

Without Diagnostic Abnormality

A Thesis

Presented in Partial Fulfillment of the Requirements for the

Degree of Master of Fine Arts

with a

Major in Art and Design

in the

College of Graduate Studies

University of Idaho

by

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May 2023

Abstract

With my artwork, I portray complex experiences associated with chronic pain and disability. Through mixed-media experiments, exploratory surfaces, and bodily projections, my creative research attempts to make the ineffable approachable to viewers. Through my work, I challenge others to seek a more empathetic grasp of pain and garner a more layered, empathetic understanding of someone else's struggles within their own body. In my practice I expand on the experience of a life with pain: the attempts to find answers, the emotions of not finding them, the daily schedules negotiated to sustain, and the various treatments tried to overcome it. Through the residue I objectify from my own life, I attempt to hold place for others experiencing the invisible or hard-to-explain and work to confront medical institutions that may downplay the impacts of our experiences. By showcasing vulnerable moments, encapsulated struggles, through lines from past to present, and the layered weight of bodily experience, others are welcome to connect their own stories and through this exchange, I hope some can find their own healing.

Acknowledgments

A very special thank you to Stacy for your work as my major professor and all the other way you supported me from start to finish. To Johanna for your wealth of knowledge and support for inquiry. To Matt for bridging the gap between historical photography and contemporary art photography. To the Art and Design for all of your perspectives and encouragements. Finally, and most importantly to the Art and Design grads who have become my community.

Dedication

To my parents for their unwavering support and to my friends who always provided a helping hand,
you have all made it possible for me to do this.

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Chapter 1: Introduction

The Fine Arts have nourished me my whole life. My parents were trained in the arts, and my nursery was the Visual Studies Workshop where they worked. When I was four, my family moved to Moscow, ID, and my father took on Gallery Director roles in the area. He spent the majority of his years at the Prichard Art Gallery, and I understood the space, with its various exhibitions, arts events, and workshops, as my second home. Many nights a year would be spent where all the adults around me were talking about art and asking me what I thought of what was on view. My early art education, therefore, was far-reaching and delightfully unstructured but was foundational to my understanding of self. I am grateful for the opportunities they provided me with to see artwork around the world.

My parents have infinitely impacted my visual sensibilities, from taking art workshops with my mother, where we once learned how to crochet wire, to my father's art practice which was tangled into my morning routine for many years. His major artwork of the last 20 years is titled *Fruit Plates Project* and was created in our kitchen, usually in the mornings before I went to school. My father would fill a blue-rimmed bowl with fruit, arranged to be visually pleasing, trying to get my brother and me to eat more fruit. It evolved into a grid of images that were ordered by the time of year, so the top left corner is the start of January and the bottom right corner is the end of December. He chose this setup because you can see the change in the seasons based on what fruit was available at the time. Ending up with something visually stunning and informative. Seeing my role in a daily life activity transformed into a work of art continues to be instrumental in my practice.



Image 1-1 Top: Young Skinner/Rowley family at a gallery in Rochester, NY. Photo courtesy of Elizabeth McDade. Middle: *The Fruit Plates* installed at the Kennedy Center, 2015. Bottom: My mother and I crocheting wire. I'm on the right in all.

Alongside my art exposure, I was always encouraged to explore, investigate, and document. Scientific inquiry has deep roots in my family. Three out of four grandparents were doctors and researchers who helped advance medical science. The fostering of both artistic abilities and scientific inquiry has allowed me even more ways to engage with the world.

With this artistic nurturing, I have integrated my life and art practice tightly together. My life informs my making and my making influences my daily life. In my studio, I surround myself with material curiosities and cameras that I use to investigate and develop my understandings of the world. Following my curiosity, I allow my hands to work while my mind is able to decompress and process, making connections and conceiving new ideas. Through making, I can't problem solve or control everything, but as I give voice to my struggles through my arts practice, I am better able to address these struggles in other parts of my life. With art, I don't need to have the right words just the ability to move, explore, and document. As an active observer, I generate my own voice and hear my own acceptance. In time, finalizing and exhibiting works, I appreciate being able to share my creative perspective with others.

A major presence also impacting my life, and as you will read in this thesis, is my physical pain. Unfortunately, there is no easy way to explain my pain because I have yet to receive a diagnosis that has been confirmed. Medically, this means that I have been undergoing tests, various treatments, and surgery over the last ten years to try and understand its root cause and minimize its impacts, but

as of now, nothing has worked. Because of this, my work often reflects, examines, and tries to define my physical pain. Processing my experiences of pain through this form of inquiry provides no concrete answers but allows me to layer in my experiences navigating medical institutions. In contemplation of pain, I put myself into many vulnerable positions, physically and emotionally, but I'm not trying to express my pain as if I'm a martyr or a science experiment. Instead, I seek to find better ways to reveal myself to myself and the world.

Pain may be a great equalizer; almost everyone has felt and carried the weight of both mental and physical challenges. But for people like me, this burden is a constant disrupter of everyday experience, and I want my work to bear witness to pain's long-term effects both physical and mental. Whether it is caused by mental health complexities, chronic illness, and/or disabilities, knowing one has to experience pain everyday changes how one interacts with the world. In saying this I'm not suggesting that everyday bumping into things that causes quick bursts of acute pain is any less painful, instead, I'm discussing the weight of carrying a chronic burden.

Those outside of pain's grip often can't understand its impacts nor fully believe those in its grip. Best described by Elaine Scarry, in *The Body in Pain*, she says: "To have great pain is to have certainty; to hear that another person has pain is to have doubt. The doubt of the other person amplifies the suffering of those in pain." (7) This phenomenon has happened to me, most egregiously by a surgeon a two weeks after surgery, who told me I could not have experienced level 10 pain because he knew level 10 pain and it was much worse than whatever I could be experiencing.

The rise of medical imaging, and therefore the ability of the doctor to actually see inside a patient's body, has led to a decrease in the overall importance of patient testimonials. Many of my own medical images have come back with the assessment of "without diagnostic abnormality" the title of this thesis. The truth of an image has long been discussed in the field of photography. Photographs are usually indexical, meaning they record what exists in front of the lens at the exact moment an image is taken. There may or may not be moments of factual evidence within an image, but what is unavoidably present are a myriad of human selective choices that negate any claim of "truth" within photography. Nonetheless, the documentary style continues to play upon the notion of photographic objectivity. Susan Sontag discusses documentary photography in her book *Regarding the Pain of Others* as part of the history of how images have been used to inform and garner sympathy for the suffering of others (14). While I make straightforward images of my body, in some ways aligning with a documentary aesthetic, I depart from this strategy through heavy editing and material manipulation. This moves my work from photographic evidence to personal testimonials of my experiences.

Using some of the framework and tools of doctors, I hope to gain back some authority in my testimony and combat some of the doubt, challenging the popular imagination of these conditions. To ease some of the struggle and isolation that I and people like me experience, I want my work to express my own experiences with pain, but also stand in recognition of the struggles that others with similar experiences suffer. This helps us all contribute to the larger conversation about what it means to be outside the norm in this country.

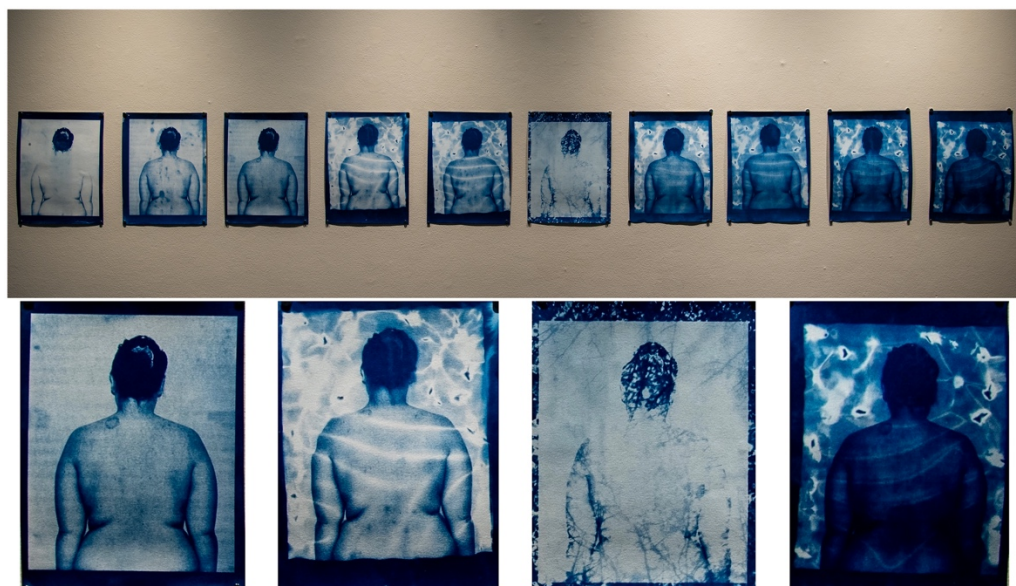


Image 1-2 *Treatment*, a line of ten cyanotypes, with same the figure, whose back is turned to the camera. Each image has unique visual effects. Four images are enlarged below.

Treatment

There are many stages that a person goes through when they receive treatment for an illness; I am mindful of this when I work through pieces that reflect on my own experience. In creating work built on the back of my burden, I seek to find better ways to reveal myself in vulnerable positions. This strategy connects with those that may also endure the poking and prodding of their various treatments. In this image set I use the same base photograph of my back showing a circular bruise on my left shoulder from a cupping treatment. Each print has its own visual effects, artifacts of the cyanotype process, physical alterations to the negative, or the use of multiple negatives for one print. I experimented with various techniques to achieve the different visuals, the most permanent of which was using a lighter to physically burn and melt the plastic of the negative. Each image on its own has the visual intrigue of the photographic techniques, together they only start to communicate about the

process(es) of treatment. The set starts with small variations between prints, then as you walk down the line the changes become more impactful, distorting and obscuring my figure.

Collectively the variations give voice to the ever-changing experience of being “unhealthy.” The repetition mirrors the strain of trying to find an effective treatment without a clear understanding of what one is contending with. The confusion brought forth by the printing process as well as burning and layering of negatives parallels the confusion I feel when trying to connect with my own body while trying to “fix” it. With any treatment, there is no guarantee that it will work, and it takes a lot of energy for me to endure living in pain while trying to stop that pain from happening, as well as suffering whatever side effects may come from the treatment. The easiest way to live is to disconnect from my body, but that can make the whole world feel alien and lonely. This confusion is also reflected in my doctors; they can’t figure out what is happening in my body any more than I can. In this work, I desire to reconnect with my body and to know I’m not alone. I hope that when looking at the series of manipulated cyanotype images of my body, someone else may also no longer feel so alone.

Process

When I make artwork, I often take on the same challenges as my doctors, confronting and struggling against the unknown. We share the unknown of the root cause of my pain, and we both conduct tests and make hypotheses in hopes of discovery or at least a better understanding. I work in a sliding scale of unknowns, reaching from small scale, like investigating a new material, or larger scale, like how to communicate ineffable experiences to others. I borrow strategies from medical researchers, like methodical experimentation, testing of variables, and evaluation of results.



Image 1-3 *@Large* installation views. Top: *Blossom* Bottom: *Refraction*, *Trace*, and *With Wind*. Images taken by me in 2015.

I have always struggled with how to explain what kind of artist I was, which in simplest terms, I would now tell you I'm a mixed media artist. While it is slowly changing school makes it seem like you have to choose one type of art. But out in the world, the type of artists I was interested in did make in mixed media, and that excited me. One of the most impactful exhibitions was Ai Weiwei's *@Large*, located on Alcatraz. During my senior year of high school, my family took a trip to San Francisco just to see it. I was especially lucky to be able to do a guided walk-through with a docent which provided a lot of context. Each piece was done in different media which addressed specific stories. In one location he installed porcelain flowers into the porcelain bathroom features (toilets, sinks, and a bathtub), titled *Blossom*. When Ai was young, his father was sent to a labor camp for his poetry and activism. His father was humiliated, and made to clean communal toilets, so Ai recontextualized these features to honor his father. My experiences viewing *@Large* as well as further research into more of his work showed me how using a variety of materials allows for a more detailed read by the audience. Objects and materials from our everyday experience can be pushed to help us confront complex stories and adversity when increased scale, shifted in location, and made more accessible alongside background information. Knowing it was possible to create such rich

expressions and experiences with mixed media, helped steer me towards the I am on now as a material-driven artist.

I conduct loosely ordered materials research. I look for new ways to make media communicate, methodologically pushing its possibilities of use while inviting spontaneity into my practice. Working both analytically and with some openness, allows me to work on many projects and experiments at one time, bouncing from one to the next in a way that suits me personally. Mixing my personal experience and research disability and healthcare topics, I create concepts or stories for my work that is then paired with my materials research. I look for moments when the visuals and concepts begin to resonate. This starts a generative process that speaks better to the concept while helping me narrow down and solidify the core concept(s) I am communicating. Starting with the basic ideas, I collect materials or images that highlight points in the story but then render or display them in ways that confront their expected use. In *Treatment* you can see how I have challenged the way photographs are usually used, to create expressive texture to communicate about a bodily feeling. A similar attraction to texture and acts of spontaneity enchanted me with the process that made *Pill Diaries*.



Image 1-4 *Pill Diaries*, three pages with a colorful residue of pills and watercolor.

Pill Diaries was conceived while exploring how pill capsules might dissolve when introduced to various aqueous art mediums. If you fill a pill capsule with liquid watercolor, it has enough water in it, that it dissolves. The capsule physically melts, breaking open and spilling the liquid inside. The paint spreads out onto the page and mixes in unpredictable ways. The pill capsules continue to melt into the paper, leaving a glossy residue of the shell when they dry. With these observations, I started to build a structure from my work, assigning specific colors to specific pills I might take in a day. Using my records, I would fill the capsules with the corresponding liquid watercolor and place them

on a page. These compositions become a way to visualize the pills I am taking and allows for a meditation on what is happening inside of my body. These processes transform my inwardly felt bad days into exteriorly observed intriguing mixes of colors that can engage new questions and appreciation by observers. When confronting this work, I want them to question how are the pills interacting, and what is going on inside my body to cause me to take these different pills?

Chapter 2: Finding Order

Collection

I am a collector of things, mostly for the intention of future artmaking but also to fulfill my desire to hold past experiences and recall memories. This basic instinct to hold on to things started me on my way to completing this thesis. About six years ago, before I started this master's program, a doctor gave me some advice to try some supplements. Long story short, they didn't work, and I was left with a bunch of empty pill capsules. I held onto them and when I started to contemplate how to make work that could help me communicate my feelings about healthcare, the pills seemed to be a good place to start. I started experiments with them and haven't stopped.

I have found that being an unwell person affords many opportunities to accumulate the residuals of unsuccessful treatments. My collections of pill bottles, pill information sheets, and muscle creams, among other items of the healthcare industry, are growing each day. These things form part of the foundation of what I use in my art practice, feeding into my materials research and combining with other curiosities.



Image 2-1 *Medicine Box*, open box with three rows of wells across each filled with misshapen pills, each well is filled with a color.

Medicine Box

As I started to experiment with my collection of pill capsules, I discovered that capsules achieved different outcomes when filled with different substances. Acrylic paint had enough liquid to start to melt the pill casing but not enough to fully break through the casing. This meant that they would warp in weird, interesting, and unpredictable ways, and then dry in that shape. As my collection of these warped pills grew, I thought about how to display them. They are intriguing objects in their own right, and I didn't want that to be lost, but I also wanted to reconnect to the context of the pill casing. The idea for *Medicine Box*, with its carefully sorted utilitarian compartments was an appropriate container for these pills turned oddities. The sterile utility of the box subverts Big Pharma's glossy promise while the misshaped pills belie the potential for dangerous side effects. The medicine box also serves as a "painter's palette" of colorful pills that I can pull from and mix to create new works, in the tradition of a painter or a pharmacist. I pull from this palette when I made *For What Ails You* and offer up these pill forms in an interactive work at the start of my exhibition, discussed below.



Image 2-2 *Pill Fillings*, five pills, each individually filled with a different material, in a palette of browns, sit in a line slightly on the diagonal.

Pill Fillings

As I further experimented with filling the capsules with different materials, the capsules became more than just pills. They became containers that could, on a small scale, index the imagined texture of materials. There is the material removed from the substance because it is encapsulated in a pill form. At the same time, there is the visceral experience of swallowing pills. From universal

experience the viewer brings their own history with swallowing pills to imagine what swallowing any of these pills might be like. The pill makes these textures much more visceral than another small container could. Pills have a known purpose, swallowing them, which when able to see the contents of the pill makes the viewer have to consider the feeling of contents in their body.

The pill on the far left is filled with brown alcohol ink, which stays liquid without dissolving the capsule. The next is filled with dark brown embossing beads that rattle when shaken. The center pill is filled with brown powdered tempera paint. The fourth pill's filling is a return to the embossing beads, this time in a lighter brown. The final pill takes the biggest color departure with gold sparkles used for the filling. The juxtaposition of these five pills, with their variations in texture, leaves the viewer considering the differences in the sensation of consuming each. The color palette of browns (and gold) is to remove the variable of enticing colors to bring in the viewer, instead using the intimacy of the scale to bring the viewer in and invite them into their own investigation.



Image 2-3 *Specimen Vials*, three glass vials with metal screw tops sit in a line, each vial is filled with different colored pill remnants.

Specimen Vials

Staying similarly intimate, *Specimen Vials* came about after considering, not what to fill the pill capsules with, but what could be done with the capsule casings themselves. When I put a dried acrylic-filled pill into water, the pill casing rehydrates and can be separated from the dried acrylic form. The acrylic paint transfers a small amount of pigment to the pill casings. From this discovery, I considered more ways to color just the capsules without the acrylic filling step. Soaking the empty capsules in liquid watercolor for various lengths of time stains the capsules to different degrees. They

won't break down when just sitting in the liquid, so they can be pulled out and set to dry. The dried forms are similar to those achieved when the capsules are filled with acrylic and left to dry.

Alongside the implications of the title, when these dried forms get put into small glass vials, a more sterile inquiry is preserved. With this piece and others utilizing the pill form, I act as semi-scientist framing an artifact of consumption. In these pieces, I want viewers to step back, question, and analyze what we put into our bodies, how it affects us, and what also lingers in strange ways over time.

Categories

Humans label and categorize everything, it's how we process and understand our worlds. Labels are far from perfect, because they are drenched in the cultures of the times, and places where they are being solidified but often get accepted as a universal truth. Once a framework of categories is established it is very hard to see beyond it to other possibilities. There are stereotypes associated with every category and places where categories don't cover, because of this they are ever-changing, shifting, expanding, and evolving through time and space to better meet our needs.

As I become more critical and purposeful in my collecting, I have started labeling myself as both artist and a scientist. I am driven not only to make, but also to identify and express information, and with this, I perform the act of categorization for you. Because I do make these choices for you, I spend time considering how information in any form is presented to an audience, and how people process new information. When I explore the form of the pill, I build off the common knowledge, that pills are, generally, meant to be swallowed, and I add new considerations for you. In *Pill Fillings* I'm asking you to contend with what is inside of a pill.

I want to present new ideas because categories can change, hopefully for the better, but without the introduction of new ideas, change can't happen. Our approaches to categorizations change for many reasons culturally: advancement in technology, new research, or new popular media comes out and changes popular opinion. We can see this evolution in medicine, with the identification of different illnesses expanding over thousands of years of doctors attempting to help people. The process of understanding human bodies was not a straightforward path and was often hindered by biases and misconceptions, which still echo in our systems of medicine today. I hope my work can stand to recognize and challenge some of those misconceptions, like what it means to be unhealthy.



Image 2-4 *For What Ails You*, three square frames filled with pills that are layered to make up three different pride flags.

For What Ails You

Pride flags have a rich history that spans many times, places, and meanings. Today these flags are used as symbols of celebration and identification with specific queer identities. My flags are made up of pills that are used to remind the viewer of how the queer—specifically, the gay, transgender, and asexual communities—have been targeted by the medical institutions for the way they identify, labeled as deviant, and therefore sick. Conversion therapy is still being practiced today, even though homosexuality was removed from the Diagnostic and Statistical Manual (DSM) in 1973. This meant that American Psychiatric Association (APA) no longer thought that homosexuality was a pathology or disease that could be treated to make you “normal” (Drescher). This diagnosis was deeply rooted in Western ideas relating to the gender binary, where any deviation is morally bad. The use of pills and the title help connect to that history and stand in recognition of those that suffered because of the belief that homosexuality was a pathology. The flag formation, in contrast, continues to help us celebrate how far we have come.



Image 2-5 *Sisters*, a white tray filled with clear sample cups, on one half of the tray the cups are each filled with two blue pills, on the other side of the tray the cups are filled with two red pills.

Sisters

Due to the display of this piece, viewers are confronted with a choice; should they take the red pill or the blue pill? This is a direct illusion to the movie *The Matrix*, directed by the Wachowskis. Even though they were not out when the first *Matrix* movie was released, they have both transitioned to women and therefore sisters. The allegories in *The Matrix* to transitioning have been established, but the far right and men's rights activists have co-opted the defining moment when Neo is asked to choose between a red pill and a blue pill. The red pill has moved from being about the decision to live life in the way that is most true to you, to being "woken up" to "the way the world *really* is" meaning controlled by women and/or liberals. I chose to title this piece *Sisters* to recenter the narrative around the Wachowskis' and their transition. Even without the background knowledge of the Wachowskis' story. The piece can still provide a meditation on difference, how close two things can be, and the consequences of that choice.

Repetition

The world often feels very out of control. For my whole life, I have been trying to find a way of being in control. Creating visual structures about my personal experiences gives viewers entrée into the work. The use of repetition and pattern creates inviting visuals that are eye-catching and invite a closer look. That closer look allows the viewer to notice the smaller details that speak to a deeper story. The rules of repetition, when broken allows for new understandings about the impacts of disruptions to routines, that often occur when dealing with chronic problems similar to mine.

I have previously discussed how I utilize repetition along with categorization to form a visual basis for my work, but another key element is that these things feed my desire for control and act as

self-soothing exercises. I often repeat actions, phrases, or activities to soothe myself, finding comfort in the familiar. Things that involve data collection or counting often draw my attention. This shows up in artworks like *Someplace New*, or *Tightly Wound*, where I have figure crochet for an hour or more at a time, often while doing other things, and in the midst of a global pandemic. My work with pills also gives me ample opportunity to count and sort based on different factors which can be clearly observed in works like *Monthly Consumption* or *A Year of Clomipramine*.



Image 2-6 *Someplace New*, installation view and detail from Reflections Gallery.

Someplace New

Attempting to capture the challenges of moving about in the world, *Someplace New* acts as a visualization of doing so with a chronic illness. Disrupting space, strands of pale blue-violet shimmering finger-crocheted yarn hang with sewing pins spaced at hands width intervals along each strand. Paralleling the hope of arrival and the reality of going, the piece changes in relation to your own proximity to it. At a distance, the network of strands attracts attention through the subtle ways they catch light but moving closer, they confront with threats to poke, snag and tangle.



Image 2-7 *Mouth Open, Teeth Showing*, Zoe Leonard. 2001

I have experienced what the power of repetition on a large scale can do, how it can make you confront the space you're in and your body's position in relation to the artwork. In 2006, when I was 10 years old, on a trip to Seattle, my father took us to the Western Bridge Gallery in Seattle, and the piece that has been stuck in my mind since is Zoe Leonard's work *Mouth Open, Teeth Showing*, which was a loose grid of dolls standing upright in an otherwise empty room. I found it strangely off-putting and at the same time fascinating. Having grown up in galleries, I knew that you can't touch the art so, at first, I waited at the edges of the piece until I saw others walk amongst the dolls. I was at such a height that I was physically closer to the dolls than the adults. I felt as though I was more confronted by the work. While *Someplace New* doesn't have the sense of the macabre inherent in *Mouth Open, Teeth Showing* both pieces have the same sense of danger in negotiating the surrounding space and how closely you interact.

Through this interchange of experience, I ask the viewer to confront the scary and uncomfortable unknowns of the built environment. Accessibility is not a given and perhaps problematically assumed. Even with the various hardships one faces, there is still a desire to go to new places, and therefore, face *Someplace New*. There is intentionally still something strangely beautiful or precious about stepping closer to the piece. One almost wants to grasp it, but they know

they shouldn't touch. This tension references the desire all should have an allowance for: the safe passages to seek clearance into any open space no matter how benign it might actually be.

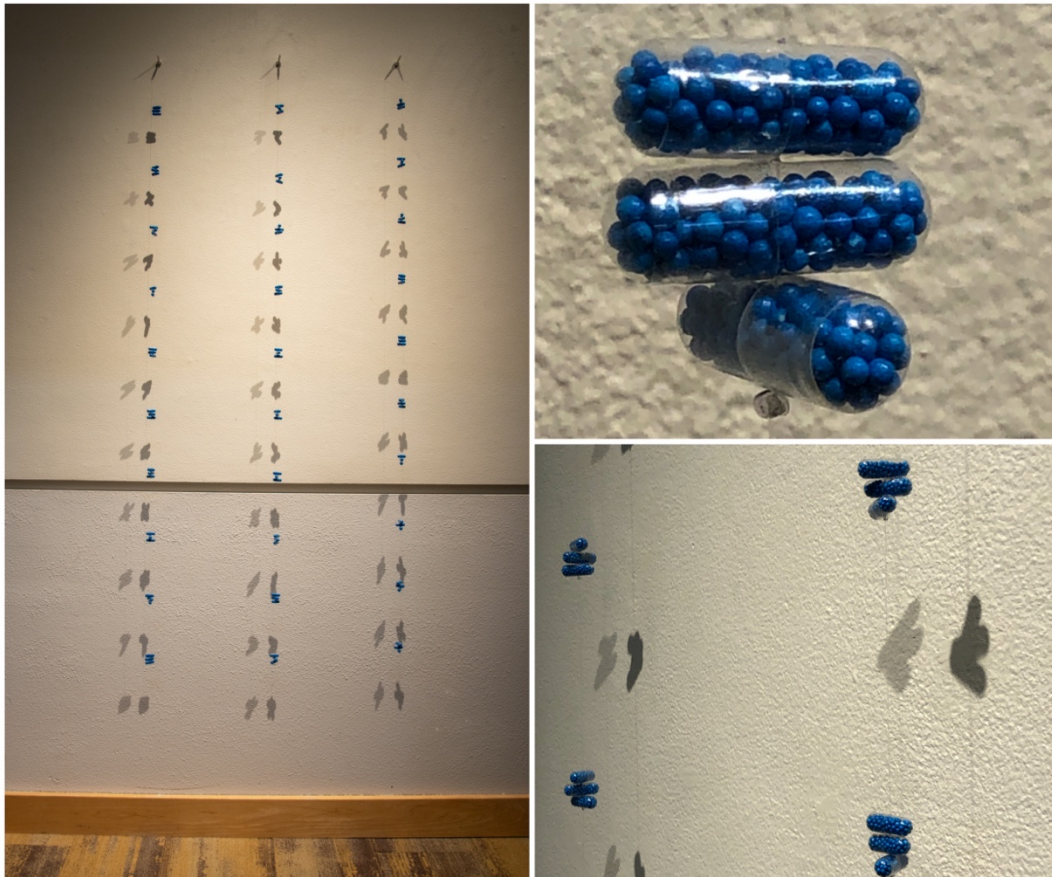


Image 2-8 *Monthly Consumption*, install view, and details.

Monthly Consumption

Every morning I wake up and take three pills. They're blue and rattle when you shake them. *Monthly Consumption* is a visualization of and meditation on this daily routine. I filled gel capsules with blue nonpareil sprinkles and strung them, through the middle, in groups of three. Each cluster represents one day, and each strand has ten clusters on it, with three strands, 30 days of pills are present, or 90 pills in total. The repetition of three is pushed even further with the installation of two off-center lights to create two shadows on either side of the grouping of three pills. These shadows highlight the individual abstract shapes of each grouping, as well as signify another layer of meaning. With any medication on the market, there is the effect that it has, for whatever it's prescribed to treat, and there is the list of side-effects. Here's what it's for but here is the multiplicity of what you get.



Image 2-9 *Until You Know How This Medication Might Affect You*, still from video.

Until You Know How This Medication Might Affect You

Until You Know How This Medication Might Affect You explores the relationship that a viewer might have as they question the medications they consume. What side effects or consequences impact them over time as these digestible “answers” filter through their body? Questions like these can be considered as they watch the fluid dynamics of a pill slowly blending into a clear glass of water. Intentional dramatizing this effect through hand-filled colored capsules, I am drawing the viewer in like an active, abstract painter might, but through the overlaid audio component, the viewer is not allowed to feel settled for long.

Chapter 3: Documenting

So much of my life with chronic pain has required me to document it. I keep records of when I feel pain, how bad it was, and where it was located, as well as other activities like eating, sleeping, and exercising. I do all this to prove that I am experiencing what I say I am, as well as to hopefully get a better idea of how my pain works, and therefore what might be the root cause. I have also been asked by doctors to collect data while conducting tests, once had a tube through my nostril down to my gut where I was required to track bodily activities in addition to the medical recording. I have been an active participant in data collection since my teenage years.

Body

Everyone has a body; it is part of the human experience. Sometimes your body will experience pain, when it does there's often a clear cause for that pain. You stub your toe, or you get into a car accident, and then you feel pain. I don't know that knowing the cause of your pain makes it more bearable, but it is one less thing to worry about. There's no good explanation for suffering but the causes can be identified, understood, and treated. As I have been trying to find the roots of my own pain, part of my frustration has come from feeling like I can't adequately explain my experiences to doctors. If I could the thought is that they would be able to help me better. I use my body as a place for investigation as well as a place to map my experiences, posing questions to myself and meditating on my experiences. Investigating my body has become fundamental to my practice.

As I consider how I want people to view works made directly from my body, I've been thinking about Gordon Hall's article "Why I Don't Talk About 'The Body': A Polemic." In this article, Hall discusses how the phrase "the body" has been widely used to refer to some nonspecific body and therefore stands in for everybody's body. The problem is that there is no universal body, every single body in the world is unique, and referring to the body as a universal erases all diversity. Not only is the phrase trying for some sort of universal, it often defaults to a specific imagining of a body, being a white, cis male body. With this in mind, I have been very aware of making sure I am clear when labeling works as my body. I am still working out how to bridge the gap between my lived experience and how it can be relatable to my viewers.

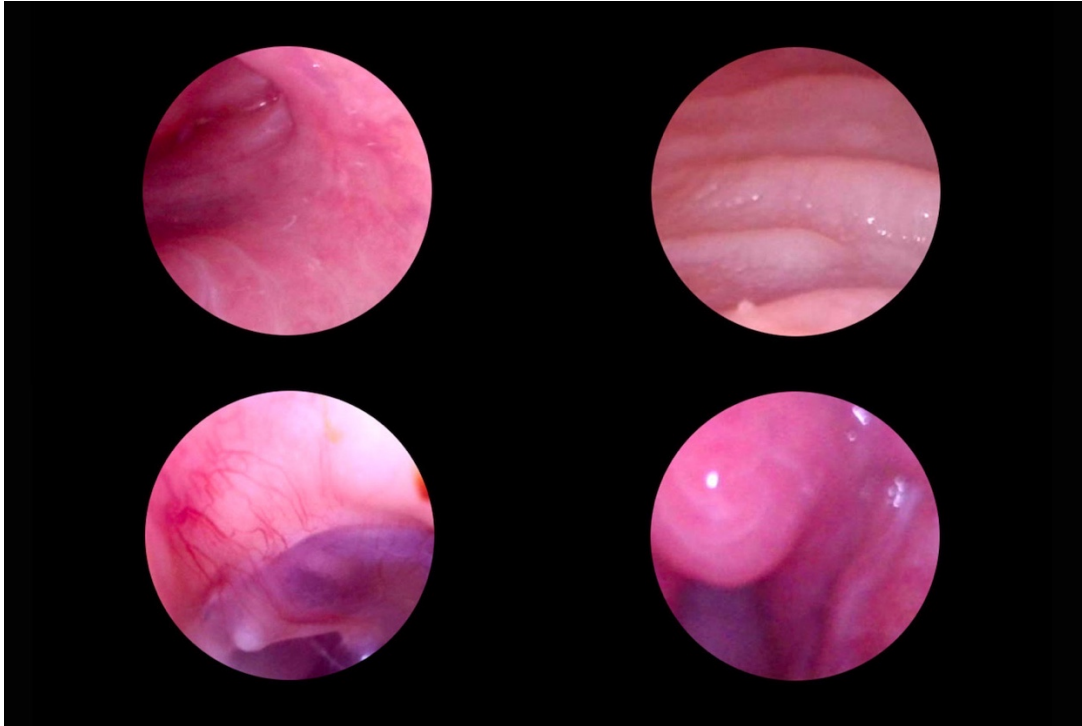


Image 3-1 *bodies*, group of 4 different images from the *bodies* series.

bodies

Bodies is a series of photographs taken with a small scope-like camera, marketed for looking into your ears and removing earwax. I use this scope to investigate my body, similar to how doctors have looked inside my body in search of answers. My own explorations are inevitably less focused, but I am mindful when making this work about how we both share confusion about what our visual finding offer. Through a formal, artistic lens, I can determine where to stop, document, and exhibit based on interesting textures and intriguing abstracted layouts I discover, but I never find my experience coming into full focus. Instead, the interiors of my body are as unknowable as the surfaces of Mars. My body and the process of making these images are wholly more intimate to me than Mars will ever be. It makes me acutely feel the limitation of knowledge.



Image 3-2 *Nine Metre Web Object*, Phillip Warnell. Detail image, showing fleshy forms, bubbles, and time stamp.

Phillip Warnell's work *Nine Metre Web Object*, done in 2004, challenged me to consider wider photographic evidence for its artistic possibilities and emotive offerings. He swallowed a pill sized-camera and turned the recording into a nine-meter image of his whole digestive tract, which is available online for you to scroll through. He also explores this process in a number of live performances, swallowing a pill camera that is transmitting live to a TV/projection, and a video installation utilizing the recordings made at the live performance. These works give an intimate view inside of his body but are also visually strange. In *Nine Metre Web Object*, the images are disorienting, with orange-pink fleshy forms that recede back into darkness or are obscured by foamy bubbles. The use of his own body and the strange images it produced have been touchstones for me in my own investigations.

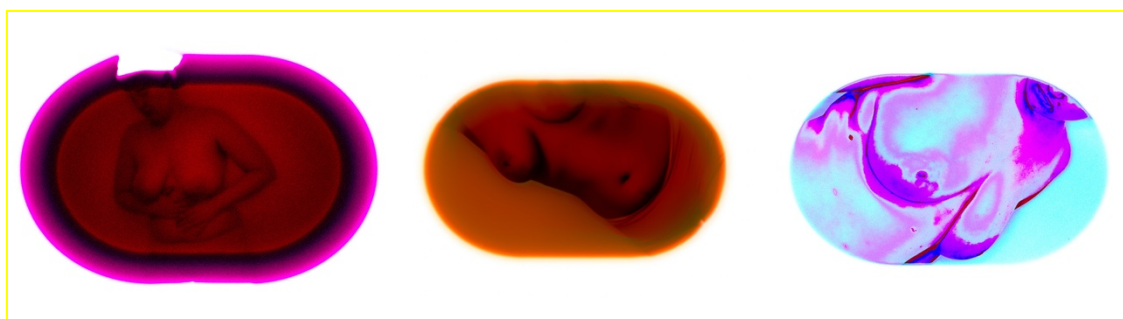


Image 3-3 *Don't Take On An Empty Stomach*, three selected images from the series. Oblong images with a distorted figure in each. Each has its color palette.

Don't Take on an Empty Stomach

The photographic series *Don't Take on an Empty Stomach* is a visual exploration of enclosing my body into a pill. Through digital editing, I manipulated the photos to distort my own form, change the color, and create an oblong pill shape. In this process, I embrace the digital artifacts of the editing process, which contributes to further abstracting my form. The pill forms a vignette and brings focus to the center of the image. I use this historically significant framing device to concentrate the viewer on the image of specifically my chest and abdomen which is the site of most of my pain. This cropping paired with the title guides viewers to consider what they are putting inside their bodies and how that might be affecting them.

The bright colors have the same alluring quality as California pop art, whose bright fields of high gloss color finish entice their viewers. In this series, that quality brings the viewer in for a closer look, but the distorted forms of my body become more apparent upon closer inspection, challenging the viewer to contend with its shapes.



Image 3-4 *Have You Tried...?* Three views of an orange hand coming out of the wall, filled with green pills.

Have You Tried...?

This piece is a hand, cast in resin filled with pill capsules. The hand is positioned palm up, with the fingers slightly extending, in an inviting gesture. I have seen this sort of gesture often when someone is giving me some sort of health recommendation. They ask me “Have you tried...” with the question ending with anything from yoga, to going gluten-free, to using marijuana. This question usually comes from a kind impulse to offer help, but there is a deeper implication. It feels accusatory to be repeatedly asked why I’m not doing enough to fix myself because there must be an easy fix. The hand while extended to be helpful, carries within it, “solutions” that may or may not even apply.

Opacity

I feel so much like a researcher trying to understand the roots of my pain, that I often place my viewers in a similar position. Asking them to evaluate what they see, and how much knowledge they have access to. By changing the opacity of the surfaces of my artwork I can change the amount of information available to the viewer. Building off of ideas of invasion into my body present in *bodies* works like *Presence* brings the viewer into my mental head space while experiencing pain.

Adding another layer adds more information, more things to investigate and experience, and more nuance. The relative transparency allows for more or less access. I want to gain more access to myself in hopes of finding some answers, but I also know the answers I will find are not grounded in scientific evidence, but in testimonial and lived experience. In these moments where I explore opacity and layering, I’m asking the viewer to understand something about me based on my mark-making.



Image 3-5 *Presence*, three photographs with surface manipulation.

Presence

Similar to my series *Treatment*, I am once again taking on how to visualize internal feelings and map them to my physical body, this time exploring the way pain can center or uncenter focus. Using the properties of photo paper and the inkjet printing process I am able to manipulate the physical image using rubbing alcohol. The rubbing alcohol pulls up the printed pigments, which allows me to move them around and change the texture in different ways. This manipulation changes the opacity of the color laid down by the printer, building up layers of pigment in some places and stripping it away in other spots, leaving a light stain or ghost where the image was originally printed. I utilize this technique to visualize different relationships I have with my own body, and how my awareness can shift based on how I am feeling.



Image 3-6 *Is It Working Yet?* Four views of a clear resin cast bust with blue pills bursting inside.

Is It Working Yet?

I made a mold of my torso and then cast it in resin for the piece *Is It Working Yet?* The casting was done in a series of layers over the course of a month. To these layers, I added liquid-filled blue pills. Some capsules dissolved, releasing their contents and tinting the clear resin blue. Other pills remain intact, the fluid still moving about inside the torso. Encapsulating transformation and withheld time, this work is both a meditation on what is happening internally when I take a pill and a wish to be able to look inside myself and discover what is wrong. Witnessed from afar there is only a sense of the figurative shape and its outside rough texture. As one gets closer the pills make themselves known, resolving from dark markings to their pill form under the surface of the skin texture. As one walks around the piece, the fragmented openness of the form challenges the viewer to consider conflict and dualities of experience. One must confront a recognizable front torso and then

its countering, glass-like interior. From this position, the concave shape invites the viewer to imagine inhabiting this body. The tension between the colorful beauty and the (diseased?) form is palpable.

The original design and intention of this piece evolved as I was forced to respond to some unexpected technical issues during the casting process. But as discussed before, I appreciate opportunities to diverge from my planned experimentation and here that willingness to shift my inquiry paid off greatly. This piece evolved in its making in response to the unexpected. The edges of this piece and its unique shape were unintended consequences of the way I poured resin into the mold. I did not discover this until months of pouring that resin. The more time I spent with it after removing it from the mold, the more it took on a life of its own, making me think about how to highlight what was there and less about how to change it into what I was imagining. This process of letting go was expedited when it fell off a table and broke. It did all get glued back together, but in part because of this, this piece allows for multiple reads. It moved from being my body to a body, evoking the *Winged Victory* from the side, and from the back, there is a sense of primordial ooze.



Image 3-7 *Show Me Where It Hurts: Echoes*, still from video.

Show Me Where It Hurts: Echoes

Show Me Where It Hurts: Echoes uses layered video to showcase the disorientation I feel when I experience pain; the confusion, and difficulties explaining to others how my body feels and where. Starting with a white bowl in one hand, I use the other hand to transfer red body paint onto my body. The paint becomes physical evidence on my body of what is otherwise unseen. The video is

silent, forcing the viewer to contend with only the visuals that move between very vulnerable and weirdly dislocated from my body.

Building from my image-making experience, where I edit and layer, I was excited when I found a way to overlay my video footage. As in various pieces of my experimental photography work, each layer adds visual weight, over-emphasizing my movements, and confusing the evidence left behind. As I have discussed previously, pain is hard to understand and with this piece, I am making the viewer struggle to see me and what I am mapping out for them. Sharing my struggle for communication with their struggle to understand.

Chapter 4: Without Diagnostic Abnormality

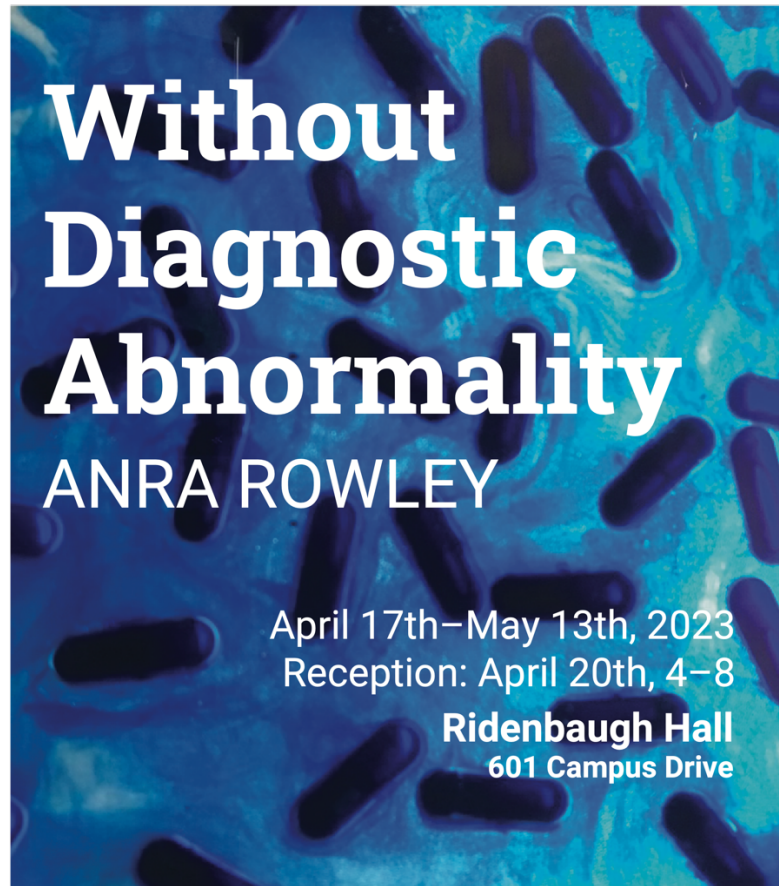


Image 4-1 Exhibition poster, courtesy of Ava Rummel.



Image 4-2 Installation views of “*How are you feeling?*”

Entering the Without Diagnostic Abnormality exhibition, visitors are greeted with the printed question “How are you feeling?” and directly below they find a facial expression scale, a number scale:0-10, and a descriptive word scale: “very mild” to “Unspeakable.”. To elicit a response, a shelf sits below featuring deformed pills (like those found in Medicine Box) of the corresponding colors and clear tubes suggestive of where to place their incremental answers. Without further direction, they seem to find their way, grasping at this odd, physical measurement device and respond to the prompt, establishing a back-and-forth between my concern for them and the visitor’s willingness to share and situate a brief sense of their embodied experience within the exhibition space that features work considering much of my own expressed pain. It is my hope that as they contend with the rest of my work featured within, they will take into the rest of the exhibition and continue to check in with themselves. I want them to also have more tangible access—even if it is only conceptually consumed—to the messaging hidden within my material concerns. Additionally, it allows the visitor

to touch the deformed pills and investigate them, forming a connection to a repeating exhibit element. They may also take some joy in what I have been experimenting with for the last three years.



Image 4-3 *Someplace New*, Ridenbaugh installation view and details.

As they turn to their left they are confronted with *Someplace New*, now with an expanded footprint and arrangement with more opportunity for the viewer to step closer into. This installation, with the lower ceiling and no platform, achieves the sense of enticing threat. Many people who got to experience the piece in both places agreed that it is even more effective in this presentation. There is more of a presence to the piece, not just from its increased size but also from the slight airflow through the room which makes the pins flash and twinkle in the light more, activating the atmosphere that each stand occupies.



Image 4-4 *Tightly Wound*, hand crochet yarn, spooled around acrylic rods.

Tightly Wound

This ball of yarn has been with me through graduate school from the very start when I began finger crocheting it while on Zoom meetings. It was a great way to use my anxious energy, stemming from the pandemic, the unique pressures of teaching and taking classes at the same time, and having limited social outlets. It is a physical representation of my time here and a loose record of my mental state being pulled together. This presentation provides an intimate examination of the evidence of my work, stretched to be inspected and offered out for acceptance.



Image 4-5 *Gallbladder, Wrongly Removed*, installation and detail views.

Gallbladder, Wrongly Removed

This piece, as the title suggests, is a representation of my gallbladder, which was removed through an elective procedure in 2022 that unfortunately did not offer the results intended. In these months following its removal, I have felt the need to contend with the mis-assumed culprit of my pain and what it now means to be an organ down and no better. I recreated an ode of sorts to it, I chose to scale up to something about the size of my torso, that I could wrap my arms around, which helped demonstrate the mental impact of its loss. It is a strange form that appears to float at around head height, confronting visitors as they turn the corner of the exhibition.

Working to create this form and determining ways enhance its surface characteristics became another great materials exploration as I worked to layer liquid latex and grow my own kombucha leather. I use kombucha as a material in this piece because of its probiotics which grow SCOBY (Symbiotic Culture of Bacteria and Yeast) when fed with sugar and tea, this SCOBY is also how you make more kombucha and is popular for its benefits to gut health. These layered to create a very realistic, sickly organ form, that was discolored and sweating.



Image 4-6 *Swallow*, three images, each with the residue of three burst pills.

Swallow

Building off of my work for the *Until You Know How This Medication Might Affect You* series and the *Pill Diaries* series, I found another way to enrich the story of a photograph. The triptych uses the same base image whose three main colors of magenta, yellow, and teal along with a straightforward slightly defiant posture that centers the pathway of the esophagus made this the perfect image. The pill residue is still evident on the surface of the image, and the pathway watercolor that was delivered by the pills, overlays and merges with the image. The water used to make this piece warps the paper, activating it as an object, not just an image, giving it more movement and a sense of body.

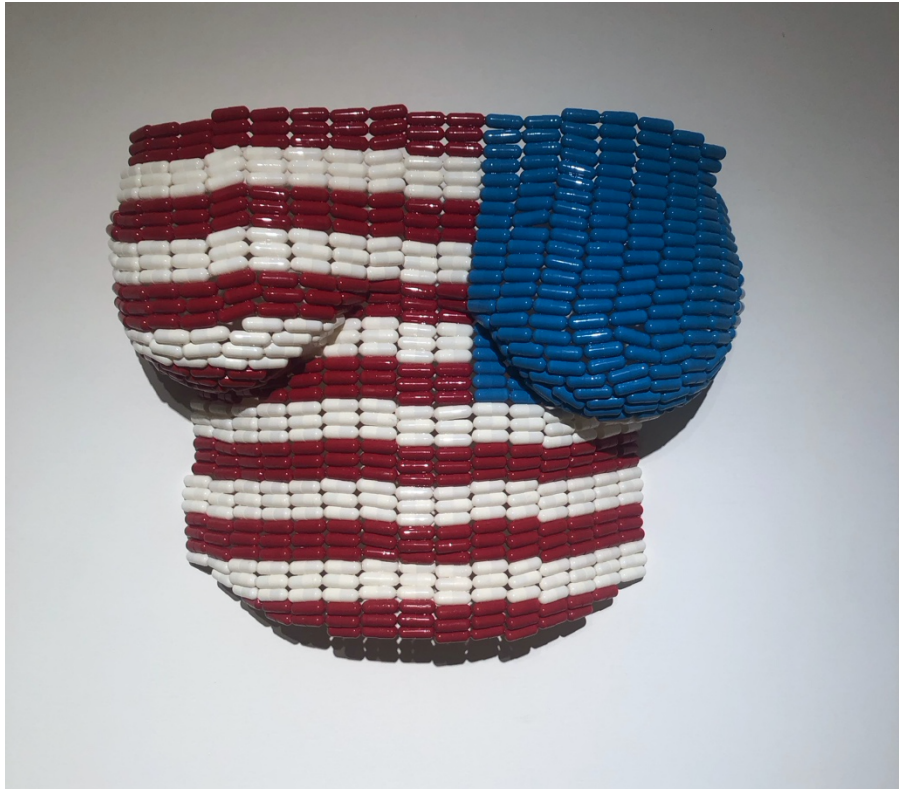


Image 4-7 *Mommy's Little Helper*, bust made of pills in the design of the American Flag.

Mommy's Little Helper

In *Mommy's Little Helper*, colored pills are glued together to make an American flag in the shape of a feminine bust. Similar to how I use the icon of multiple flags in *For What Ails You*, I am holding the viewer's attention with the flag, and inviting them to make their own assumptions of judgment as to the implications of the title also works to provoke. I also use the title to help direct the viewer to a specific instance. In the 1960s Valium was marketed to women to help them cope with the stresses of being a housewife, but a contemporary viewer is intentionally welcomed to have many more interpretations. This look towards the past is not to discredit more contemporary reads but works with those connections to demonstrate how long women have been struggling to have control over their bodies and minds for a long time.



Image 4-8 *Yellow Wallpaper*, Story by Charlotte Perkins Gilman and *Yellow Wallpaper Motif* installation and detail views.

Yellow Wallpaper

I first read *The Yellow Wallpaper* by Charlotte Perkins Gilman, originally published in 1892, in high school. It was then just a creepy story we had to read but when I revisited it as part of my research into the history of medicine, I was able to recognize and relate more to it. I was inspired to design the *Yellow Wallpaper Motif* out of pills. I scanned the pill design and had actual wallpaper made from it. In the exhibit, it is mounted on panels that form a small booth. It is important to me to create a room for the viewer to walk into and really feel overwhelmed and claustrophobic surrounded by walls of pills. From a distance, it appears to be a normal wallpaper, which puts the viewer in familiar territory. The light hanging in the space is a vintage-style light bulb to accentuate the sense of walking into a period room. Wallpaper is understood as an outdated way to decorate your house. It's more often referred to in the context of removing it from the walls to update a space.

The title story takes the form of journal entries written by a woman who has been diagnosed with hysteria by her physician husband. He prescribes the rest cure, meaning a summer of bedrest with no writing, reading, or sewing, and limited walking and social interaction. She is sequestered to their bedroom which has this awful yellow wallpaper. She begins to hallucinate a woman trapped in the wallpaper, who is desperately trying to get free. The whole story is about a woman who is not being believed about her own experiences and is treated terribly as a result. There is still so much doubt in the medical establishment when it comes to women's experiences. The response to that doubt has changed from the rest cure to just take a pill.

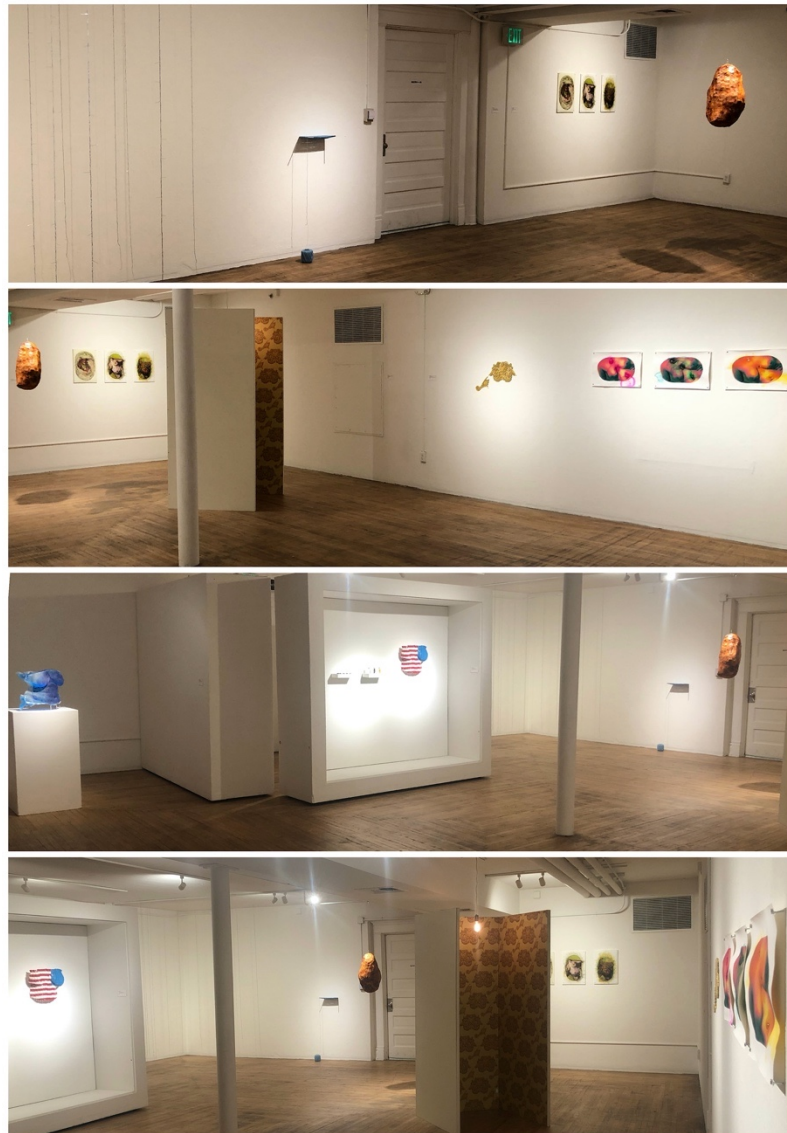


Image 4-9 *Without Diagnostic Abnormality*, four installation views.

The visual and thematic connections throughout the exhibition are intended to make visitors walk through the space and interpret more layers than just my own story. I am highly aware that my experience has been made possible because of the dismissal of women decades and decades before me and I want viewers to understand a broader view of my work as well. I invite people to investigate, experience, and make their own connections as they walk amongst the pins, the pills, around my gallbladder, into the wallpaper, and around my torso. During the opening I had a few people come up and tell me about how my artwork related to their personal experiences. This was really nice to hear and made me feel more of a sense of community. I hope to continue the work of fostering community, where I can learn more stories and help give voice to more testimonials. It is my hope that in finding and expanding these communities, I will also be able to share my passion for material investigation, learning from and teaching each other.

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