hope is a future oriented state of anticipation and thus governance that builds up on dreaming about something, hoping for the best and, above all, striving for the ideal. In the neoliberal affective economy, hope begins to generate ways through neoliberal protocol in which the undesirable futures can be avoided, even if there is no material basis for it. Governance is achieved by appealing to a particular construction of future (think survivor figure) that demands certain immediate action to escape undesirable outcomes.

Sianne Ngai (2005) calls future oriented affects, following Ernst Bloch, as “expectant emotions” (p. 209) for they “aim less at some specific object as the fetish of their desire than at the configuration of the world in general, or (what amounts to the same thing) at the future disposition of the self” (Block quoted in Ngai, p. 210). As I have alluded to the political implications of minor affects that I intend to carve out, it will become important to think why those affects can be bannered as “minor”. What are the political implications of calling them “minor” and “minor” for whom? Whom does the demand for affirmative affects effectively silence? What kinds of resistances does it foreclose? On a first hand glance, they are minor for they provide no exterior spectacle, climatic and dramatic tension or immediate resolution; however the prevalence with which they are experienced in the contemporary scenes of (biomedicalized) everyday life makes it necessary to zoom in on them and politicize.

I have tried to provide the groundwork for articulating how hope, anxiety and other future oriented affects can be thought of, inevitably generalized, as affects of neoliberalism and

technoscientific-biomedical intervention. While I am dealing with the problematics of life, hope and futurity in the medical context, these questions are intimately coupled with neoliberal regimes of future orientedness but also those of death and/or evading it. I return here to the work of Sarah Lochlann Jain (2007) and her idea of “living in prognosis”. The “double bind of prognosis”, as she calls it, activates immensely unpleasant affects like terror but, surprisingly, also gives certainty. For my purposes, I wish to elucidate how hope that is mobilized in “prognosis” paradigm relinquishes the possibility for alternative politics. I believe the often glorified survivor figure also works to foreclose possibilities for different illness temporalities. Jain’s introduction of “elegiac politics” is a welcome intervention. In opposition to the survivor figure, she argues for the inclusion of “grief, anger, death, and loss into the public cultures of cancer” (p. 89), while acknowledging that huge profits are made on the accounts of those diagnosed with cancer. What is helpful here with regards to the project I am undertaking is her provision of refusing figures that are thought to be inherently positive by suggesting that they instead hinder any alternative configurations.

There is an added function to medical imaging today that I believe coincides with the idea of “living in prognosis”. The current proliferation of non-invasive diagnostic techniques enables us to make apparent potential health risks when they are still unfelt by the subject, thus making us aware of the not-yet-felt but potentially worrisome (Reventlov, Hvas & Malterud, 2006). The new form of visibility of the self-made possible by technological advances can be understood as what Akira Lippit (2005) has rightly described as “the ghost of the outside that haunts the structure of the inside” (p. 15). Signaling a potential meeting with death, our anxieties about mortality are only echoed and amplified through those encounters with “the ghost” of ourselves. Particularly pertinent to our contemporary times as the last five decades have seen an explosion in the available repository of technologies, from MRI, PET, CT to endoscopy that enable to zoom in on our inner body. In

addition to being able to enter the body without damaging it³, we can also view the very interiority of our own bodies, thus creating a very different experience of embodiment from times that preceded us (Slatman, 2009, p. 107). Who'd have thought we would be able to see our deaths laid before our eyes?

Vulnerability, resistance and resilience – an unlikely *ménage à trois*

This section constitutes a part in which I wish to make propositions about thinking differently about categories such as resilience, resistance and vulnerability with particular emphasis on health and the body that inform my project's focus in relation to "ordinary work of living on". I wish to emphasize from onset that when I refer to agency or resistance, I am not by any means suggesting a political transformation. Rather, in the vein of Berlant (2007b), I wish to identify things of the everyday that contribute "to making a less bad experience" (p. 779) - a type of agency Berlant refers to as "latent" or "lateral". I do not think it is reasonable to talk about resistance in the sense of a Marxist class struggle, especially as Sarah Bracke (2016) has argued that as a result of worsening of social structures "resilience" has become the keyword rather than "resistance" (p. 70). Following her, I take this to mean that resilience is a mode of *coping* with neoliberal regimes with the ultimate takeaway that it is the system that will have to survive. Until neoliberalism is reconsidered and not deemed the only option, resistance is foreclosed. The force of resilience, as Bracke tells us, stems directly from our investment in neoliberal ideals, hence the willingness of neoliberalism's subjects to survive all the changes the capital goes under.

³ Readers of earlier draft versions of this text expressed concern over whether some of the technologies in question are non-invasive as they are inserted into the body rather than utilized for screening. Even this distinction is problematic as for instance the X-ray can be considered invasive because of its radiation. I firmly share the belief with Jose van Dijck (2011) who builds up on Ian Hacking that to see (read screen) is *already* to intervene. In the reference above, I make a distinction between surgical and non-surgical.

The agentic capacity in contexts of resiliency has become weakened to the extent that it has to be reconsidered far beyond the scope of this paper. As a final note on this, I am inclined to agree with Rosalind Gil (2008) who argues that the contemporary strive for finding resistance in the most minute of things is a symptom of traditional sites of resistance (i.e. the streets) being absent. In her postulation, she considers these unorthodox and minor forms of resistances as part of neoliberal and postfeminist discourses that emphasize individual autonomy and entrepreneurship (p. 439). Until there has been a more widespread re-evaluation of things-at-large, my analysis will keep to Berlant's "making a less bad experience".

Coming back to the Foucauldian double-bind of the subject that assumes a powerful speaking subject while subjecting her to the totalizing forces of power, I wish to start with the question posed by Judith Butler, Zeyneb Gambetti and Leticia Sabsay (2016, p.1) who ask: "How are vulnerability and bodily exposure related, especially when we think about the exposure of the body to power?" While feminists have at times appropriated the discourses on vulnerability strategically, Butler, Gambetti & Sabsay remain cautious as to how it is often taken up as an essentialist category characterizing women as a whole. Although they agree that a lot of women and marginalized groups are prone to disenfranchisement, they aim to contest the idea of vulnerability as an inherently feminine trait as they conceive it as a result of relationality. Their project is trying to undo the common view that sees agency as active, thus male, and passivity as feminine but rather they gesture towards the inter-related conditions that produce conditions of vulnerability or independence. As such, they try to escape from traditional binary-prone thinking that favors the machismo fantasies of independence (p. 3).

That said, traditionally western thinking has held the understanding of a masculinist and independent, and no doubt able-bodied subject as the active agent in resistance. Although, the Butler, Gambetti & Sabsay demonstrate that this approach has to come under thorough critique

here since it does not account for many historical and contemporary cases of resistance. Specifically, Butler (2016) talks about how sometimes purposeful exposure to harm, that means subjecting yourself to a vulnerable position, like in the case of street protests, can constitute a mode of resistance. In search for agency that would contribute to “making a less bad experience”, this reversal of traditional thinking on resistance is particularly pertinent to my case studies, especially as they are not representative of what Sianne Ngai calls “high passions” that have been traditionally seen as part of potential political transformations. The minor key in which my case studies are played out, indeed, are unlikely site for thinking through problems of counterhegemonic action. However, taking my lead from Judith Butler who proposes that resistance does not always mandate the overcoming of vulnerability (2016, p. 13), I will re-conceptualize bodily subjectivity through the rubric of vulnerability as (minor) resistance.

It appears to me that when we talk about vulnerability we also have to talk about resilience. As I have tried to show, while more people are prone to vulnerable conditions, we still hold convictions that hold resilience in high regard. Sarah Bracke (2016), drawing on the Foucauldian notion of the technology of the self, argues that neoliberalism is training in resiliency. What she takes this to mean is that resilience is not only produced by the disavowal of traits it seeks to forget, say vulnerability, but that embracing resilience also foregoes the possibility of creating radically different worlds as resiliency is coping in the current system(p. 63). She shows that “good subjects” of neoliberalism will “survive and thrive in any situation”, achieve harmony while navigating insecure jobs and “facing retirement without a pension” (p.62). Yet the idea here is not just mere survival, she says, but rather to come back bigger, faster and strong than ever before – with vengeance. If any of those slogans, largely out of touch with material realities, sound familiar it is for the reason that we have internalized them, true to Berlant’s proposition of “cruel optimism”. In trying to combat this line of thinking, I draw on the preliminary and propositional work of Ben Anderson (2015) who

tries to think of those possible “resiliences” that exist in relation to an atmosphere of possible everyday interruption rather than the “overturning” of life associated with catastrophe” (p.63) to suggest non-neoliberal positionalities of resilience.

The Personal is Still Political, and so is the Mirror Image

In the previous sections, I touched upon social ideals that oversee the neoliberal subjectivization of the body and its management. I now turn to the psychic aspect of medical images. While the medical discourses attempt to have a mimetic relationship to the human body through scientific imaging and other objectifying practices, philosopher Jenny Slatman (2009) writes “that there always escapes something from the picture in contemporary imaging technologies” (p. 110). What Slatman's phenomenological account is aiming at here is also one of the key elements in putting forward this study - the question of interiority and subjectivity with particular emphasis on the emotional life as they emerge contra and within dominant medical discourses. Slatman notes that medical imaging complicates our understanding of the commonly held division between the inside and outside world. Drawing on the work of philosopher Jean Luc Nancy, she argues that interiority is, in fact, exteriority. That is to say, Nancy claims that when we say “I suffer”, it is not a proclamation of “inner” feelings but rather they are on the outside as experience of oneself cannot be divorced from anything outside us (pp. 116- 118). Accordingly, when one is faced with medical images of itself, it means that “my body is looking at my body: the body is simultaneously seeing and been seen” (p. 119). These liminal encounters ultimately constitute and construe body as familiar and strange simultaneously therefore problematizing the idea of a unified identity.

In my project, the subject, while part of also relational cultural and social discourses, implies personal embodied encounters with medical images. However, while I am indebted to the theoretical framework of phenomenology and affect, they are alone not sufficient to explain the alienation that

emerges as in the context of looking at a representation of one's body. As a remedy, help has to be retrieved from the psychoanalytic toolbox. Isabel Hoving (2017), drawing on Elizabeth Grosz, reminds us that while phenomenology and psychoanalysis are interested in coming to terms with the way body is experienced and attributed importance, there is a difference. Phenomenology considers there to be a place of unity and psychoanalysis, particularly the Lacanian oeuvre (see Dolar; Salecl; Žizek), sees alienation as an unavoidable part of human subjectivity (p. 14). Despite the fact that psychoanalysis in some circles is becoming increasingly impasse, psychoanalysis has also been useful to theorizing emotions as a renewed interest in psychoanalysis through affect theory has been noted as a "reopening of the relations between ontology and epistemology, and between psychoanalysis and phenomenology" (Pellegrini & Puar, 2009, p. 37).

With this division mind, I argue that psychoanalysis will be of use when I deal with the questions of alienation, anxiety and representations of the fragmented body in medical imaging. I will tackle these issues through Lacan's concept of the mirror image. Especially important here is the Lacanian insight that the mirror stage is best understood as an identification, or to be precise "the transformation that takes place in the subject when he assumes an image" (Lacan, 2004, p. 442). Prior to that phase in infant development, the infant experiences the body as defragmented. The recognition of self in the mirror unifies the subject. The function of the identification with the image is to establish a connection between "the organism and its reality – or as, as they say, between the *Innenwelt* and the *Umwelt*" (p. 443). Lacan is adamant that is not really a true recognition for the infant is unable to differentiate between herself and the image she sees in the mirror. Medical images similarly to the mirror image, as Jenny Slatman (2007), drawing on Lacan, has noted, rely on an identification that is "an imaginary identification, an identification based on an illusion, a fiction" (p. 193). In other words, the subject is made to identify with the image despite one's alienation from it through the truth symbolic truth regime of the image and biopolitical order.

With the intensified focus on social attachments, psychoanalysis will be less useful in unpacking the culturally unexpressed and unrepresented, as it remains invested in the representational level. Slatman argues that as "interior body remains outside imaginary and symbolic identification" (p. 196), bodily interiority is not an obvious object for psychoanalytic analysis. However, while psychoanalytic theorist Joan Copjec (2015) opposes the conviction that "surface is the level of superficial" (p.13), the question of the interior body coming into the symbolic realm through medical visualization is a worthwhile problem to pursue as it provides a complication for the mirror image and the unification of the subject. Slatman suggests that "beyond the narcissistic image we encounter our own strangeness" (p. 197). Here, the comparative approach between psychoanalysis and phenomenology will be important to account for the different ways of understanding the subjective experience since in the absence of a unifying theory different dimensions can be recorded and discussed with emphasis on their respective affordances.

To put the psychic identifications and the affective responses to medical imaging in historical perspective, the response has always been very strong. Take for instance a very different case from the neoliberal problematics I am dealing with. Bertha Rontgen, the "model" for the first widely disseminated X-ray image, upon being taken to her husband Wilhelm Conrad Rontgen's laboratory and shown the image of her hand, anxiously uttered: "I have seen my death" (Colomina, 2015, p. 2). The connection she proposed was a new, and previously unthinkable, mode of foreseeing death, a far removed idea of the "neutral image" that many uphold the X-ray and other medical images as today. The image presented itself to her as a future anterior, a Lacanian mirror image like that of the infant lifted up to the mirror by her parents thus already appearing "*already* to be what she will *only later become*" (Gallop, 1982, p. 120). While Bertha may have been one of the first to experience the performative power of the X-ray, she has by no means been the only one as there has never been a neutral reception but rather, as we have learned from literature (Cartwright, 1992; 1995), one that

has always stood in intimate alliance with anxiety and death. Suggesting similarities, although as it has become clear, contemporary experiences are underscored by intensification of the affects Bertha experienced.

Is there a Method to this Madness?

In my project, I look at a short story, an installation and a series of mixed media paintings that only share a similarity in the themes they are dealing with. It begs the question as to what kind of claims I can make through this unlikely combination. Setting-up bedrock for generalizations seems unlikely as each genre and medium has different histories and affordances. As I have placed together theoretical, conceptual and analytical tools that do not make for obvious readings, I have had to consider the claims I can make with my analysis. My choice of methodology has been undoubtedly inspired by literary theorist Sianne Ngai (2005) who builds up on the work of Barbara Johnson and her method of "disjunctive alignment" (p. 8). Ngai suggests that by putting together idiosyncratic pairings of cultural artefacts for the purpose of reading them together fresh analysis of persistent problems can emerge. While this method will not allow for the most astute analysis of historical detail, it can sufficiently provide a foundation for further theoretical reflection (p. 8). With one of the aims of my thesis being to experiment and try out different ways of critique, I seek to demonstrate that the unexpected combination of my case studies through untraditional theoretical and analytical measures can yield to necessary interdisciplinary dialogue for further reflection.

Before concluding with what I believe my analysis can provide, I want to pose some further hesitations (i.e. what my analysis cannot do). From Aristotle's idea that a surge in feelings will lead to catharsis to Susan Sontag's claim that literary forms can lead to an "ability to weep for those who are not us or ours" (quoted in Koopman, 2010, p. 243), there has been a questionable claim that single works of literature, and arts more broadly, can help human beings cultivate empathy. Writing

against the grain, I am cautious of the ways the arts have often been analyzed through the rubric of being able to conceive an ethical blueprint for ways of being in the world. Thus from the onset I will have to clarify that my project does not entirely adhere to this school of thought, bar perhaps parts of *Chapter 4*.

Looking for solitary literary and artistic sites with ethical commitments and interventions is a difficult and problematic task as Lauren Berlant (2007a) reminds us that "case study" itself is a genre and a regime of thinking. It is by no means without its issues as it was "invented" through psychoanalytic inquiry to think through questions of "causality, intention and consent" before it found its home in documentary and different narrative genres such as the detective story and finally landing in the scholarly terrain (p. 663). Berlant argues that case studies are a genre aimed at placing "singularities into exemplary, intelligible patterns, enmeshing realist claims" (p. 670). In her polemic, what makes a case study and not just a mere illustration to theoretical preference is the "adequacy of an object to bear weight of an explanation" (p. 666). This seems almost an impossible task, and as I suggested before, I am unsure whether I will be able to convey generalizable claims that the case study genre mandates, or whether this should be my aim, in general. This is also to highlight the neoliberal stronghold of being mandated to produce solutions and generalizable results that are of utility, rather than "just" critical enquiry.

Further than that, as my case studies are micro-narratives dealing with larger structural concerns, there is the question of the scale (i.e. what is the scope of arguments I can make? To what do they apply?) that needs to be addressed in thinking through the (im)possibility of making widely applicable claims. Though it is a topic often omitted from literary analysis, Timothy Clark (2015) argues for the methodological necessity of discussing scale. In his work, he divides scales into three – the personal, the cultural (gender, race, class etc.), and the planetary. "Scale framing" (read: level of representation), he proposes, is a strategy for presenting complicated issues in a manner that would

make them accessible to the reader by transforming the texts "into a more transparently legible kind of general cultural politics" (p. 76) - i.e. writing personal stories through the rubric of global phenomena such as global warming, thus politicizing them. However, what Clark calls "miniaturization", a new and smaller-scale dramatization of large structural issues in fiction, is troublesome. On the one hand, narratives that are too personal can become melodramatic tales of woes that over-emphasize emotions. However, in turn, literary representations of problems that are represented on the global scale can become depersonalized and thus far removed from everyday reality and lived experience (p. 88). In sum, I side with Clark's argument that trying to turn singularities into generalities is problematic as it also presupposes the power of singular works of fiction to become blueprints for "progressive" ways of life.

What can my analysis, then, provide us with if literature and art are not necessarily always interested in finding new ethics, models for living or creating a radically new political imagination that would contribute towards large scale social transformation? It will be my claim that literature and art can convey a sense of how we relate to an anxiety provoking situation. With regards to the representation of social issues in the arts, it has been helpful to think about Jean-François Lyotard's (2004 [1974]) proposition of "libidinal investments" in which "desire" is seen by means of attachments to ideas, concepts and ideologies that can be thought of as links to society at large. In a preface to *Libidinal Economy* a more eloquent explanation is offered: "The superego has the arduous task of keeping the id in order, a task it accomplishes, writes Freud, by "install[ing] a garrison [cathexis] in the place where insurrection threatens"" (p. xxvii). This explanation shows how subjects deal with anxieties that signal feeling threatened by "rival investments on the same territory by different agencies" (p. xxvii) all the while seeking to stabilize the structures of "psychical apparatus" (Freud quoted in Lyotard, p. xxvii). The "garrison", as Freud wrote, is a defense mechanism that aims to guard the unity of the subject. For my purposes of looking at social anxieties around medical

imaging through the arts, I will follow Burri & Dumit's (2008) suggestion of analyzing artistic representations that navigate the power of medical images. This is what they call "counterimages". "Counterimages" performs a similar function to understanding the "insurrection" as they show where our attachments lie.

Before proceeding with *Chapter 2*, I want to highlight the importance of being conscious of those strategies as (subliminally?) guiding my research. I do not have the ambition to do away with "paranoid" reading (*Chapter 2 & 3*) as I think there is something to be gained in the analyses that search deep beneath the "surface", in the unconsciousness, but at the same time I also, in times of political and social turmoil especially, propose to start thinking about unexpected positive impulses (*Chapter 4*) that could potentially be located through the practice of reparative reading and thus disrupt the dominant mode of reading through power and oppression. That said, being a human subject myself, I can have no pretenses about being able to tackle my own libidinal attachments, among them investment in Foucauldian notions of power, "neutrally" for an objective account. However, I can do my best to have awareness of those issues, although it is inevitably bound to fail as I, too, will remain largely unaware of the intensities of my libidinal investments towards particular (leftist) projects.

The Man in the Neoliberal Mirror: Sherman Alexie's "War Dances"

After having a MRI scan of his brain done, the protagonist in "War Dances" (2012) is struck by the ambivalence of the technician who conducted the procedure. As he recounts his experience to his brother-in law he says: "The MRI dude didn't look happy" (p. 55). Before, in a bid to reassure himself, he continues: "But he's just a tech guy, right? He's not an expert on brains or anything. He's just the photographer, really" (p. 55). Potentially awaiting a fatal diagnosis, the character shows no aggression, sheds no tears and does not put on an exuberant display of emotion. This is a contemporary low-key mode of articulating a desire to survive. The minor key in which the story is told stands in contrast to the high passions we have come to associate survival with. This is not the first time the character, living in the echo chambers of his father's unsightly demise, is familiarized with the workings of the medical institutions and the anxieties that accompany it. Not only did he just bury his father after his prolonged stay in the medical care, he as a child, too, suffered from serious ailments. His father's death only serve to amplify the idea of mortality. Before going to the doctor, he had hoped for a diagnosis, a reading of the MRI that would have given him a clear-cut answer and thus absolved him from his potentially fatal medical ills. The medical image here, in light of his father's death, beckons the MRI as a stand-in for potential demise. The medical image functions as a Lacanian mirror image, though reversed, signifying a potentiality of losing his autonomy rather than gaining it as the infant foresaw.

While his situation is largely different from his father – he is a middle class man with healthcare, his father was an uninsured alcoholic –, death does not discriminate and I thus speculatively identify fear of death as the prime source of his anxiety. What I take this to mean that, in the context of being made aware of one's mortality, hope – even if for the impossible – becomes a notion around which actions that aim to avoid death are centered. There are two main issues that I

will deal with in this chapter that illustratively emerge from the exchange I started the chapter with. First (*MRI Temporalities*), I will show that that the uncertainty of prognosis, or “prognosis time” as Sarah Jain puts it, problematizes the future and subjectivity (read ways of relating to the world). Second, (*Embarrassed by the Real*), I will build up on the idea of “prognosis time” as potentially signifying death. I argue that neoliberal ideals of resilience and resourcefulness have almost made death an embarrassment; a failure to find a way to escape it. Simultaneously, there is also the fear of death that I take to be a potential encounter with the Lacanian Real. Dissecting this intersection of “prognosis time” and attempts to avoid the Real, I trace the changes in the protagonist’s subjectivity through the angle of the medical image.

MRI Temporalities

The story starts out as a narrative that seems to be about hope. Indeed, hope for a cure sustains the protagonist, as he lives in anticipation of his MRI results. His subject position suggests a personalized yet critically important approach to the technoscientific-medical complex. The problem I am raising here is that the anticipatory temporality of hope is directed towards evading death which ultimately is inevitable. In a prognosis culture, where everyone is constantly under threat, it is precisely evocations of hope that sustain the medical practice, or rather, the employment of hope is built into the practice. When told by the doctor that there are “irregularities” in his head, the protagonist is placed in what Jain’s (2007) work on prognosis culture pinpoints as “the double action of prognosis” – a position that simultaneously through being made aware of the possibility of dying “activates terror” (p. 78) but also through diagnosis appeases it. The calming down effect is achieved by abstracting death as far-removed prospect by presenting it as numerical inevitability and/or probability. Hope is mobilized through evocations of the fighting spirit against unwanted futures by taking action in the present.

The protagonist went to the doctor with hopes of being able to understand what was causing his ear loss, or at least, stop it from further deteriorating. The message he received was far from certain, creating further uneasiness. The doctor, operating through probabilities, displays a lack of certainty in interpreting the MRI, all the while calling for an intervention: “We don’t know what’s causing the hearing loss, but you should start a course of prednisone, a steroid, just to go with the odds”(p. 64). In addition to the double action of prognosis, the idea of “odds” creates a “relation with indeterminacy” (Anderson, 2007, p. 159). The decisive thing to understand is that indeterminacy still suggests a possibility of survival. This to say that hope in the mode of “prognosis time”, proceeding through probabilities and the not-yet-here, “constantly anticipates a future” (Jain, 2007, p. 81). Mobilizations of hope ask the subject to seek survival by investing, financially and emotionally (think “cruel optimism”), in the probability of the prognosis, like the doctor told the protagonist, “just to go with the odds”.

Returning to the dialogue I started with, there are a number of critical points that emerge from the interaction between the protagonist and his brother-in law about what can be thought of as a meditation on the cultural meaning of the MRI. First, the protagonist reveals his investment in the MRI as a photograph that suggests an interior and “objective” truth. Second, somewhat paradoxically, that this seemingly transparent image requires an appropriate interpretative authority rather than “just a tech guy”. To fathom the enmeshment of structural subjectivity and the seemingly transparent qualities of the scientific image, I argue that we have to be attuned to how the medical gaze presents an obstructive agentic capacity. I contextualize the truth regime of the image in the larger framework in which scientific images are understood as having an access to “truth”. Burri & Dumit (2008) argue that the persuasiveness of scientific images stems from the understanding that they are thought to adhere to the “immediate form of visual apprehension and engagement” (p.

299)⁴. While I believe it is important be attuned to technicalities and modes of production, my focus is on the performative aspect, i.e. not what the images are but what they do in the production and problematization of subjectivity.

The images are constitutive of a larger problem of subjective disruption in the medical and technoscientific realm. The crisis of the sovereign subject in “War Dances” does not emerge exclusively in relation to the image, although the medical images with their promise of transparency and “immediate apprehension” can play a crucial role in it. Rather, I understand this to be a part of living in anticipation, anxiety and being “in the dark”. Laura Tanner’s (2002) discussion on the representation of medical waiting rooms, or as she calls it “bodies in waiting”, in contemporary American literature is helpful here towards understanding the changing subjectivity of the protagonist in “War Dances”. The position of “waiting” is different from that of “living in prognosis” as the former refers to a specific time frame between, for instance, giving tests and hearing results, whereas the latter is a general disposition in which everyone is subjected to, but especially those with an already identified illness.

While the protagonist is not in the literal space of the medical waiting room but in a café as he awaits his doctor’s phone call, his being there can be thought of as a waiting room. The temporality of the situation evokes the same kind of threats to bodily integrity and autonomy regardless of individual’s physical location. Affective economies of uncertainty and anxiety undergird “the threat of objectification in all medical waiting rooms” (p. 117). Tanner claims that individual’s presence in the waiting room signals a likely encounter with illness and/or death which is “coupled with symbolic assaults on productivity and subjectivity that render us symbolically, if not physically

⁴ However, Burri and Dumit (2008) problematize the production of the “neutral” MRI image because the materialization of the image depends on a set of often individualized choices. For example, the technician chooses the parameters such as the thickness of cross-sectional slices, the angles that are to be used in every instance and the scale and resolution of the image. In addition, choices about perspectives, contrast and color levels in post-processing will have to be made (p. 301)

disabled” (p. 116). In other words, an effect of the medical gaze is that everyone in the waiting room is potentially subject to having their autonomy interrupted, and placed in a position of waiting and clinging on to hope of being placed out of this temporal order that signals a shift from “person” to “patient”. For the man in “War Dances”, an imminent encounter with a debilitating illness, prior to medical evaluation and diagnosis, is an experience in which hope can be interchanged with anxiety.

The unnamed protagonist was craving for the “right” kind of diagnosis, thereby revealing the biopolitical implications of the image. The desired “reading” would have rescued him from the state of uncertainty that the vulnerable position of waiting imposes in the medical context. Vulnerability in tandem with the likelihood to sustain injury become anxiety provoking ideas as they potentially signal the transformation from “person” to “patient”; semiotically, from male to female. Being in the “waiting room” produces a position of liminality that is located between the promise of life and imminence of death; positions of “person” and “patient”. The protagonist describes his anxiety over the potentially negative outcome: “While I waited for the results of the MRI, I asked my brother-in-law to watch the boys again because I didn’t want to get the bad news in front of them”(p. 63). Not only does this imply a mere shift from one category to the other but it outlines an entirely different position from which the protagonist now approaches the world. Reluctance towards integrating his children into his illness narrative shows that the “patient” prospect would determine a whole new relationship with them. This only underscores the importance of the “right” kind of diagnosis by the technician. What we are observing in this scene is how temporalities of waiting for the MRI results and uncertainty create a new affective register through which the character relates to the world and the people around him altogether.

For the protagonist in “War Dances”, the future had already been in question in a prior stage in his life as he suffered from having a hydrocephalus when he was a baby. He is already at risk, in prognosis, and perhaps alive against all statistical odds. For him, hope is a problematic concept as

with each episode in a hospital it lessens as the odds are increasingly against him. I argue that hope as it emerges in “War Dances”, is not inherent to an individual but, as I have suggested, a constituent of anticipatory practices. Ben Anderson (2007) argues that the efficiency of “risks and threats” and “modes of inactuality” (p. 158-159) that are not here yet is obtained by appealing to the affective life. This modality in “War Dances” is achieved by appealing to the illusory promise of being cured by medical intervention. It is almost as if, despite the history of whatever episodes of illnesses, with each instance of technoscientific practice, the cycle of hope starts a new with respective statistical probabilities. It also gives hope an appearance of a somatic fact, as something primordial (think Eros; the life drive) even though it is clearly manipulated. The regimes of hope can play a cruel trick. The neoliberal demands for affirmative emotions lead to death always being presented as a big surprise, while it is has been predictable to those standing by all along (Jain, p. 77).

As a result of a potentially fatal encounter with an illness in combination with a renewed cycle of hope, anxiety and prognosis, the protagonist begins to ponder about a possible future without him. As Jain reminds us, the prognostic subject is always “haunted by the possibilities of the future self” (p. 80), anticipating a loss in autonomy. In a short segment called “Orphans” that takes place in the anxiety-riddled timeframe of waiting for the results of the MRI, he articulates his fear of his children having to grow up without him. Undoubtedly already projecting his anxieties toward the future, he says: “I could not sleep. I was scared that I would die if I sleep. And I didn’t want my sons to become orphans – partial orphans – as they slept.” (p. 62) The character, as it were, a “body in waiting”, is not able to articulate a full sense of hopefulness since waiting imposes a position of impotence. The irony is not lost here as paradoxically a crucial function of the medical gaze, particularly in the contemporary neoliberal context, is to wade off death and manipulate the body. The production of negative affective states that perform the contrary function go against the contemporary promises of the medical gaze. While the neoliberal mirror image of scientific

enterprise ought to give him an illusion of what he will soon be (i.e. healthy), he still continues to be haunted by death.

Embarrassed by the Real

In “War Dances”, the protagonist upon his primary realization that he is unable to hear with one of his ear is left embarrassed. “I was embarrassed,”⁵ he says upon having to turn his head to listen with his other ear. Embarrassment for the protagonist is something that should not have happened, a failure to live up to the resilient neoliberal ideal. Sianne Ngai (2005) writes that negative and uncomfortable feelings create “an unpleasurable feeling *about* the feeling” (p. 10). The subject undergoing emotional turmoil and facing anxiety in the neoliberal affective economy, in fact, will already feel bad about being in possession of those feelings. This proposition is echoed by Eve Sedgwick (2003) who argues that affects can be attached to other affects, thus maintaining that “one can be excited by anger, disgusted by shame, surprised by joy” (p. 19). After all, as Sarah Bracke (2016) reminds us, neoliberalism is about creative shock absorption and immediately bouncing back with a vengeance (p. 61). The subject in “War Dances” experiencing fear and embarrassment knows that he should not be feeling them as the imagined neoliberal ideal is always healthy and happy. The subject is always imagined to absorb the unfavorable conditions and overcome them. Once faced with illness and subsequent impotency to overcome it, a sense of unfairness with regards to the condition can be felt. The masculine subject will have to come to terms with that he cannot survive everything and consider what will be left behind once the illness fulfills its ghastly promise.

⁵ In an interesting twist, as I went back to doing my references, I could not find the sentence in question. Initially, I had worked with the story from the New Yorker Magazine (2009), before proceeding to work with the short story collection (2012). “I was embarrassed,” that is featured in the New Yorker has in the later version been modified to “confused, frightened, untied, and unmoored” (2012, p. 43).

The embodiment of anxiety and the fear of losing autonomy have been crucial towards understanding his changing subjectivity. In the first segment called “MY KAFKA BAGGAGE” (p.42) a obvious reference to the author is made as a dead cockroach is found by the protagonist while unpacking his suitcase. The motif returns, as he later begins to re-examine his childhood illness, and he asks in reference to himself: “How do you like them cockroaches?” Just like Gregor Samsa, the character in “War Dances” found himself transformed; although metaphorically as his human shape is retained. Cockroach, symbolizing the loss of the body while underlining the importance of it, provides a different type of intimate anatomy, albeit not entirely dissimilar. Let us recall Gregor Samsa’s predicament of not being able to make others understand his condition as he himself could not comprehend the meaning of it. What I take the inability to understand himself to represent is a sense of alienation that often accompanies unexpected changes in our bodies, and ultimately subjectivity. It also suggests of a sense of loss in the bodily cohesion. An unforeseeable modification that now is an uncomfortable reality without particular dramatic flair, akin to Berlant’s insightful description of the normalization of living under extraordinary conditions as “the ordinary work of living on” (p. 761). By way of “disjunctive alignment” with Kafka, I am aiming to draw out the links between embarrassment and the body. If these case studies are to be taken at face value, then changes in bodily capacities indicate a dispossession of autonomy and the emergence of alienation.

However, what is it exactly that leads the protagonist in “War Dances” to be embarrassed by fear? Is it discomfort over his mortality and onset of the loss in bodily capacities and potentially independence in a culture that is “haunted by the anxiety of death, which must be warded off and silenced” (Potier, 2011, p. 135)? While I am inclined to agree with Potier’s insights that read the embarrassment as a stand-in for anxiety of death and losing autonomy, the crucial aspect here is what Adams, Murphy & Clarke have called the “neoliberal modes of individuation” (p. 249). These

modalities highlight the importance of resilience, independence and survival through self-perseverance. Thus, the onset of anything negative is immediately conceived by the subject as necessarily “wrong”, “unnatural” and as having brought it on to himself. It is a failure of being able to accurately tend to the biopolitics of living in prognosis and to fight against the potential ills. The aspect of potential failure becomes more apparent as the protagonist, by having had a long and well-documented history of medical problems, is frightened by the prospect of uncertainty and having to submit to the medical gaze - an act he seems to consider as an infringement of his subjectivity and autonomy.

Yet despite his initial stance towards going to the hospital he finally gives in as his condition worsens: “I don’t think I’d ever felt weaker. Or more vulnerable. Or more absurd” (p.67). I do not think we are bearing witness to a mere decrease in masculine subjectivity. Instead, I am tempted to argue that we are seeing a man’s struggle with the Lacanian Real⁶. For Lacan, the Real refers to that which fails to materialize through the signifying chain, and thus forever remains elusive and intangible for the subject. Death, of course, is a prime example of that. The clinical gaze objectifies but it also produces a potential signifier of death – the MRI. Just like Bertha exclaimed that she had seen her death, the protagonist, too, is brought to face his mortality. The ghost of the outside comes to haunt the inside.

A slightly different explanation, via Lacan, would be that we are detecting a disturbance to the symbolically ordered things (i.e. shifts from “person” to “patient” and other symbolic categories). The Real always signifies potential disruptions and traumas to the subject⁷. Lacanian

⁶ For conceptual clarity, the Real I am invoking here is borrowed from contemporary art theorist Hal Foster who argues the Real now is not be understood as an effect of representation but rather as an event of trauma (1996, p. 107).

⁷ Put this way, Lacanian psychoanalysis differs from Foucauldian biopolitics as for Lacan, there Other is “always already” there. The trauma is inescapable. However, were we to even talk about the Other as “always

analysis of the Real as a potential event of trauma guides us towards understanding how the protagonist's subjectivity changes after the performative moment with the MRI. By accepting the MRI, told in the narration of the doctor, as "truth", he recognizes the image as himself. This moment constitutes the MRI as a mirror image. I have previously explained the importance of the mirror stage for the infant in the process of ego formation. However, in this case, it will be necessary to think about the relationship between the medical image as a mirror image and the subject. Lacan was clear that the infant in the mirror stage was actually not able to distinguish between herself and the specular reflection as different entities. Likewise, for the man in "War Dances" what is being recognized in those images through the guidance of the doctor is himself, as a mimetic entity, rather than a mere representation of himself. Were it otherwise, he would not insist on the "right" interpretive authority, as he would instead question the value of image. This moment of subjectivization is important as through the identifying process with the image he acquires a sense of himself as a pathologized "fragment" (think ghost of the outside) rather than a cohesive unit.

After the identification with the mirror image, as we learned from Lacan, the subject was now able to move on to a cohesive experience of oneself. As the child saw himself in the mirror, he began to sense an experience of unity through identification with the mirror image. Prior to that, the subject felt himself as defragmented by only experiencing certain body parts (2010, p. 444) – *le corps morcelle*. There was no "self", as Jane Gallop (1982) cautions us. This is to say that beleaguered protagonist in "War Dances" has reverted back to the body in bits pieces as he experiences a loss of bodily cohesion. This can be explained by Gallop's postulation that the "self" by definition mandates a unified concept that builds up on the distinction between inside and outside (p. 121).

already" there in Foucauldian terms, we would have to approach the Other as an effect of power and analyze the axis of power that led to this effect being naturalized (Dolar, 1998, p. 86).

The visualization of particular part of the body works towards collapsing the boundaries of inside/outside; self and other but it is also conducive to non-cohesive experience of oneself.

The idea of maturation is important both for the protagonist and in Lacan's mirror image. In the mirror stage, per Lacan, the subject anticipates a "maturation of his power" (quoted in Gallop, p. 120). That means, as the infant is not yet in possession of an upright posture, she will have to be helped by another person. The mirror image of the infant in the upright position is something the infant will really only acquire later. However, while the mastery of the upright pose may be learned later, the infant appears "*already* to be what she will *only later become*" (Gallop, p. 120). Comparably, the protagonist started thinking about his potential death. He already appeared to himself what he would only later become – dead. Gallop problematizes the idea of appearing now what you will only later be. The infant is no longer following a "natural development, a chronological maturation" (p. 122) but rather living in anticipation of becoming what he recognized in the mirror (i.e. the upright position). More importantly, the dynamics of the "natural maturation" have been irreversibly modified by that very anticipation as the subject, the "I", that comes into being in the process of the mirror stage identification will have to "defend against natural chronology in favor of the future anterior" (p. 122).

Similarly, in "War Dances", the MRI as a mirror image suggests a maturation and progression of the illness for the protagonist. He appears to himself as what Sarah Jain calls "diagnosed with death" (p. 78). Yet there is also an implication that there is a chance of avoiding death by removing the unwanted "parts", the hindrances in the brain. This is a moment I would identify as the intersection of the Real and neoliberal ideals. Some of our ideals imply that, as Bracke (2016) has told us, crisis has to be absorbed and survived. Cultural ideals also indicate that things will have to go back to normal. The character wishes to return to the time when he was not unwell; however with the physical presence of the tumor inside him, he is finding it difficult. "I'm lucky,"

he reminisces, “I was shunted only temporarily. And I hadn’t suffered hydrocephalic symptoms since I was seven years old” (p. 55). However now, the symptoms had returned. He continues, “I wanted to feel reassured, but I had a brain tumor” (p.66). Although, the tumor is identified as benign the protagonist still tackles the idea of an abject inside him. The tumor is something that has to be removed at all costs for “I” to be “I” at all (Foster, 1996, p. 114). Necessity for reassurance, in the quote, I argue, can be changed with a wish for cohesion as bodily unity is a way of firmly orienting oneself in the world. Building on the idea of an abject, I want to turn to Margrit Shildrick’s (2005) work on Kristeva’s concept of “the self’s clean and proper body”. She has shown that once the “clean body” is threatened with “overflow”, anxiety is inevitably produced as it disturbs the subject’s “autonomous selfhood” by contaminating it (p. 328). The experience of oneself and the world is also problematized as cohesion rests on unity. In this light, we can also think of the protagonist’s anxiety as a fear of losing control, a neoliberal favorite, which mandates the expulsion of the abject tumor.

The protagonist comes to face a crisis in subjectivity as he is no longer able to experience the body as a coherent whole. Through the identification with the MRI (or the abject), the subject perceives himself as a “future anterior” (i.e. what will have been). He thus sees himself as the pathology and effectively returns to the state prior to the mirror image, “the body in bits and pieces” (Gallop, p. 121). The body in pieces marks yet another anxiety of reverting to where it the body “started” which serves to say that the idea of unity is haunted by the idea of a relapse and the loss of self-mastery or maturation (p. 123). Hence, the effect of anticipation in “War Dances” can be seen as an anxiety of relapse. The MRI and the tumor function like a reversed mirror image. “But I had a brain tumor”, the character sighed, referring to the abject and his fragmented experience. This moment signaled a “new mirror image” that as a result of encountering the medical image instead of unifying divides the subject. It also suggests a return to the fragmentation that preceded the mirror

stage (Potier, 2011, p. 12). The protagonist's fragmentation is a trauma that concerns the body as whole. As Edward S. Casey (2009) argues, the *corps morcelle*, the body in bits and pieces, is a symptom of linear temporality out of joint that as a result of trauma disables unity as unity dwells on "habituallities", forms of "efficiency and regularity" (p. 155).

Medical imaging technologies perform a similar function as they disable unity. The protagonist says: "And I didn't feel any closer to the world six months later when one another MRI revealed that my tumor had not grown in size or changed its shape" (p. 74). The subject becomes alienated not only from himself but from the world around him displaying the performative force of medical visualization techniques. While in the mirror stage the infant expected a maturation, a form of self-mastery, in this new mirror image, the protagonist anticipated rather a loss of self-mastery through the assumed progress of the illness that the image potentially signaled. Although, he is declared free of any malignant tumors, the fact the character does not feel more "intimate with the world" after a somewhat prolonged period of 6 months is illustrative of how the anticipatory effect of the maturation (progression of illness) remains with the character. The quiet "habituallities" of the everyday, as Edward S. Casey put it, were disturbed and even after the threat of illness seems to have subsided, the disturbance and sense of alienation remain.

Before venturing on to the next section, I ask in a reversal if hope in neoliberal times, in fact, is experienced as anxiety. The affective life in circulation around themes of immaterialities and potentialities constitutes a new type of subject. One that is anxious while trying to follow the mandatory protocol of resilience. The protocol becomes a mode of surveillance that markets and masks anxiety as hope, while suggesting that in the name of phantasmagoric futures action will have to be taken now. As I have shown, this process of governance and surveillance through one of the favorite tropes of neoliberal discourses, that is the problematization of the future, produces an array of undesirable affects. Uncertainty about the future is implicated in the production of a new mirror

image that rather than “curing” the protagonist of his existential anxiety and nervous hopefulness, worsens it. Under neoliberalism, the whole bodily experience is, figuratively and literally, thrown into bits and pieces. The protagonist in “War Dances” becomes alienated from himself, his family and the world by reverting to a pre-mirror stage phase of the body in bits pieces. But as we have seen, despite the intense pressure put on the body, there are no tears, there is no drama, only the “ordinary work” of living with the *corps morvele* remains.

Visions of Surveillance in Mona Hatoum's *Corps étranger*

In the previous chapter, through the protagonist's development of a particular subjectivity under living in a mode of prognosis, I argued for the coinciding of hope with anxiety. "War Dances" can be seen to elucidate the mechanisms of anticipatory practices but also the collective mood around themes of illness in advanced capitalist societies. This chapter, while still part of the collective resonance with medical anxieties, is especially concerned with how psychic identifications with and corporeal experiences of medical images shape subjectivity. Approaching the topic of medical imaging from a different angle, and undoubtedly that of purposefully eliciting anxiety through commenting on bodily surveillance, possession and fragmentation under neoliberal regimes, we encounter feminist artist Mona Hatoum's piece *Corps étranger*. A confrontational and immersive cylinder shaped interactive installation with two partitions on each side, the piece showcases videos of her bodily insides on the floor (see Figure 1 & 2 in the appendix). These videos have been recorded by using endoscopy, colonoscopy and echography.

In a short film about the oeuvre of Hatoum produced for her retrospective, the artist says the piece was inspired by the omnipresence of surveillance cameras in London; by being monitored by the state. Her project is an extension of the pervasiveness of surveillance to not only the exterior body but also to the interior. Hatoum calls this appointment with the inside body through medical screening possibilities an anxiety provoking encounter. She raises questions regarding the medical gaze and the politics of rendering the inside of the female body visible by showing the body's deep cavities such as the vagina dentata⁸. The visibility achieved through novel technologies presents a paradox as the new-found mode of being able to access bodies also begins to "further alienate

⁸ Kiasma Museum, *Mona Hatoum - Centre Pompidou/Kiasma* (2017, February 10) [Video File]. Retrieved from <https://www.youtube.com/watch?v=tCUE8sa0z4I>

women from their bodily experiences and represents another space within which the female body can be policed” (Laflen, 2010, p. 373). This aligns with Foucault’s postulation that “visibility is a trap” as it is not only increased control that changes the behavior but also the knowledge of being watched (quoted in Brighenti, 2007, p. 336).

Turning the inside out in “Corps étranger” is an experience that has been correctly described by a critic as “fragmented and scattered on the floor, this is in fact the artist’s own body, in physical discomfort, susceptible and trespassed by the other as the foreign object of camera, the medical intervention, or the viewer’s gaze” (Tzelepis, 2016, p. 158). Fragmentation of the body, surveillance and anxiety emerge as central themes in the critical reception around the work of Hatoum. However, I wish to add an extra layer in the face of anticipation. As I stood in the Kiasma exhibition hall inside Hatoum’s cylinder, I can only attest to the understanding of insides as unsettling. However, in the previous chapter I suggested, following Sianne Ngai, that when it comes to negative feelings the subject already knows he should not be feeling them. I started to wonder what the performative force of anxiety in the piece was. It is commonly felt that anxiety indicates an imminence of something “bad”. From “gut feelings” to “premonitions”, anxiety makes us aware of something as potentially terrible. Feeling anxious about the body, then, becomes a way of orienting yourself the future. The video racing through her interior body played in front of me can be argued to prepare me for my own potential bodily decline.

The question that arises here is, precisely, touches upon the cultural work that anxiety does. Sianne Ngai (2005) marks anxiety as a minor affect that despite the rate at which it is experienced promises no political transformation. Different from fear, anxiety is traditionally thought to have no object and thus be akin to a more generalized feeling. Moreover, anxiety bears a stigma as it produces a condition of vulnerability and uncertainty rather than neoliberal ideals of vigor and resilience. Anxiety, Ngai says, is not only an affect that emerges as an accumulative encounter with

something unanticipated but instead it is a matter of something “projected” onto others. It is a “displacement”, a projection of something that the subject fails to recognize in himself and thus identifies it in another person (p. 210). Although, I am not sure if I failed to recognize the anxiety in myself as I watched the insides of Hatoum on the floor and found them uneasy to watch. This is to say that I did recognize it but that does not mean I wanted to come to terms with it.

One of the reactions I had to Hatoum’s videos of the inside body was disgust. Returning to Shildrick’s (2005) work on abject (*Chapter 2*), it can be argued that disgust is a response to the unknown and the unfamiliar that the subject wards off to maintain the integrity of its psychic unity. Disgust provokes anxiety about the dissipating lines of self and other. Shildrick concedes that while all types of corporeality are constructed, the closer the resemblance to normative forms of embodiment is, the more acceptable they will become (p. 327). The otherness, the bodily interiority, which is expelled through expressions of disgust “speaks above all to a disavowed vulnerability” (p. 329). Put differently, I did not want to become vulnerable as I instead wished to remain resilient and strong. I could not let go of my neoliberal ideals. Shildrick reminds us that even when disgust is directed towards something that is exterior to us, albeit as I have argued that the division between interior and exterior is equally problematic and illusory, it seeks to maintain selfhood by way of expulsion (p. 329). This is to return to Hal Foster’s (1996) articulation of abject, which I alluded to before in Chapter 2, as something that has to be projected outwards for “I” to be “I” at all (p.114). As it were, the subject craves cohesion and all potential disruptions have to be removed. The paradox is that for a sense bodily cohesion we have to deny our own bodily insides.

Corps étranger, an on-the-floor encounter with the insides of the body through manipulated, amplified and super-sized medical visuals, forcefully takes on themes of anxiety, disgust and fears of

the abject⁹ and utilizes them for the feminist tradition of body art (Dimitrakaki, 1998, p. 93). Rina Arya (2014) argues that *Corps étranger* is abject par excellence as it “transgresses the boundaries of the body; it confronts us with the formless mass of viscera from which we are unable to escape; and it turns the known body of one into a scientific experiment thus depersonalizing the individual” (p. 116). “Abject horror,” Arya concludes of Hatoum’s installation (p. 116). I think that to understand the psychic work the images perform we have to go beyond abject since abject, for all its horror, is something very easily pinpointed. I do not think using abject as an analytic tool really conveys the sense of the almost intangible but nevertheless bodily apprehensible anxiety of death. We have to be reminded of the Lacanian Real. The visualizations are to be read as an encounter with the Real, emblematic of that which fails to materialize through the signifying chain, thus once again producing an experience of alienation and anxiety.

To understand Hatoum’s negotiation of anxiety, there are various theoretical avenues dealing with corporeal experiences of anxiety and alienation that I wish to utilize. While psychoanalysis concurs that alienation is an inevitable part of human existence, phenomenology argues for the wholeness of the subject (Hoving, 2017, p. 15). It would seem, then, that alienation is not as obvious an “object” of inquiry for phenomenology as it is for psychoanalysis. However, in my experimentation between the two modes, I hope to draw out the affordances of the phenomenology by way of suggesting new ways of relating to medical images as opposed to being satisfied with the inevitability of alienation. Thus the promise of phenomenology to maintain the unity and cohesion

⁹ Abject, inevitably simplified, is a concept used to describe the repulsion the child undergoes as he tries to divorce himself from the pre-Oedipal mother as he proceeds from the Imaginary to the Symbolic order. As Rina Arya (2014) has noted it is that which “refers to an impulse or operation to reject that which disturbs or threatens the stability of the self and is unassimilable” (p.3) It is a pivotal part for the child’s developing subjectivity as he will learn to distinguish himself from the abjected other –a process that nonetheless will never be satisfactorily completed, and thus the abject will remain and return unconsciousness of the subject. For a full treatment please be acquainted with Julia, K. (1982). *Powers of Horror: An Essay on Abjection*. Trans. Leon S. Roudiez. New York: Columbia University Press.

fits well with my project of trying to put forward multiple threads of tending to embodiment in Hatoum's work.

How do we, then, conceptualize subsequently Hatoum's disembodied embodiment (i.e. displays of organs without body proper) in phenomenological terms? Indeed, it does not make sense to talk about Hatoum's experience through various medical videos of her inner body displayed on the floor, since as spectators of the installations we can only speculate as to how she was feeling. Instead, an appeal can be made to unpack the emotions they elicit from the spectator through this encounter with the inside body. To make use of the phenomenological vocabulary, it is my body looking at her body being intervened. While this may appear simple enough, and truthfully not a very interesting observation, the body that is being "invaded" is not the familiar and often fetishized exterior but the unbeknownst interior – the abject. By being familiarized with the insides of Hatoum's body, the spectator now is now invited to identify with the video. My body looking at a video of a body on the floor that could potentially be me - a lacanian mirror image of what is not yet here but is sure to be (i.e. the body in bits and pieces). It is a moment akin to the "War Dances" protagonist's disruption of, as Edward S. Casey put it, "habituallities" (p. 155) through medical visualization. I, the spectator, is coming into contact with *le corps morcele*, the body in bits and pieces. This appointment culminates with a sudden flash of awareness of one's own insides. Yet as a result of losing the "habituallities", the fear of reverting back to a pre-mirror stage position persists.

However descriptive or diagnostic, the remarks I made above do not solve the issue of the phenomenological body in Hatoum's work that would help us restore a sense of wholeness. Making matters worse still, *Corps étranger* plays with the idea of "corporeal irruption" (Waskul & van der Riet, 2002, p. 495), that is the bodily contamination or as Shildrick (2005) put it, the "overflow" of a "clean body". It contradicts the phenomenological ideal of "co-naturalness of man to his world" (Jacques Alain-Miller quoted in Hoving, p. 14). Phenomenologist Jenny Slatman, in a bid to rescue

the phenomenological subject against the psychoanalytic one, argues that the “ideal body image” in psychoanalysis belongs to the intact and recognizable body. Psychoanalysis, she says, does not account for the bodily interiority as it is invested in the exteriority, recalling Freud’s now famous sentiment of the ego as “a mental projection of the surface of the body” (p. 196). According to Slatman, the same applies for Lacan as the interiority of the body remains outside the domains of the imaginary and the symbolic and “images of disjointed organs belong to the fragmented body” (p. 196).

It would be easy to conclude, Slatman claims, with an argument that images in Hatoum’s videos, cannot be integrated to the phenomenological body schema as it is built on the idea of bodily unity and on clear cut divisions between bodily “interiority” and “exteriority”. Instead, she combines phenomenological and psychoanalytic theories, particularly Kleinian psychoanalytic body of work, to argue that the fragmented body in the videos has a particular “me-ness” (p. 200). More specifically, she relates this *not* to the infant in the mirror stage who is not able to tell apart herself and the representation of herself in the mirror *but* rather the ego who is “affected” and “feels herself” without being able to carry out a differentiating process of what constitutes as inside and outside her body (p. 200). Slatman finally proposes the idea of the “affective image” that does not only draw on visual identification process but rather on “appropriation” of other than visual knowledge (i.e. popular or even scientific knowledge). That means, these images of bodily representations are appropriated not only through visual recognition but in dialogue with other types of knowledge and thus integrated into your body schema.

There is a lot of merit in Slatman’s project in re-appropriating the abject in Hatoum’s installation; however, one could argue that accommodating particular anxieties is part of neoliberal resilience - a mode of constantly adapting to whatever happens. It is also a very disabling mode as instead of proposing alternatives we adapt. Remy Potier (p. 137) contests Slatman’s concept of

“affective image” precisely as he sees the employment “affective image” as a means to “tame us”. He considers Hatoum’s work to be a precisely poignant commentary on the anxiety of bodily disintegration that calls for the viewer to remain with the alienation since doing otherwise would go against the critique that artist is trying to put forward. I return here to Potier’s claim that medical science has taken over as the body’s new identity (p. 135). It seems to me that the idea of “remaining” with the alienation does not seem unreasonable as it is the new identity of the body that causes both alienation and anxiety. As I looked at Hatoum’s video for a prolonged period of time, I became acquainted with the inside body and began to feel easier about looking at it. However, following Potier, I do wonder whether the eradication of anxiety and alienation from this equation is an appropriate avenue to take. As Potier’s call to stay with the alienation is essentially a plea for re-thinking our now precarious subjectivity, I believe being familiarized with the insides serves as a way to, indeed be “tamed”, rather than resisting.

Hatoum’s excursions through the inside of the body aimed at finding, locating, classifying and “fixing”, show the biopolitical implications of this technology. Through the availability of these technologies, life and longevity are extended, thus constituting a new *modus operandi* for maintaining and facilitating the perfect and uncontaminated body, or as Kristeva put it, “the self’s clean and proper body”. However, I would even argue that when we refer to scientific or human “improvement” by technological means, we are suggesting a new type of political imagination of Perfect Health with its inclusions and exclusions. We are arguing for a re-writing of the body which still serves a source of anxiety. Thus, there is little surprise in discovering that anxiety has been the outcome of what has been called as “neoliberal political rationality underlying the micro-political technologies of health” (Pitts-Taylor, 2010, p. 639), a type of biomedical subjectivity (or lack thereof) that always haunts us.

Possessing the Body

A big part in trying to understand, screen, manipulate and modify the body also includes a desire to possess it. While it is often done in a “civilized” manner, under banners of medicine and good will, the desire nonetheless persists. As I have shown, drawing on the work of Jenny Slatman, the impossibility of integrating life in its totality into the medical representations produced by visualization techniques, I want to pause here for a moment to think about the “omissions” of the gaze. Here, I have found Foucault’s (1978) provocation that it has not been possible to integrate life entirely into the techniques of governances of great assistance. On the contrary, he says subjects always escape these techniques (p. 143). What is it, then, that escapes? How does the artistic gaze and knowledge in Mona Hatoum’s work help us with understanding these omissions?

The idea that a discrepancy between the discursive production and the lived experience persists is pivotal here. I would even add that the techniques and discourses that administer the visibility and familiarity of subjects are still unable capture key aspects of human life. As Potier (2011) in his discussion of employing medical imaging in contemporary art practices argues, these images present the “the repressed aspect of the body of our time, its sexual dimension, which is eradicated in medical technology itself” (p. 133). The sexual dimension of the medical gaze has been noted by for instance Angela Dimitrakaki (1998) who argues that *Corps étranger* is in some way a “response to Nabokov’s educated male protagonist who wished to turn Lolita’s female body inside out in order to caress (read possess) its interior” (p. 93). Hatoum proceeds to make a comment on the inherently sexual nature of the technology that itself seeks to remain invisible, while actually infringing bodily boundaries. Though the medical image has now been sanitized through various accounts of scientific objectivity, thereby almost bereft of traces that reveal its unconscious sexual undertones, the desire not to show the desire of the gaze, as Lacan would have it, is nonetheless a

desire (Mitchell, 2005, p. 44). The paradox here is that, as WJT Mithcell argues in his analysis of images, pictures provoke our desire to see what cannot be shown (p. 39). The body in its entirety can now be screened; however what I think Mitchell's Lacanian analysis alludes to is that while we undeniably have the access to the interior body, at least as a surface image, there will always be something that cannot be rendered visible.

This is not to say the technology does not have power over a subject but rather that it is not as totalizing. As Slatman's accounts have showed us, the emotional life, the very interiority is unable to be captured. Much like Nabokov's male protagonist could not capture Lolita in her entirety, even though he may have wished to, the same applies for medical visualization techniques. Mitchell argues: "Sometimes the expression of a want signifies a lack rather than the power to command or make demands" (p. 38). That the medical imaging technology wants to possess the body is quite evident; however through the artistic gaze of Hatoum it can be argued that it cannot. Hatoum's work is also a mediation on the impossibility of possessing the body and the failure of providing an all-encompassing surveillance. That said, while the body to a large degree may remain intangible and elusive, Ben Anderson's (2012) claim that "affective life of individuals is an "object-target-of" and "condition for" contemporary forms of biopower" (p. 2) is on point as the affective life still provides a mean of access to the subject. As I mentioned before, during my own visit to Hatoum's exhibition, I wondered what the cultural work of anxiety was. What does it prepare me for? Whose interests does it serve?

After reading up on the inspiration for the piece, I came to the answer of surveillance anxiety. While Hatoum was influenced by literal modalities of surveillance such as the CCTV camera, I argue here that she also provides a response to other modes of surveillance. Affects, especially anxiety and other future oriented emotional states, as utilized in *Corps étranger*, or in any other process dealing with futurity, become a new type of governance. Affective capacity "through

neoliberal logics of governing the contingency of life has become a source of threat and opportunity, danger and profit” (Anderson, 2012, p. 2). In the neoliberal affective economy, both hope and anxiety are rendered into a “resource available for surveillance and modulation” (Puar, 2009, p. 162). The visualization of the voyage through her insides begins more and more to resemble a lacanian mirror image, maturation towards something that I am not yet. Yet as I have shown, the “not-yet” also implies a possibility of governance. Something that is still unidentified but in a prognosis culture is synonymous to illness and vulnerability. Hatoum’s work starts appearing to me as a disturbing look at myself (potentially) being in prognosis, maturing towards something negative, as the boundaries of my body are being tainted. This is not an “innocent” chronological maturation as the “diagnosis of death”, as Sarah Jain (2007) put it, is already present with the suggestion of illness. In a prognosis culture our futures have already been problematized. Hatoum’s work starts appearing to me as disturbing look at myself (potentially) being in prognosis, maturing towards something, as the boundaries of my body are being tainted. It is not difficult to see how my anxiety can be “harnessed” by way of suggesting action now in the name of a phantasmagoric future as I, too, am ready to act upon my anxieties.

As I looked at myself being in prognosis, I briefly disavowed resilience. I became vulnerable. Vulnerability under neoliberalism needs immediate disavowal because the objective is to persevere whatever changes capital undergoes. For this we need resilience (Bracke, 2016). Looked at from this angle, the promise of sustaining injury and losing autonomy that is suggested through Hatoum’s screening of the inside body become abject concepts threatening both the body proper and the cultural body at large. However, it is only paradoxical that while there is an ideal of resilience and a clear market demand for affirmative affects under extreme conditions, vulnerability, that is proneness to social, economic and bodily injury, is probably the epoch defining buzzword for most. One can only wonder as to how long this can go on. Hatoum’s artistic gaze and her presentation of

anxiety, vulnerability and fragmentation propose that we are likely nearing the end of being able to cope with neoliberal demands as there are limits to how much pressure can be put on the body. I take this to mean that the masks of neoliberal resilience are finally on the verge of coming off.

Towards an Aesthetic of Political Depression: Laura Ferguson's *Visible Skeleton Series*

I ended the last section with the image of the neoliberal mask of resilience coming off as a result of intensified pressure on the body. Though, I do not think the mask is coming off itself but instead is being ripped off through the extenuation of social structures. This has led me to question as to why the figurative mask of resilience has to be taken from us by force and not removed by ourselves, willingly. In my contemplation over the dynamic of unravelling, I have been thinking about Freud's articulation of attachments. Leticia Sabsay (2016), in her analysis of the role of psychic investments, argues that although we are now more aware than ever before as to what oppresses us, we are unable to cultivate change. Using psychoanalytic vocabulary, she says this is "why hegemony is not merely about persuasion; rather, it is about cathectic investments in an articulation" (p. 292). Our attachments to particular projects, to ideas of resilience and perseverance, do not make for effortless modification as on an unconscious level we have accepted them.

My previous chapters (2 & 3) followed a rather negative protocol of uncovering the impact of the medical gaze on the body. I will now assert that *The Visible Skeleton Series* (ongoing project started in 1993) has managed to go beyond the critical mode that is satisfied with solely unpacking how mechanisms of power and oppression operate. Her style is similar to what has been coined as "reparative reading" (Sedgwick, 2003). This mode of criticism, or "doing arts", is as much about unlearning the "keyed-up, confident pronouncements of professional critics" as it is about love, nourishment and the ability to be surprised (Love, 2010, p. 235). It would make for a very easy reading to suggest Ferguson as an injury-prone disenfranchised figure, yet I am trying, as Sedgwick (2003) suggested, take the position of a reparative reader with my own "range of affects, ambitions and risks" (p. 150). My ambition here is to open up a different view on a body that is usually confined to discourses of pity and overcoming disability (Snyder & Mitchell, 2006). Here, I have

been prompted to think about the omissions of the medical gaze – that I have been trying sketch out in both Chapter 2 and 3 – and how these missing links could guide us towards a reparative reading rather than a paranoid one.

WJT Mitchell's (2005) reminder of the gaze's omission, that is the desire to possess the body but leave no impressions of its desire, makes a convenient reading of how power operates on the medicalized female subject. However, my discussion will show that by incorporating sexuality in her work, Laura Ferguson re-appropriates the sexual nature of the medical gaze. Just as Eli Clare (2001) has argued that even if the disabled body can be hijacked by others, it can also be retrieved (p. 363), Ferguson makes an attempt to write the disabled body anew. This is to say that she “gazes back” at the machine through her artistic interpretation by providing an account on what it means to live as a medicalized subject. The addition of sexuality and sensuality suggests that she refuses neoliberal demands for resilience that include overcoming hindrances (i.e. disability) as she seemingly accepts her position. What can her presentation of vulnerability tell us about the cultural imposition of “overcoming”? Through an analysis of Ferguson's interviews, the *Visible Skeleton Series* and its critical reception, I argue that an intentional presentation of vulnerability and disavowal of resilience can provide new insights towards re-thinking the category of vulnerability.

All my case studies have shown skepticism toward the medical complex. However, as it has become clear by now, the reluctance is informed largely by different cultural anxieties (i.e. loss of autonomy and productivity). To understand these cultural symptoms, I would like to bring together neoliberal subjectivity, medical aesthetics and the affective economy that characterize the contemporary experiences under the banner of the “aesthetics of political depression”. I situate this against the dominant articulations in the arts that often represent people on the “edges” of the society as disenfranchised and hopeless (Snyder & Mitchell, 2006). Instead, I argue that neoliberalism's “vulnerable” subjects suffer from social and political fatigue rather than having

abandoned aspirations for an improved social climate. The aim of this chapter is to start mapping out different minor key experiences that undergird the everyday and to consider the agentic capacities that emerge in these situations. In the style of “reparative” reading, we can begin to think of Ferguson’s self-portrait of herself as vulnerable as constitutive of a “new resilient subject” that goes beyond neoliberal demands. This subject is not connected to the “delegated individual responsibility” (i.e. the resilient neoliberal subject) but rather acts as “possible everyday interruption” (Anderson, 2015p. 63). The new subject of resilience is at once strong, weak, feisty and exhausted. One of the primary questions I am trying to answer throughout is what does it mean for the subject to represent herself as “sensual” when she is supposed to be “overcome” disability? The tentative answer is that by arguing against the cultural prohibition of positing disability as desirable, Ferguson presents a new type of resiliency that is positioned against the neoliberal notions of perseverance at all costs.

“Reparative reading” ought to equip us with a surprise and the ability to be re-enchanted. Remy Potier (2011) has convincingly suggested that the repressed aspect of medical imaging is sexuality. What are, then, the possibilities for “reparative reading” in the sexualized dynamic of medical imaging that lends itself well to being read as another mode of power imposition? The possibility I am referring to is the discrepancy between the one dimensional medical image and the three dimensional lived body. Alluding to the invisible aspect of medical imaging, Ferguson places sexuality back in her work, as if to gesture towards the desire of the machine gaze to render itself invisible. Ferguson (2004) has called her project *The Visible Skeleton Series* a visual autobiography, a strategy for story-telling that she likened to “as if I were regaining a sense of ownership of my body that had somehow been lost when my experience was “medicalized”” (p.167). The re-appropriation of her own medical images work a double function: they are suggestive of the sexual nature of the medical gaze but also of her own sexuality that the gaze has not recognized. After the onslaught of

impairments, Ferguson says she lost touch with her sexuality. Her changing body made her wonder whether anyone would love her. She finally took to art practice to understand the relationship between her “soft” side and medicalized body (Neely, 2006).

What I understand Ferguson’s work to add is an aspect of lived experience to the images by pairing both beauty and discomfort. Alice Domurat Dreger (2004) suggests that Ferguson’s daring work departs from the conventions of anatomical representations that aim for “unreflective pity or unreflective admiration” (p. 161). The reason for which, she says, is that representations of the inside and outside body reside simultaneously in a single frame that through eroticized aesthetics make for a reflective and confusing viewing experience. Depending on the viewer, the representation of her body can at once can imply beauty and ugliness and thus provide reflective possibilities towards unpacking the prejudices the spectator may have (p. 162). Implied in Dreger’s account is that the works function as confessionals for both the artist and potentially the viewer who feels attracted to something that they are expected to see as an “ugly pathology” (p. 163). Through these juxtapositions, the artistic gaze offers new insights towards understanding the experience that the medical gaze does not.

Ferguson’s work has been described to talk about the “real body in pain, a body deformed by scoliosis” that implies a different kind of beauty. Positioning her body that has been modified by scoliosis in erotic and intricate poses, she asks the question about what constitutes a “normal” and beautiful body (di Marco, 2015a, p. 35). Her artistic knowledge implies that the medical gaze has a limited understanding of what it means to live with scoliosis as in medical discourses scoliosis is often only seen as pathology. A trained anatomical artist herself, through her intricate work of drawing out all the bones and joints that make up her body, Ferguson uses medical methodologies to produce self-knowledge (or is artistic knowledge?) that guides her towards individual

understanding her body rather than letting others decide over the pathways of her condition (di Marco, 2015a, p. 37).

In *Kneeling figure with visible skeleton* (Figure 3), Ferguson's self-representation seems initially to differ very little from classical representations of nudes. Positioned in a resting position, her hands firmly on the ground as she kneels on the floor, the figure is at once strange and familiar. Nonetheless, it is visually pleasing and inviting and it does definitely not invoke disgust. The most visible departure from the conventions of the nude is that rather than only seeing the often fetishized exterior body, we can also see her internal bone structure. As the inside had been taken from her by medical discourses and she was literally in a cast, she needed to re-imagine her insides through "softness, looseness, fluidity, juiciness, openness" (quoted in Neely, 2006). A daring representation of the cultural abject, the insides, almost serves to say that in the contemporary cultural climate, the representation of the inside body is more provocative than showcasing the exterior. *Kneeling figure with visible skeleton* is a moment of "visual autobiography" in which the subject navigates her experience in both the beauty and pain of the body which is able to stand up in full. Instead of invoking pity or trying to "overcome" it, she tries to recuperate a different personhood and relation to time. This is a temporality of what I will call "a drifting now" that suggests simultaneous presence and absence from the situation; slight release from the clockwork like machinery of the capitalist apparatus.

What do these intimate moments of the "drifting now" tell us about the medical experience? The ability of medical images to only represent the body in a one dimensional representation is brought out by making a gesture towards, for instance, sexuality. These moments of relief (Figure 3), suspended from the temporal order, suggest occasions that are not geared towards the future or the long-term. This is a type of agency that is not about becoming an improved version of self or even providing "a response to the structural conditions of a collective failure to thrive, but to making a

less bad experience” (Berlant, 2007b, p. 779). The moments of the “drifting now” in Ferguson’s work are not about resistance in the Marxist sense of a class struggle but instead about what Berlant calls “lateral agency”, moments of “self-suspension” that produce slight release from the pace of capitalist regimes by interrupting through “affective forms of engagement with the environment” (p. 779). By identifying these moments of relief, or “self-suspension”, or the “drifting now”, we can begin to strive towards a more in-depth discussion on the aesthetics of political depression that enable a reparative reading.

The Medical Gaze, the Artistic Gaze & the Postfeminist Subject of Resiliency

By using anatomical tools and artistic knowledge to guide her search for self-understanding, we effectively see a departure from cultural norms of adhering to medical authority. For instance, often cosmetic surgery is given to scoliosis patients, even though there is no medical necessity for it. In the context in which subjects are expected to do their best to survive, a subject’s refusal of conventional forms of “improvement”, is a subversive act. The body forms the locus of this drive for improvement. I am inclined towards contextualizing this imposition in the framework of what Sarah Bracke (2016) calls “a subject of postfeminist resilience”. It implies a female subject who is expected to survive under the ever worsening social conditions. She is not only expected to survive but to thrive in the social climate of patriarchy, deterioration of labor conditions and individuation of responsibility (p. 65). However, all these demands for survival can only be met if one has a working and functioning body. Lauren Berlant (2007b) has argued, that under capitalism sickness is synonymous to not being able to work (p. 754) and that ultimately even poor health is a failure of not being normative enough (p. 765). The disabled body in the cultural imagination stands for lack of productivity but also for the failure to overcome its hindrances. What we bear witness to in the positioning of the disabled body as desired, accepting of her condition and “drifting” in a different

temporality is both a refusal of normativity and neoliberal modes of individual's value determination through production.

There is more to it as by not having an explicit neoliberal imagination of the future, Ferguson (and her work) has a different relationship to future. The “drifting now” is an example of that. I have throughout my thesis emphasized how modes of uncertainty and anxiety that act as forms of governance by calling for the subject to intervene. This entails not accepting the body as it is but rather seeking out a body which is more suitable for neoliberal regimes. Derived from the cultural ideal of the survivor figure, the subject is anticipated to overcome whatever difficulties emerge. However, as Ferguson posits the disabled body as “normal”, “demystified” and “desirable” in its own right, she removes herself from the capitalist regimes of utility, future, production and “overcoming”. As sickness is conflated with not being able to work, her work is a proposition of a new type of resilience. By embracing her body, in all its beauty, pain, and complexity, she unsettles neoliberal overtones of culture-at-large. This is a subversive act of by the subject of “new resilience” that can be described as an “atmosphere of possible everyday interruption rather than the “overturning” of life associated with catastrophe” (Anderson, 2015, p. 63) that we have often come to associate neoliberalism with.

In *Reclining figure with visible skeleton* (Figure 4), we see a naked figure lying down with her hands on her head. Her breasts visible to the spectator's gaze as are the insides of her body. The piece maintains the soft qualities of the series with the carefully chosen pastel colors and shades. From the position of her body to the look on her face, the representation suggests no cathartic emotions as there is no effervescence in sight. It is a moment in the rage of “minor affects” and apathy. Bringing together eroticism and the insides of the body that have generally been thought to coincide with the abject (see *Chapter 3*), she shows a female body beyond the conventional modes of exterior fetishization. The strongest impulse of the work is the manifestation of beauty and sexuality

as the cultural climate is often unforgiving for the disabled subject to display the aforementioned traits. Overcoming disability is seen akin to a job, a full time occupation that has no moments of self-suspension as it always geared towards becoming productive.

Understanding the Interior/Exterior Divide

The artist says she felt divided from the “sensual side” of herself. As a result, she says: “I needed to imagine the inside of my body as sensual and personal — as much me as the outside” (quoted in Neely, 2006). Her works constitute more than a dichotomous representation of differences that exist between the interiority and exteriority of her body by incorporating sexuality. An important aesthetic part in her project creatively combines personal experience and sociocultural moods. We might call this an example of the aesthetics of “political depression”. Medical images and political depression share a similarity in the face of their surface-like character, while seemingly hiding something in their depth – the body’s intangible aspect and repressed emotions, respectively. As medical images display the secrets of the inside body, representing it on the flat surface, political depression has a close relationship to the bodily surface too. Apathy as a central mood to political depression avails us to a mode of thinking towards as to it seemingly cannot display – anger towards social justice in a cultural climate of individuated responsibility. Medical image and political depression both linger between surface and depth while corresponding precisely to neither, implying at once a form of visibility and invisibility. The medical image is all the more interesting for what it cannot or does not show with similar applicability to affect. As it were, I am committed to a “search for depth on the surface of things” (Lippit, 2005, p. 40). In contrast to the surface design of the medical images that had defined her experience of the body, Ferguson says: “Anatomy-based movement practices (including Alexander Technique, neuromuscular training, yoga, and Pilates) made me feel more whole and three-dimensional”. That is to say, prior to appropriating the images, her experiences

constituted a lack, a discrepancy between one-dimensional the medical gaze and the lived three-dimensional body.

The experience she is putting forward is not entirely “positive”. In the images, Ferguson’s face often looks away from the potentially injurious gaze of the spectator. We can see her naked body lying on the ground with the inside of her body exposed to us (Figure 5). These representations of the body in its complex beauty are at once a refusal of particular norms but also an expression of apathy or resignation. I propose that by combining the interior/exterior unification with political depression, we can have a more thorough understanding of the affective life under neoliberal regimes. Berlant (2011) has attempted to define the “minor work” of political depression as something that “demonstrates a widespread sense of futility about slowing the mounting crisis of ordinary life in the present” (p.228-229). Following Berlant, I am rather tempted to think of Ferguson’s self-representation as a symptom of cultural, political and social fatigue. Ferguson’s propositions of vulnerability, melancholia and apathy also align with Berlant’s focus on the “minor work” of political depression. There is no rage, there is no visible anger as the subject of political depression dwells in the region of “minor affects”.

More specifically, political depression suggests a crisis of subjectivity as the avenues for transformation have foreclosed and thus reducing the subject to resignation and indifference. It would appear that there is no agency. Yet critics, myself included, have often perceived her aesthetics as in possession of “sensuous softness” (Beckwith, 2004, p. 174); “beauty and sensuality” (di Marco, 2012, p. 45). This is to say that agency in some form persists. The capacity to subvert is important as despite their surface beauty, the *Visible Skeleton Series* is almost a political critique on how the diagnostic images have been used to determine the surgical futures of Ferguson’s body (di Marco, 2015a, p. 35). This critique is fueled, undoubtedly by personal experience, but also by the biopolitical *mis-en-scene* in which medical images, come to a great deal of power over subjects:

“Folders of films are laid on exam tables, spread out like family photos on the dining room table. As these images lie before us, I am aware that the families are in search of ideas about how to make their child look better and answers to why they look different” (Aspinall, 2004, p. 170).

This recounting of a clinical technician is what we can call the “primal scene”, the ontological moment of medical imaging that Ferguson’s work is trying to refuse by suggesting a different kind of beauty. Not only does medical imaging raise questions about the interior and exterior divergence but they also about how medical institutions impose paradigms of normality. Moreover, they also imply a difference that has to be overcome. These conventions are very performative and threatening as they leave the subject wondering about her inherent worth, or lack thereof. What I take this to mean is that the prolonged exposure to institutional and cultural affective imperatives paves way for political depression.

Countering the meaning of diagnostic imaging as a biopolitical apparatus that governs the making and re-making the body, in *Skeleton Series*, Ferguson’s representation of the body can almost be placed in the tradition of the great nudes, albeit from the angle of the “patient” herself (di Marco, 2015a). Ferguson says: “Art is one of the few arenas in which the less-than-perfect body can be portrayed with its own kind of beauty, grace, sensuality and originality” (Ferguson quoted in Neely, 2006). Placing her work in the spectrum of political depression, I am arguing for an outlet that would help to combine different works that find little resonance with cultural ideals. Thus far, the representations of disability invoking pity do not do justice to the complex lives of medicalized subjects. As Foucault (1978) reminded us, life always escapes techniques that seek to control it. This is to say that these works provide access to artistic knowledge that has gone beyond the objectifying techniques of the medical gaze. I believe reparative reading possibilities and lateral agentic capacities that emerge from these contexts can be argued to include counter-hegemonic moves, all the while not really proposing a new imagination or any political solutions.

Perhaps not putting forward a new political imagination, I think Ferguson suggests a new aesthetic solution to account for a more complex understanding of disability. In opposition to the affordances of a medical image or a photograph that capture either the interior or the exterior, she combines the exterior and the interior body in a single frame for a more “wholesome” representation, as if to literally and figuratively point towards the shortcomings of the medical gaze. On the one hand, for Ferguson, these are the images that are used in the treatment of scoliosis. These are the images that have left her alienated from herself as she feels reduced to her illness. On the other hand, through her artistic knowledge she makes a gesture towards a more layered experience of disability by combining the interior and the exterior. The pros of highlighting the discrepancy have been nicely summed up by fellow artist with impairment Casandra Aspinall (2004). Judging the people’s positive reactions to Fergusons work, she argues that their reception is indicative of how people who do not have the experience of disability may now be able have some insight as to how the interior-exterior “difference” is felt (p. 170). This is to say that moving beyond categories of interior (private) and exterior (public) is crucial towards both understanding the experience of disability but also to account for a three dimensional body in which those categories are always entwined.

There is a public discourse on the body that is illustrative of the problematic interior and exterior divide. There is an increasingly popular idea, as Jose van Dijck (2011) has told us, that by screening the body (i.e. making the interior visible) we can locate and cure whatever is wrong with the body without human error. This is what she calls the “ideal of transparency”. Derived from the fantasy of the endlessly malleable body, another obvious neoliberal cathectic investment, this idea undergirds the cultural understanding of the medical image. Although, as Ferguson’s artistic knowledge suggests, the images are far from being clear cut for the subject as they concentrate on the interior in a way that is superficial and does not concern the subject’s inner state. In connection

with neoliberal temporalities and effects of anticipation that govern the present for a “better” tomorrow, the clinical gaze in the case of non-surgical medical diagnostic imaging assumes a position of being able to rid “inadvertent imperfections or undesirable growths” (van Dijck, 2001, p. 227). Though, it is quite obvious that this merely a fantasy as screening devices can really penetrate through the body entirely. Nevertheless, the cultural work done by the idea of transparency through technological interventions affirms this fantasy as available to everyone. It can only serve to ask which subjects are produced through the cultural work of the “ideal of transparency”?

Ferguson’s artistic gaze towards the medical imaging procedure dwells on and criticizes what van Dijck (2001) has called the seemingly not injurious “mythical journey, which is aimed at exploring and fixing the interior body without leaving a trace” (p. 220). After van Dijck (2011), we have also learned that to screen the body is, in fact, to intervene which is far from being an innocent activity as it changes our outlook towards illness, therapy and bodily perceptions. However, through Ferguson are now seeing a different kind of intervention that ought to change our relationship to illness and therapy. As Ferguson maintains the anatomical accuracy of the drawings, she refuses the understanding of the body as always subject to modification and physical intervention. Rather, by very intricately drawing out every inch of her bones and tissues, it is as if she is trying to understand her make-up on an almost cellular level. Silvia di Marco (2015a) argues that she does not use the medical images as a site of trying to unpack the causalities of her illness, but instead uses the images as a starting point for her self-discovery (p. 47). By drawing over the “deformities” of her bone structures, she always leaves the shape of her bones intact and thus she constitutes an “interior” beyond the medical gaze that always strives for “normalization”.

Vulnerability, “Drifting Now” & Elegiac Politics

Good health and normative looks are part of neoliberal subjectivization. However, Ferguson’s apathy by way of political depression (or is it the “drifting now”?) begs the question: what about the subjects who cannot be entrepreneurs of themselves and “overcome” their hindrances? What kind of subjects but also vulnerabilities does this imposition create? Under neoliberalism, it is hard to think of vulnerability as a positive trait. However, Judith Butler (2016), in her analysis of precarious and vulnerable subjectivities, posits that “deliberate exposure to harm” (p.20) constitutes an important aspect of any anti-hegemonic activity. Through the example of street protests, she argues that subjecting oneself to a vulnerable position is an important part of subverting power. We can, then, think of vulnerability as part of political change. When Laura Ferguson subjects herself to a highly susceptible position of being scrutinized by the public, she is attempting to pose questions that find uneasy resonance with neoliberal ideals of survivorship, “overcoming”, vulnerability and resilience. Ferguson asks us to reconsider the meaning of vulnerability through the very images that have repeatedly been used in deciding whether further surgical interventions are necessary. As Butler suggests, “few struggles are more important than those that call into question so-called common norms by asking whose lives were never included in those norms” (p. 21). Fully unclothed and in a state of vulnerability, Ferguson exposes herself, both inside and outside, to reveal her experience with scoliosis but also the medical and social power to which she has been subjected.

In *The Visible Skeleton Series*, there is a performative element that goes beyond merely suggesting vulnerability (read disavowal of resilience). Through the alluring, and dare I say seductive, representation of the disabled body in her work, Ferguson is attempting to pronounce a new grammar that depart from discourses of pity and overcoming disability. In *Reclining figure with visible skeleton*, the melancholic undertones seem to accept the “bodily losses” of her condition rather than disavow them. She proposes the disabled body as a site of liminality that avows her body but

disavows the impositions of culture. While there is a call for abandoning any negative affects and non-normative embodiments, the grammar of vulnerability proceeds to give the images its political edge. Vulnerability is important here as her experience has come with her own gains and losses. To deny the losses of her position would be to deny her experience. However, as a result of not adhering to neoliberal regimes of future-orientedness, and instead following a temporality of the “drifting now”, Ferguson expresses affective registers (i.e. apathy; melancholy) that are inexpressible in the current cultural climate. Her work not only promotes a new grammar of vulnerability but through an articulation of previously repressed emotions, she implies a possibility of renegotiating the past.

Talking about her experience as a teenager going through difficult surgery, she says: ”This was a life-defining experience, of constriction, repression, many hard things” (“Galleries: A Narrative of The Body”). Ferguson had to repress many of her emotions with regards to her experience. Her orientation now is not towards the yet-to-be but rather, as the quote above shows, a possibility to reconstruct the past and present (the “drifting now”) by literally working over the very same medical images that once determined her life. *Reclining figure with visible skeleton* depicts Ferguson in a moment of resting on her back. Against neoliberal regimes of fun maximization and/or productivity, Ferguson’s work acts as a suspension of the self from neoliberal temporal regimes. Her illness-temporality (“drifting now”) does not adhere to the iconic figure of the survivor. Instead, she avows disability through a new non-future oriented temporality. What we are witnessing in the image is an interruption of the everyday – the capitalist oriented schedule – and the embrace of the culturally unaccepted. I am invoking here Berlant’s notion of “lateral agency” (or is the “drifting now”) as something that offers a momentary breather through deferral from the “pace of the working day” (p. 779).

These moments of lateral agency also promise a different politics. Through the incorporation of elements beyond the survivor figure, we can return to Sarah Lochlann Jain's (2007) "elegiac politics" (2007). Ferguson incorporates her "private face" (think the body resting on the floor; lying on the bed) into our cultures of illness (p. 89) that otherwise dwell on the (smiling?) survivor figure. Moreover, it is an embrace of loss which is usually divorced from the iconic survivor figure. "Elegiac politics", Jain argues, must re-think the concept of inevitability by facing the reality that "biomedical promises of cures, can only ever be irrelevant to patients' internal state" (p. 90). The key for Jain is to stop focusing on the affirmative, and largely unattainable, cultural ideals of recovery and survivorship. By suggesting political depression, or other culturally subversive affects (i.e. apathy), as an alternative to the regime of "positive affects", I believe, Ferguson follows Jain's suggestion to replace survivor figure's durability with "living in prognosis" and its inherently complicated set-up including "contradiction, confusion, betrayal" (p.90). By staging this interaction among Jain, Ferguson & Berlant, I am trying to account for the messiness that is illness by engaging in a dialogue with particular negative and minor affects that undoubtedly make up an important part of experiencing illness. These moments are not, as Berlant (2007b) reminds us once again, about making oneself better. But these moments are about agency. The moment of relief, as the figure in *Reclining Figure with Visible Skeleton* lies down, is about feeling good "for a moment, not as a projection towards the future" (p. 780). There is only the "drifting now" that is simultaneously here and elsewhere.

[Against Resilience and Overcoming Disability](#)

In a bid for a more structural inequality informed analysis of disability and affects under neoliberalism, I take my lead from Wendell (1989) who correctly points out that the imposition of overcoming disability "may give the able-bodied the false impression that anyone can "overcome" a

disability” (p. 116), a cathectic investment in the idea of independence and resilience. The body once it is mediated by technologies and probabilities becomes what Ben Anderson calls the “archetypal neoliberal subject”; a type of “an entrepreneur of himself or herself” (Anderson, 2015, p. 11). However, there is a contradiction in this positioning of overcoming as emancipatory since these ideas are linked to the entanglement of postfeminist and neoliberal discourses. At once, as Rosalind Gil (2008) argues, there is a “can-do” discourse on attitudes pertaining to almost everything but there also persists “a level of scrutiny and hostile surveillance that has no historical precedent” (p.441). Ideologies of autonomy and possibility coincide with surveillance and disciplining of those who make wrong choices (p. 441). Expanding this way of thinking about impairment, we can think of political depression as a response to this ideology, or more precisely, the cultural climate that suppresses expressions of negative affects through maintaining the illusion of choice and possibility.

In her representation of the disabled body as a subject with agency of her own, Ferguson makes a clever and reflexive gesture towards dominant ideals of beauty and ability. For a disabled subject who is not allowed to be disabled or angry, but rather to overcome it and “normalize”, political depression becomes a political issue. Alison Kafer (2003), a queer feminist disability theorist, building up on the work of Adrienne Rich, has demonstrated that the dominant ideology of compulsory ablebodiedness with emphasis “questions of cure, loss, and disavowal” (p. 80). Interestingly, Ferguson does not do away with loss as by positioning the body in positions of defeat she rather outlines her ambivalence. However, there is definitely an avowal of her body as it is not represented as something to be overcome, an abject. Her intricate drawings of not only the exterior but also the interior are indicative of a close relationship and unity with herself. As she has said, the insides are as much her as the outside (Neely, 2006). This acceptance has a contentious relationship to culture at large. Kafer (2003) argues that the opinions of the people with impairments are almost never regarded as an important part of the dialogue and “regardless of how satisfied they may be in

their lives, there must be a part of them that longs for a nondisabled body, wishes desperately for a cure, and/or feels woefully incomplete” (p. 80). In this context, the affective register of apathy as a reaction to norms, ever present in political depression, becomes a political question.

There’s another neoliberal ideal that needs further discussion, especially in relation to avowal (of disability). While political fatigue may be the lived reality, resilience, as I have argued, is the operating keyword under extraordinary conditions that have been normalized. This also includes overcoming the impossible, or at the very least, making a stance of disavowal towards it. This captures the political depression informing Laura Ferguson’s work. Subjected to a new regime of extraordinary demands of resilience that are being catered as liberating, the female figure lying hopelessly on the ground, in some of her works, seems like a rejoinder to the never-ending modes of biopolitical control. Our culture’s obsession with dramatic comeback stories is not a surprise, as Bracke (2016) argues that “resilience is not merely about endlessly bending without breaking; it is also about bouncing back in shape, possibly stronger than one was before” (p. 66). The avowal of disability seems almost like a crime against humanity. Bracke goes on to show that this type of call for resilience “in a neoliberal “affective economy”” re-writes the rules for normative modes of femininity as it demands the overcoming of traditional modes of femininity (i.e. fragility and vulnerability) (p. 67). While I would be happy to offer a vision of Ferguson as an icon of re-configured femininity, what emerges from this “affective economy” is a female subject who is now governed by new, though equally oppressive, forms of power.

In line with my project’s aim of catering “to making a less bad experience” (Berlant, 2007, p. 779) rather than proposing a new utopian political imaginary, I am stepping away from the neoliberal paradigm that considers future to be of pivotal importance (Adams, Clarke & Murphy, 2009, p. 248). Ferguson’s work does not put emphasis on the future or “healing”, or even survivorship, as the assumption of desire, sensuality and agency in her work already provides an

insight that she might be satisfied with her life without further unnecessary and often cosmetic medical interventions. Often oscillating between melancholy and eroticism, *Visible Skeleton Series* goes against the political imagination of disability. Refusing the neoliberal consensus on futurity, Ferguson's temporality of the "drifting now" paves way for a better experience of the mundane.

Conclusion

Thus far, research on the integration of medical images (or medical imaging technologies) into literature and arts has been scarce (di Marco, 2015). Trying to bridge that gap, I have argued that different artistic representations of medical anxieties can point towards aspects that otherwise go amiss if the illness and embodiment are only considered through the medical gaze. Through a sociohistorical and contextual analysis, I have traced the cementation of medical subjectivity as body's primary identity under neoliberalism through my case studies. I have focused almost exclusively on the cultural project of neoliberalism by analyzing the subjectivities it produces rather than political economy, the term that circumscribes the conventional understanding of neoliberalism. In trying to comprehend the changes in our bodily subjectivities and culture-at-large, I have come to the conclusion that we first have to unpack our cultural ideals. This is to say that a lot of energy has to be spent on understanding the relationship between the neoliberal affective economy, subjectivity, vulnerability, resilience and resistance. Further work will have to be done on their intersections given the increasing proliferation of both medical imaging technologies and their consolidation in arts and literature (Laflen, 2010; van Dijck, 2011; di Marco, 2015).

Despite its promise of transparency, the medical image has proven to be a highly contested site. The issue at stake is more than the visibility of particular body parts. The question in my thesis can be broadly summarized as the “semiology of the avisual” that has been described by Trinh T. Minha as “the very invisibility of the invisible within the visible” (quoted in Lippit, 2005, p. 40). There have been attempts to understand the invisible aspects; however cultural analyses of medical imaging have most focused on fetal imaging. Given the prevalence of other medical images in our everyday visual ecology, I have concentrated on non-fetal imaging as they propose a complication since they appear more transparent (Burri & Dumit, 2008). Reading fetal imaging procedures through power relations makes for a convenient reading as it opens up obvious discussions about

abortion and women's rights on their bodies. In other instances of medical imaging (i.e. MRI), the relationship to power and identity politics is less obvious in the popular imagination. By engaging in a dialogue with the performative force of seemingly ideology free medical imaging, I have shown the contentious relationship between the subject, neoliberal agency and the image.

My analysis has drawn attention to how something that is anticipated to produce a mimetic representation of the body to cure it, often performs a very different function. My discussion has indicated that unexpected outcomes include new temporalities; policing of the female body; new affective tendencies (i.e. "living in prognosis") and maintenance of cultural ideals that eventually work against the subject's best interests (i.e. "cruel optimism"). The concept of resilience is a central concern that often undergirds and glues together the neoliberal project at large. The upholding of resilience has been central to new technological means of policing the female body but also to illness temporalities. Specifically, Sherman Alexie's short story demonstrates the futile and anxious temporalities that emerge within that particular context of awaiting for the "results" of the MRI. Mona Hatoum problematizes ideas from the feminist perspective to highlight how these technologies through a seemingly neutral discourse constitute new ways of policing and controlling the female body. Lastly, Laura Ferguson questions not only the premise of the medical images to cure the body but also the kind of expectations and subjectivities the promise of the cure produces. By putting Ferguson's work in the larger framework of postfeminist resilience and cultural ideals of overcoming disability, I have shown that her work seemingly asks the question of whose body it really is. Put differently, even if the disabled subject is not mandated by brute force to overcome her disability, there is a very strong cultural demand for it.

As can even be seen from the small paragraph above, experiences and approaches to medical images vary vastly. While I have tried to account for the experiences mostly through psychoanalysis, affect and phenomenology, there still needs to be a lot more work done on the junctures of, for

instances, different temporalities of illness (chronic illness, “living in prognosis”, terminal illness etc.), affect, and phenomenologies of the medical image. I would even go as far as to suggest that new materialist approaches to the medical image should be brought forward. I follow here Arjun Appadurai who in a recent lecture suggested that WJT Mitchell’s (2005) provocation of thinking what images want beyond the intent of their producer is a productive new materialist mode. I have briefly alluded to the desire of the medical image to render itself visible by outlining that this, too, makes up a desire. However, this is by no means a final analysis on understanding what the medical images (potentially) want. That said, WJT Mitchell warned us in his book that the answer to the question may very well be that the images want *nothing* (p.50). In dialogue with new materialist accounts, the place of medical images will have to be considered in the neoliberal affective economy and the impact they have on structural subjectivity.

My thesis has shown the importance of weaving together medical imaging, neoliberal subjectivity and affects. However, not only am I implying here the necessity for further analysis of artistic knowledge about the body or medicine, but I am trying to take steps toward a larger political project. This is what I called the aesthetics of political depression. This serves as an invitation rather than a statement to further think about how particular problems of embodiment are aestheticized. The artistic gaze, or artistic knowledge, about the body clearly outlines the omissions of the medical gaze. Put this way, it constitutes a different aesthetic, a “counterimage” (Burri & Dumit, 2008) to dominant modes of comprehending the medical gaze. Notwithstanding the ambition of this statement, I argue for a sustained analysis of the aforementioned facets underlining our increasingly medicalized everyday through aesthetical affordances. Gearing towards this aesthetic will enable us to combine issues in a more approachable manner. Moreover, as I have tried to put forward the inexpressible and the seemingly invisible that nevertheless make up large parts of our affective lives,

continued effort will have to be involved in understanding the mechanism of political depression, its expressions, flows and regulations.

What I have been trying to sketch out through all of my chapters is a general mood under neoliberalism. Affects are a large part of this aesthetic. They provide the undertones for the project that I have been pursuing. Speculatively, I have tried, following Sianne Ngai, to suggest that our lives are defined by minor affects rather than large cathartic feelings, even though very precarious social conditions persist. I have tried to show that the stronghold of the resilience paradigm and lack of resistance have created an ambivalent mood that is not characterized by rage, anger or despair. This, too, I believe links to political depression or a growing sense of futility about the future. However, there is another aspect to affects. As we learned from Ben Anderson, affects are not a surplus to our lives but rather they are an integral part of how neoliberalism and anticipatory medical practices operate and maintain themselves. More efforts will have to be also concentrated on thinking about seemingly non-neoliberal and non-future oriented affects and the effects they have on our quotidian emotional life and medicalized subjectivity. This is to ask, for instance, what does the cultural attitude towards about apathy tell us about the market demand for affirmative emotions?

My discussion on future-oriented affects has also suggested that hope is something far more complicated than what Mary Zournazi (2002) has naively (think “cruel optimism”) described as a “basic human condition that involves belief and trust in the world” (p. 12). Instead, hope is entangled in neoliberal logics that create fantasies of the future that call for action in the present. Hope becomes a way of orienting oneself toward the world that inevitably modifies the present. It becomes a biopolitical regime. This evocation of hope, particularly in the medical context, has come to the point that hope under neoliberal regimes of futurity and affirmative affects is felt as anxiety. If we remove “belief and trust” from the equation of hope, then, what is left? Set in the backdrop of “slow death”, I have shown that the facets “belief and trust” are no longer part of the everyday

affective experience, even though the cultural discourse on them is pervasive (think “cruel optimism”). Although, I have conceded that hope is now almost interchangeable with anxiety, there needs to be further work on what hope now constitutes. That is to ask, what is left of hope if “belief and trust in the world” are no longer part of it?

Although anxiety in the larger cultural discourse has been embedded in paradigms of individuality, I have tried to shed light on how anxiety, much like hope, becomes a form of governance. Through Sianne Ngai I have shown the double work of the emotion, i.e. the person feeling negative emotions, in fact, knows that they should not. There is more to do it; however, as anxiety in the current cultural climate can be thought of as a preparation for something “bad” that has to be avoided (think cultural appeals to hope). Sarah Bracke (2016) has even argued that neoliberalism is a training in resilience. This to say that, the subject knows that in order to survive, they will have to absorb whatever shock the system gives them. Anxiety, in this neoliberal affective economy, serves as a preparation of that very shock the system is anticipating. In terms of human subjectivity, such an approach takes for given that “selves do not get shattered, and thus posits a continuity and coherence of the self-prior to, during, and after the shock” (Bracke, 2016, p. 61). My inquiry, in turn, implies that this is not the case. While I am not going to predict as to what the future will bring, more attention will have to be paid to “shattering” of bodies under neoliberal regimes. “War Dances”, for instance, suggests that encounters with technologies are highly performative and that already the fear of losing control and autonomy give ample space for crisis in subjectivity.

Crisis is commonly thought to lead to some sort of climax, for better or worse; however, it seems that that neoliberal subjectivity is far more complex. Resilience is the operating keyword that oversees our lives that are increasingly equated with how much they produce. Resilience, as we learned from Sarah Bracke (2016), is the idea that whatever shock the system will face, the subject will have to endure it. Or, better yet, “bounce back”, stronger than ever before and not dwell on the

social justice that was conducive to producing those conditions. Undergirded by ideologies of innovation and resourcefulness, these ideas do not only apply to the realm of production but also to the personal – the body. The functioning body is the central site through which production is ultimately accumulated. As such, as Berlant argued, sickness under capitalism is the ability not to work. Resilience implies to the body too and thus becomes imperative. Put simply, should someone fall ill, it is their responsibility not to have fallen ill, in the first place. Conceptual analysis towards unpacking the differences, convergences and manifestations between obedience and resistance would go a long way in guiding towards a better understanding of the neoliberal cultural climate. With particular emphasis on how conceptualizations of resilience and vulnerability play out on the body (i.e. new affective tendencies; ways of policing).

In this neoliberal affective economy of resilience, as I have shown, it does not make sense to really talk about resistance. Resistance to the system is inherently foreclosed as resilience mandates the survival of the system rather than the individual. However, to provide a more affirmative note, I have shown through Laura Ferguson’s work that vulnerability, that is a disavowal of resilience, can bring about some changes. Vulnerability does not emphasize the classic characteristics of neoliberal resilience. Resilience obedience to the system, while vulnerability *is* resistance. This is also in line with Michel Foucault’s postulation: “If there was no resistance, there would be no power relations. Because it would simply be a matter of obedience” (quoted in Lemke, 2011, p. 72). Obedience does not lead to the change of power relations but instead, as we know, reinforces, maintains and congeals them. What I am trying to say is that as there is no substantial resistance, but rather obedience, we cannot begin to talk about political transformation.

I have also argued that there is potential in the disposition of vulnerability to start thinking about political change. Thomas Lemke argues that the totalizing form of (bio)power that Foucault refers to is sensitive to “creative forces exterior to it, which it seeks to regulate” (p. 72). In other

words, once we have resistance rather than obedience, power relations will have to come under modification. Laura Ferguson's work on sensualizing the medicalized subject is a fine example of how creative interventions come to be implicated with contesting the powers of the medical gaze to produce its subjects. Ultimately, it seems that the body itself can give way to a new possibility of resistance in what Lemke calls "a new ontology that derives from the body and its forces" (p.72). Lemke's argument, I believe, can easily be aligned with the emergence of the affective forces (think vulnerability) as they emerge in the artistic gaze directed towards the medical gaze, paradoxically resisting it.

Before resistance rather than obedience occurs, we can only talk about "making of a less bad experience". By invoking "lateral agency" in my analysis I have deliberately moved away from the transformative discourses. Not that I do not believe in them, or have cathectic investments in them, on the contrary, but I feel at present we are far too caught up with the legacy of neoliberalism. It pays to emphasize that resilience has become such an epoch defining keyword that before we even begin to step towards resistance, we need to seriously consider how the idea of resilience itself hinders any sort of change. It is no doubt a "cruel optimism" or a "cathectic investment" that needs further scrutiny. Of course, I am also arguing for a more thorough understanding of what "lateral agency" means or could possibly mean. Given the necessity for lateral agency and the ability of the arts to outline such moments that disrupt the capital-accumulation oriented working day, a deepened understanding of lateral agency in the arts should be an important objective.

Finally, the aesthetic form, as I have drawn attention to it, plays an important part in suggesting new forms of knowledge (i.e. artistic knowledge) about the body. In some ways, my project echoes Jonathan Flatley's (2009) ambitions of "affective mapping". This is a moment when a reader or a spectator begins to recall or repeat previous experiences after encountering the artwork. This is not a case of *déjà vu* as the emphasis here is on the idea that this dynamic produces a didactic

moment through which the person can learn something (p. 7). This is not to be mistaken with ethics for living. I previously argued against using literature as an ethical blueprint but rather as a site in which to locate social anxieties. I do not mean to use “affective mapping” as an ethical standpoint. Instead, I see “affective mapping” as a moment of naming. At times, this will have to include naming the invisible. To ask rhetorically, what does “affective mapping” do to our notions of resilience, resistance and vulnerability? The answer may very well be that it does *nothing*, yet it is nonetheless a worthwhile avenue to venture.

In the proposition of the aesthetics of political depression, we will also have to pay in mind that while it is quite easy to render any disenfranchised subject an object of analysis through an analysis of power relations, the emphasis will have to be on the agency of the subject. This is not to imply that there are a lot of possible agentic gateways for the subject to elect from but to underline the insistence on “lateral agency”. To emphasize, this is not about long-term transformation but to the “making of a less bad experience”, to giving thought to things that have not yet been named and disrupting the regime through a very minor key.

Appendix



Figure 1 Mona Hatoum, *Corps étranger*.
Video installation with cylindrical wooden structure. Photo: personal collection



Figure 2 Mona Hatoum - *Corps Etranger*
(inside cylinder); Photo: personal collection



Figure 3 Laura Fergusson - *Kneeling Figure with Visible Skeleton*



Figure 4 Laura Ferguson - *Reclining Figure with Visible Skeleton*



Figure 5 Laura Ferguson - *Stretching/kneeling figure with visible skeleton*

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