

CPM AWARD LECTURE

Images of illness on the museum's walls: representations of disease in contemporary visual arts

Effie Komninou, City University

Dedication

For my father, Philippos Komninou

Hence I cannot give you what I thought I was writing for you –that is what I must acknowledge: the amorous dedication is impossible (I shall not be satisfied with a worldly or mundane signature, pretending to dedicate to you a work that escapes us both). The operation in which the other is to be engaged is not a signature. It is more profoundly an inscription: the other is inscribed, he inscribes himself within the text, he leaves there his (multiple) traces...it is true that this mute figure is an angel.¹

Images of illness on the museum's walls: representations of disease in contemporary visual arts

Art is a distraction, so is life (Hannah Wilke)

Hannah Wilke started her career making post-minimalist fleshy sculptures of vaginal shapes out of clay and latex. Becoming a controversial figure in the feminist art of the 1970s, her work was fundamental within the realm of body and process art. In 1978 her mother Shelma Butter had a stroke and was then diagnosed with a second round of breast cancer, having already had a first mastectomy in 1970. Wilke became the primary caregiver for her mother and significantly withdrew from her own studio practice. She started taking photographs of her mother initially intended for personal use, or as she put it: "to comfort me, to be with her again, to watch her weave, to see her eat. To wear her wounds, to heal my own".² Soon after her mother's death of cancer, Wilke presented an exhibition of these photographs combined with womb-like sculptures and graphics. One of the most striking works she produced was to become emblematic of the visual representation of breast cancer.

Portrait of the Artist, With Her Mother, Selma Butter, 1978-81 is comprised of two large-scale portraits juxtaposing Wilke's youthful and beautiful torso highlighted

¹ Roland Barthes, 'The Dedication' in *A Lover's Discourse: Fragments*, London: Penguin Books, 1990, p.79

² Hannah Wilke, "Seura Chaya", 1988, reprinted in Thomas H. Kocheiser, ed., *Hannah Wilke- A Retrospective*, Columbia: University of Missouri Press, 1989, p. 150

with miniature toy weapons and Butter's aged and ill body in full sight of its mastectomy. As both women try to look 'presentable' for the camera, the unapologetic depiction of an 'unpresentable' theme brings to the fore a mobilized aesthetic which has since then shaped a particular representational space in contemporary art. Wilke continued to explore this space after her own diagnosis with lymphoma in 1987. Exposing her illness in a raw and confrontational way, her self-portraits of *Intra-Venus*, 1992-93, turn the private experience of disease into a public documentation of a highly contested issue and thus become political expressing the artistic growing interest in the objectification and commodification of the female body. Wilke belongs to a long line of artists that have negotiated the ways in which art can intersect with disease and whose works have been canonized within the institution of the western museum.

My thesis views the arts as a means of revealing the human condition; it also understands illness and its representations as a theme central to the human experience. Images of illness in contemporary works of art – works on the museum's walls and part of an art exhibition - shape and legitimize a particular aesthetic about disease within the institutional discourses of contemporary art practice. I use the term *discourse* in foucauldian sense meaning a historical, social and institutional structure of categories and beliefs. My main concern is the examination of the relationship between the works and the art discourses that define them, and the political, social and ethical contexts in which they are displayed and circulated. This examination defines and modifies broader questions of meaning, representation and ethics.

From the long history of the representation of illness in the visual arts, I have chosen to observe how the medical discourse –another institutional structure of categories and beliefs- becomes more and more intrinsic and informative of the representation of disease. From Hieronymous Bosch's, *The Extraction of the Stone of Madness (the cure of the folly)*, 1485-80 to Albrecht Dürer's, *Melancholia I*, 1514, to Rembrandt's, *The Anatomy Lesson of Dr Tulp*, 1632 and to Théodore Géricault's portraits of the Salpêtrière patients (*Monomanie du vol*, 1821-1824), there is a slow but steady invasion of the medical into the visual. This invasion signalizes the institutionalization of medicine, as well as western art's preoccupation with the 'reality' of disease. The 19th century accommodated the birth of the clinic and the birth of photography and physiognomy establishing a 'global', visual way of understanding the patient. The 'reality' of disease was consequently grounded on a particular modality of aesthetic realism and is the outcome of a constant interaction between art and medicine since the 19th century. This interaction can be traced back upon various moments in the histories of the institutionalization of both discourses (anatomy, physiognomy and the conception of the idea of Public Health are being approached as characteristic moments in this interaction with particular reference to photography). This realism is betokening a slippery concern with objectivity and is characteristic of modernism's fixation with 'truth'. Interestingly enough it is the same fixation that gave birth to the museum or as Juliet Steyn has put it

"modernism gave art the task of embodying Utopia that coincided with art agreeing to become museum art".³

The 1970s –and in the highlight of what Steyn characterized as 'museum art'-witnessed a turn against the iconographies and universal truisms of the west and a re-politicization of the artworld. The preoccupation with the 'reality' of disease started to turn into a critical exploration of the historical iconographies of the afflicted, on what was being represented and for what purpose. As clinical psychiatry became more and more informed by psychoanalysis, the connection between the aesthetic and the medical modes of seeing the 'ill' started to take different twists and points of departure.

Michael Foucault's historical-philosophical accounts of the institutionalization of medicine, significantly formulated the contemporary narrative about the constitution of the 'natural' and the 'social' man. As part of a broader historical and philosophical turn against the modernistic hagiographies of the west, Foucauldian thought enriched the understanding of the ways in which life has been medicalised and institutionalized since the 19th century and enabled the approach of medicine as one of the most important sites for the exercise of disciplinary power over the human subject. The birth of the clinic – a 19th century invention - signaled for Foucault the individualization of disease, the historical turning point where disease was 'given an organization', a structure and a space apt to visualization and categorization. Coinciding with the birth of photography, the clinic gave prominence to the category of the 'individual patient', while under the clinical gaze, illness has been configured and localized in the same mode that gave birth to physiognomy and established the idea of 'seeing' as a mode of diagnosis.⁴

According to sociologist Georges Didi- Huberman, the localization of illness upon the visible formulated "the figurative problem that obsessed every medical clinic, the problem of the link –the phantasmatic link- between seeing and knowing, seeing and suffering".⁵ This 'phantasmatic link' has been an unresolved structural and political problem within the history of the representation of illness, ever since it started to be perceived as a recognizable, visible body –specifically a body within a body, or a body projected on a face. The category of the individual patient as a simultaneous subject and object of clinical observation is from that time to emerge as a special, modified space.

It is in the 1970s this modified space started being scrutinized by artists as the representation of suffering started taking political notions on board. Artists started

³ Juliet Steyn, 'The Museums' Future', *Futures* 38 (2006): 607

⁴ Foucault's work this alludes to, are: *The Birth of the Clinic*, London: Routledge, 2003, *Madness and Civilisation*, London: Routledge, 2001 and *History of Sexuality, Volume 1*, London: Penguin, 1979

⁵ Emphasis in the original. G. Didi- Huberman, *Invention of Hysteria: Charcot and the Iconography of the Salpêtrière*, London: MIT Press, 2003, p. 8

trying to bring into light this phantasmatic link and offer new readings to the lay perceptions of the hospital as a neutral benevolent institution.

Emblematic in this sense, was Mary Ellen Mark's photographic documentaries of *Ward 81*. In 1975, she was assigned by a magazine to do a story on the making of Milos Forman's *One Flew Over the Cuckoo's Nest*, shot on location at the Oregon State Hospital, a mental institution. While there, she met, briefly, the women of Ward 81, the women's security ward of the hospital. Back then it was the only locked ward for women in the state and the women patients were considered dangerous not only to themselves but to society. In February of 1976, Mary Ellen Mark and writer and sociologist Karen Folger Jacobs, were granted permission to live on the ward in order to photograph and interview the women, spending thirty-six days there.⁶ When this work was presented, it was immediately considered as 'a breakthrough in perceiving the insane through the artistic means of the camera'⁷ signposting the new direction art was about to undertake on the representation of illness. The neutrality of the institutions of the hospital and of medicine started shuttering and the human subjectivity of the patient –as an-other identity coming into being- emerged as a distinct field.

The historically open-ended question of what it might mean -in historical and political terms- to have an aesthetic relationship with images of illness became a key underlying issue, still unanswered and pertinent today. This exact question formulates the contextual basis of my research, which wishes to examine how artists and art institutions respond to disease, how illness is perceived and visualized and what the unique position of contemporary art within the long history of the representation of the ill is. This approach methodologically engages with aspects of Michael Foucault's scholarship, medical sociology and cultural and feminist theories of the body.

The main hypothesis is that representing disease in the arts formulates a very particular discursive practice which historically resides on two main axes: on one hand, the figurative problem of illness as representation (Didi-Huberman's phantasmatic link between seeing and suffering), and on the other hand, the broader implications of this representational field for the wider domain of the politics of representation. Trying to establish the characteristics of this discourse through specific recurrent themes (the ill subject, illness as an abstract entity, the hospital, the 'clinical' gaze, the body and the sexual politics of illness) as well as through particular case studies (mainly exhibitions and commissioned works), the representation of illness is being examined as the borderline point where the mobilization of aesthetics and the mobilization of politics meet and transpose.

⁶ For a detailed account, see Mary Ellen Mark's website at www.maryellenmark.com

⁷ Sander S. Gilman mentions this work as the first of its kind to 'receive the status of a work of art' in *Disease and Representation: Images of Illness from Madness to AIDS*, Ithaca: Cornell University Press, 1994p. 47. He particularly refers to the critical reception of the work, by Robert Hughes, 'Pictures at an Institution', *Times*, 23/1/1978, p.91 and Allan Sekula, 'On the Invention of the Photographic Meaning', *Artforum*, January 1975, pp.37-45

This mobilization is to be viewed in both socio-historical terms (like in Mary Ellen Mark's case) as well as in figurative terms (like in Hanna Wilke's work). The core body of the case studies under examination is a selected compilation of group and solo exhibitions taking place in the UK and in the USA in the last decade which focus on the theme of illness as an experience, as a modified space, as well as an important category both for artists and curators in the west.⁸

Through these case studies, my research focuses on two main themes: Firstly, on how a modified place (the category of the 'individual patient' and its identity) still rests in the heart of the representation of illness in present-day art. Secondly, on the contemporary co-existence of a postmodern aesthetic acquiescence that perpetuates a homophobic carnal horizon, along with an aesthetic of a striving for recognition. Both these strands heavily rely on the artistic production and cultural criticisms of the 1980s as the responses to AIDS have shaped it.

AIDS, a syndrome which initially embodied and today typifies contemporary responses to a new 'epidemic', contributed significantly to the mobilization of the 'art community' around a theme of medical concern: extremely significant for the emergence of a new form of cultural activism in the west, this period marked a re-politicization of the art world; it was also an important point for the emergence of a new generation of female artists striving for the representation of their subjectivity and using the female body as a generating force, giving new resonances to the feminist work of the 1970s.

This constant interplay between the personal and the political since the 1980s formulated a quest for a decentered human subjectivity, a visually declared need of recognition, aesthetically and politically mobilized upon the representation of illness and more specifically upon the politics of sexuality and identity AIDS brought to the fore in an unparalleled scale in art historical terms. We may for example recall the intensity of the 80s and early 90s in the various proclamations and explorations of sexuality as a subject of art (for example, in the works of Robert Gober, David Wojnarowicz, Felix-Gonzales Torres and Zoe Leonard). Or, the practices of commenting on society as a somatic entity resonating within the broader post-feminist framework epitomized in the works of Kiki Smith and Mona Hatoum. Or, other female artists, like Ida Appleborg and Jo Spence, who have been depicting the female human body as the space where identity is

⁸ Indicative list of relevant exhibitions: Care and Control (group exhibition, Rear Window, Hackney Hospital, London, 1995), Hospital Projects, (Publics Art Development Trust, various spaces, London, 1997), Living & Dying (permanent Wellcome Trust gallery, British Museum, London 2003), Damien Hirst, Cancer Chronicles (White Cube, London, 2003), Christine Boreland, Simulated Patient (Lisson Gallery, London, 2004), Invalid (group exhibition, Old Royal Hospital, Greenwich, 2004), Talking Back to science: art, science and the personal (ongoing Wellcome Trust group project, inaugurated in 2004), Marc Quinn, Chemical Life Support Art Images (White Cube, London, 2005), Inside Out Loud: visualizing women's health in contemporary art (group exhibition, Mildred Lane Kemper Art Museum, Washington University, St. Louis, 2005), At the mercy of others: the politics of care (group exhibition, Whitney Museum of American Art, New York, 2005), The body at risk: photography of disorder, illness and healing (International Center of Photography, New York, 2005/6)

constructed and articulated, deconstructing and/or fragmenting the self through its corporeal horizons. Challenging the medical and political understandings of illness, health and ultimately normalcy, this generation of artists tried to offer new structures of vision for the afflicted, the wounded, the diagnosed, the hospitalized, and the personal experience of being diseased and non-existent.

In 1987 cultural critic and writer Douglas Crimp, began his, *AIDS: Cultural Analysis/ Cultural Activism*, which was since then to become a canonical text of contemporary cultural activism with the following phrase:
I assert to begin with, that 'disease' does not exist.

Quoting Francois Delaporte and his opening lines in *Disease and Civilization*, an examination of the 1832 cholera epidemic in Paris, Crimp articulated the quests and polemics of a heated artistic and activist field. Crimp's text continued:

I will therefore follow Delaporte's assertion: AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it. We know AIDS only in and through those practices. This assertion does not contest the existence of viruses, antibodies, infections, or transmission routes. Least of all does it contest the reality of illness, suffering and death. What it does contest is the notion that there is an underlying reality of AIDS, on which are constructed the representations, or the culture, or the politics of AIDS. If we recognize that AIDS exists only in and through these constructions, then the hope is that we can also recognize the imperative to know them, analyze them, and wrest control of them.⁹

What Crimp makes clear is how representations become the locus of power and control, as well as how a specific ideology which, masks our real conditions of existence echoing Althusser. As our understandings of health and illness are highly constructed and extrinsically informed, what Crimp also alludes to is how debilitating the understandings of 'ill' and 'health' upon their representation become.

The understanding of these definitions and the lay perceptions that sustain them became a crucial issue. As curator and activist Jan -Zita Grover has succinctly put it:

What, we might ask, constitutes a meaningful photograph of a person with AIDS?

Is it a portrait of that person before physical signs and symptoms mark him/her (but what of the latent infection)? A portrait of that person with the physical signs and symptoms of illness or chemotherapy (but what of the

⁹ Douglas Crimp, 'AIDS: Cultural Analysis/ Cultural Activism', in *Melancholia and Moralism*, Cambridge, Mass: MIT Press, 2002, p.27

person who looks healthy to the end)? A portrait of the person in extremis? All of these? None of these? 10

While the World Health Organisation has not amended its perfectionist definition of health since 1948¹¹, medical sociologists argue since the 1970s that the sick role changes according to the cultural, social and political meanings attached to health as the moral model of the universe.¹² Health then acquires a holistic unattainable quality, while illness slips under the confines of the literal and symbolic (that is social) opposite of 'well-being'.¹³ Under this vein, the more medical sociology enables the wider understanding of the provisionality and transitionality of the sick role, the more meaningful –in social and political terms– the representations of illness will become. The reading(s) of the various meanings could generate a dynamic space for criticism to reflect on the position the 'art work' might or might not assume in the wider field of representation, as well as on the autonomy and/or commitment of art practices. Even more, this sort of analysis –and what my research ultimately aims at– might enable reflecting not only on what it means to be 'ill' (or 'healthy'), but also to be human.

For Sander L. Gilman, Professor of Liberal Arts in Human Biology, the meaning attached to illness through their representations in culture, is central to the construction of a sovereign self. Gilman describes 'our sense of ourselves' inextricably bound up to the image of the patient as a modified space. As he puts it:

*It is in this world of representations that we banish our fear of disease, isolating it as surely as if we had placed it on a desert island. And yet in this isolation, these icons remain alive and visible to all of us, proof that we are still whole, healthy, and sane; that we are not different, diseased, or mad.*¹⁴

10 Jan Zita Grover, 'Constitutional Symptoms' in (ed.) S. Watney, *Policing Desire: Pornography, AIDS and the Media*, 3rd edition, London: Cassell, 1997, p. 155

11 WHO defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". www.who.int/about/definition/en

12 For an analysis on this definitional mutability, see D. B. Morris, *Illness and Culture in the Postmodern Age*, Berkeley: University of California Press, 1998, especially pp.50-107. WHO's Constitution defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [World Health Organisation website, <http://www.who.int/about/en>]

13 As medical sociologist U. Gerhardt has noted: «after the intellectual shock of Nazism (...) it became disconcertingly clear that what constituted health, as a collective if not an individual mental state, seemed largely determined by social definitions of normality». The social meaning attached to the institutionalized idea of 'normality' is largely defined by the lay perceptions on illness and health, as well as their representation. Thus for medical sociologists there are «three modes of organization of the representation (...) or three conceptions of illness- involving models of behavior in relation to the illness, to treatment measures and to patients- [and] corresponding to conceptions of the relation of the individual to society». These three 'models' of illness –illness as destructive, as liberator, and/or as an 'occupation'– are somehow always interweaved in its representation. U. Gerhardt, *Ideas about Illness: An Intellectual and Political History of Medical Sociology*, London: MacMillan, 1989, p. xviv

14 S. L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS*, Ithaca: Cornell University Press, 1994, pp. 271-2

These 'alive' and 'isolated icons' define for Gilman the 'image of disease', a continuous, distinct and definite category, connected to "the fear of collapse, [and] the sense of dissolution, which contaminates the Western image of all diseases".¹⁵ For Gilman, this representational continuity demonstrates a discourse of homogenizing power. In his various analyses, he considers how representations of illness solicit homophobia ever since the visual conception of madness and demonstrates how they have been used in order to stigmatize, isolate and control.¹⁶ Gilman's insights are valuable and paramount regarding the understanding of the politics of the representation of disease. They seem however to be inadequate to explain how images of illness appear on the museums walls and discuss the museum as a distinct field in culture as they accommodate single handedly all representations under the cluttered definition of culture. Having said that, strict art historical approaches seem equally abstract in order to fully explain and analyze how this particular aesthetic of 'disease' is being shaped in its own highly political terms and how the human subject comes into being.

Testing both approaches through the following set of questions, I have come to believe that a new interdisciplinary approach to this theme is necessary, in order to assess the paradigmatic shift the representation of illness has gone under in the last 30 to 35 years:

- Why is it for example that prolific activist groups such Gran Fury decided to disband in 1993 - what does this mean for cultural activism?
- Why –or even better how- is it that the witty and caustic tone of artists, like Barbara Kruger is being historicized today upon their aesthetic impact on visual culture - what does this mean for feminist art?
- How is Ed Kashi's photographic project on the home hospice of terminally ill in America maintaining a space for 'an aesthetic against the defeat' - what is its relevance for a contemporary understanding of illness?

My thesis maintains that in order for all these questions to unravel, one has to start by re-recognizing the specificity of the artwork. By 'specificity' I do not refer to the artwork's vague and questionable inherent qualities, but to a committed critical practice which recognizes artworks equally as forms (as signifiers) as well as contexts (as signifieds). This critical practice recalls the idea of theorist Janet Wolff who wishes to bring together "textual analysis with the sociological

15 S. L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS*, Ithaca: Cornell University Press, 1994, p.3

16 Gilman's other writings on the subject include: 'AIDS and Syphilis: the iconography of disease', in D. Crimp (ed.), *AIDS: Cultural Analysis/ Cultural Activism*, London: MIT Press, 1988, and 'Black Bodies, White Bodies: toward an iconography of female sexuality in 19th century art, medicine and literature' in H.L. Gates Jr (ed), *Race, Writing and Difference*, Chicago: University of Chicago Press, 1986

investigation of institutions of cultural production" as she has put it.¹⁷ Wolff rejects both 'the art historian's essentialism and the sociologist's reductionism' and calls for a concept of an 'aesthetic' that retains autonomy from the social while being informed by it. In her seminal book *Aesthetics and the Sociology of Art*, Wolff explains the various ways in which the questions sociological approaches raise for traditional aesthetics are paramount in order to understand "the relationship of questions of political value to questions of aesthetic value".¹⁸

Wolff's scheme seems even more urgent today, as artworks are indiscriminately digested into culture. For the contested theme of the representation of disease this process is even more annihilating, as the images of illness they bear, are unequivocally appropriated as signs. This process evacuates artworks as signs all too easily of their forms, their signifiers: 'illness as image' often becomes the bearer and not the maker of meaning; it is transformed into 'image as illness', a supposedly objective sign ambivalently associated with value.¹⁹

The principal implication for art and cultural theory is a less reflexive approach to art-making, or as art historian and critic Hal Foster has put it a "turning away from questions of representation to iconographies of content; a certain turn from a politics of the signifier to a politics of the signified".²⁰ Foster's critique underlines how an extrinsic 'theoretical concept or a political position' (in our case 'image as illness') can operate as the content of the work at the expense of the analysis of how the work can be political or theoretical in its own terms, of how it operates on the level of the signifier (illness as image). This critique alerts us about the traps of identity politics and the dangers of naturalization or obscurity, that cultural activism was facing less than 10 years ago. The predicament of my thesis is how the analysis of the art of museums as a distinctive field in visual culture, may enable the shift from setting out another iconography of disease, into opening up questions of representation and meaning.

Since the 1990s there has been an arguable turn towards more esoteric and less overtly political expressions in the representational field of disease. As artists who began as activists protestors moved into positions of authority – their work being institutionalized within the museum and the academia and commodified in the art market– and as imaging technologies became more and more sophisticated, illness started to be artistically examined in the west as a disorder and artistic practices started to seem corrective or self-reflective rather than aggressive. Questions on the biological body and on biomedical technologies, on real and virtual spaces shaping our notions of community and identity as well as on issues of medium and visual innovation seem to be crucial today. We might

¹⁷ An Interview with Janet Wolff in Margaret Dikovitskaya, *Visual Culture: The Study of the Visual after the Cultural Turn*, Cambridge, Mass.: The MIT Press, 2006 (2005), p. 276-7.

¹⁸ Janet Wolff, *Aesthetics and the Sociology of Art*, second edition, London: Macmillan, 1993 (1983): xiv 19 L. Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the 18th and 20th Centuries*, London: Harvester Wheatsheaf, 1989, p. 47

²⁰ H. Foster, 'The Politics of the Signifier: A Conversation on the Whitney Biennial' in *October 66* (Fall 1993): 3

view this tendency in an emerging generation of artists like Sarah McEneaney (and her autobiographical every-days scenes using Renaissance techniques), Orlan's controversial series of nine cosmetic surgeries broadcasted live (*The Reincarnation of Saint Orlan, 1990-1993*), Tran, T. Kim-Trang *Blindness Series, 1992-2004* (a set of eight videos presenting both invented and historical encounters with blindness) or Marc Quinn's *Chemical Life Support Series, 2004-2005* (human sculptures cast from wax mixed with the various chemical substances on which each of the subjects depends in order to remain alive).

This new paradigmatic shift denotes a structural difference in the arts of the present day: meanings and notions are constantly replaceable after the representational and political intensity of the 1980s and the early 1990s. As western politics steadily turn rightwards and suffering becomes more and more spectacularised, the craving of western culture for easily deflated meanings and representations becomes vaster. The character of representations of disease today extends far beyond the historicism of metaphors and the pretext of symbols as particular political, symbolic and notional spheres are perpetually replaceable: illness-health-normalcy, and/or representation-ideology-identity, and/or ethics-aesthetics-politics.²¹

Lay perceptions of health and illness inform identity politics and today –by 'virtue' of the history of their representations- can occur metonymically both on a formal (aesthetic) as well as on a political (ideological) level: representations usurp identity, as the theme of illness usurps and at the same time validates the artworks. To examine the representation of illness acknowledging its metonymical 'disposition', this 'turning away from questions of the signifier (the artwork) to questions of the signified (disease)' cannot but constantly draw attention to power structures and ideological practices, and thus remain alert to the urgency of discovering the new 'social' aesthetic. It is the artworks themselves that turn questions of aesthetic to questions of politics, while the metonymical disposition of contemporary understandings of disease raise questions of politics which in turn become questions of aesthetics.

The underlying concept of this schema is that medicine invaded –and still invades- the arts, in as much as artists were and still are consciously turning illness into art, from tuberculosis and madness to cancer and AIDS. What is implied here, is the art in the museums today still carries something of the spirit of the 'wunderkammer' (the old cabinet of curiosities), in as much as the popularization of medicine and its infusion with culture ever since the conception of the idea of 'Public Health' is somehow 'factualised' and naturalized within the practices of the museum and the curatorial choices for the display of these works. Health, mortality and normalcy blend in their association with the body while all the definitional uncertainties of illness seem to have been copiously

21 On the issue of metaphors, see S. Sontag, *Illness as Metaphor and AIDS as Metaphor*, London: Penguin, 2002. On symbolism and lay perceptions on health and illness, see C.G. Herzlich, *Health and Illness: a social psychological analysis*, London: Academic Press, 1973

depicted in the arts: from destruction to triumph illness has been figuratively present full-scale at least ever since the invention of photography. The history of the aesthetics of disease has at least one vital story to tell and that is that truth has the structure of a fiction. The challenge this story continues to offer is to determine which fiction, whose fiction and how this fiction is made.

As Steyn has observed "in asking how objects mean is also a question of how Subjects are made".²² In the lines of thinking of gender theorist Judith Butler on the human striving for recognition on one hand and on a reinvented prohibition of public grievability in the west on the other, the analysis and critique of how illness is made upon its representation may test the limits of cultural criticism and of the autonomy of cultural representations today.²³ And it can ultimately dare to ask how contemporary cultural perceptions of humanity come into being. As works on illness are widely being commissioned and displayed today by organisations such as the Wellcome Trust, we cannot remain oblivious to an institutional propensity that fosters understandings of medicine and suffering in high-profile contexts. As Foucauldian scholarship and the recent history of cultural activism have demonstrated the notion of illness is structural and can question institutions and power structures far beyond the confines of medicine itself. In a deeply re-politicized epoch for artists and art institutions to address these issues as post-9/11 societies internalize and visualize the fear for the 'new great terror', representing disease within the museum today may put forward a new critical basis for aesthetics as a means of revealing the human condition, of different fictions to jump out of the museum's walls, and of human subjects still to be made.

Acknowledgements

The honor and joy I feel for this Award is sincere and overwhelming. The pragmatic and moral support I am receiving today is not only an important recognition of one person's academic efforts, but in my view representative of the ethos and commitment of the Department of Cultural Policy and Management here at City University. I am thus grateful to Professor Sara Selwood, Head of the Department, for this honor and for her overall support. Accordingly, I wish to thank the Worshipful Company of Barbers and the good offices of the Vice Chancellor, Professor David Rhind, the Company's Denny Lecturer 2006 for partly funding this Award. I am wholeheartedly indebted to my supervisor and Senior Tutor for Research Dr Juliet Steyn: her enlightening guidance, unceasing help and invaluable feedback make me a really privileged student constantly motivated to learn. It is also due to Dr Steyn's driving force and initiatives that I am lucky enough to be part of a vibrant and egalitarian academic community. I wish to thank my peers Louisa Avgita, Mohammed Bounhiss, Jenny Walden, Olga Kolokytha and Njordur Sigurjonsson for our research seminars, their generous insights and friendship. My deepest gratitude and love, I owe to my

²² Steyn, 'The Museum's Future', p.607

²³ Judith Butler, *Prekarious Life: Powers of Violence and Mourning*, London: Verso, 2004

mother Nitsa Komninou and my brother Aristotelis for their unconditional care and encouragement.