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Visual Arts Practices for Invisible Illnesses: An Expanded Autoethnography on Rendering and Reingesting Affliction

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Abstract

Anthropological research by Joseph Dumit, Simon Cohn and others has demonstrated how effective the viewing and appropriation of medical imaging results portending to represent a known affliction can be in positively reorienting a person's relationship with their illness. This paper, however, makes failure its focal point: what happens when a diagnosis seeker's body refuses to produce diagnostically-useful medical imaging results of their affliction? Authored by an artist and professor of Digital Media harboring an ongoing undiagnosed illness, my research expands outwards from an autoethnographic project in which I 3D-modeled the speculative contours of an invisible affliction each day that I felt its presence, to explore how core principles in arts education such as defamiliarization, appropriation, and glitch can be used to synthesize alternative archives that renegotiate agency with amorphous chronic illnesses and provide new frameworks for care.

Introduction

Yasman Tayag's 2018 article in *Inverse* titled "Mona Lisa: Physician diagnosis solves mystery of enigmatic smile" relays the story of Dr. Mandeep R. Mehra diagnosing the subject of the famous painting with a litany of conditions such as xanthlasema, lipoma and hypothyroidism while waiting in an hour and a half queue to see it (Tayag, 2018). Historically contextualized, the anthropomorphized painting in this anecdote plays along with a particular fantasy of Western medicine by assuming the role of a perfectly compliant patient with legible symptoms and zero lived experience to complicate its diagnoses. However, the production and study of visual media is significantly more complicated when living beings put their bodies on display in exchange for medical input and care.

Non-invasive medical imaging procedures such as MRIs, X-rays, CT and PET scans demand from their living patients similar acts of stillness as *Mona Lisa* or any painting. The resulting images of the body as object-*Körper*-as defined by Edmund Husserl in contrast to the body that senses itself being touched-*Leib*-are not guaranteed to produce visual cues for meaningful diagnosis (Slatman, 2014, p. 114). Unlike the painted object however, who neither feels pain nor seeks medical input, the humans who submit their bodies for medical testing, optical or otherwise, are often desperate to render some useful evidence of an otherwise undetermined affliction that hides behind seemingly normal results. Take this (anonymous) quotation from a member of an undiagnosed and rare chronic illness support group that I belong to on Facebook for instance, about how their tests had finally caught their body performing its illness (emphasis is mine):

Finally we *caught my body at the right time*...I know most people celebrate *normal* lab results but after decades of normal labs. I'm thankful to finally something that even remotely *shows* I do in fact have some immune/auto immune issues going on.

Acknowledging histories and present realities of marginalized populations suffering from unsought diagnoses and their attendant "cures," my contribution focuses specifically on active seekers of medical advice engaged in a process of performing for and receiving lab and/or imaging results that feel out of sync with their lived reality. I am interested in the visual media that patients whose bodies fail to render diagnostically legible evidence for a condition for which they seek understanding and improvement produce during and outside of contemporary medical imaging events and how that visual output feeds itself into their care strategies. As a time-based artist with an ongoing diagnostically-avoidant chronic illness, I write to better understand my evolving relationship with visual representation in relation to art, illness and pedagogy.

I begin by exploring Joseph Dumit's ethnographic research into the psychological benefits attained by sufferers of a diagnosed illness such as depression or schizophrenia from encountering medical images-however contingent and theoretical the technologies producing those images are-claiming to visually represent their diseased brains. I explore intersections from the fields of medical anthropology, care, and media studies, a Facebook support group for undiagnosed illnesses, and a range of art practices, to determine whether the same ameliorative effects experienced by patients presented with visual records of their diagnosed illnesses can be synthesized by those with ongoing invisible and diagnostically-avoidant conditions. I continue with an autoethnographic account of a routine 3D modeling practice that I developed for tracking and changing my relationship with illness before concluding with a reflection on the immense impact my art and illness have had on one another.

Defamiliarizing and Appropriating Diagnosed Invisible Illnesses

Joseph Dumit's research in *Picturing Personhood* demonstrates just how important the representation of an illness can be to a person who knowingly carries its diagnosis. Despite known limitations to the accuracy of positive emission tomography (PET) scans, which condense time-based biological functions into algorithmically-aided images via nuclear ray tracers, they provide, as with other types of medical imaging, the opportunity for a patient to see a portrait of their illness on a wholly different scale from how they normally experience its presence. The process of creating these images and taking part in the ensuing conversations with medical professionals can be particularly helpful in legitimizing stigmatized mental illnesses that often carry with them feelings of self-doubt and failure. While technically legible only to a trained professional, they can be shown to the lay patient in comparison to a *normal* brain scan in order to reify their illness through visually-mapped difference.

“Sufferers of mental illnesses do not react negatively to brain images of depression or schizophrenia. Rather, the reaction to brain images is often one of care and concern, much more akin to the reassurance and bonding experienced between parents and ultrasound images of fetuses. The brain image appears in this setting to be an image of the suffering of the afflicted, as well as an image of the affliction” (Dumit, 2004, p. 163).

Here, the image manages to produce an incredibly rare and difficult separation between the afflicted and their affliction, allowing it to live for some amount of time as an image-object, re-internalized by sight. I would further argue that while PET scanning has since developed to include the possibility of re-animation, still images most effectively create this separation. Illness blurs selfhood by lodging itself into the crevices of so many everyday actions that contribute to personal identity. The PET scan process neatly compresses those messy moments of negotiation into a singular event with individual frames akin, though distinct in

process from, photographic negatives. While moving images enjoy a sense of liveness by enforcing their particular units of time on the viewer, a static image remains open to an indeterminate duration of viewing by the subject and recipient of medical imaging. The scans seem to settle ontologically between maps and portraits, but either way, they present the illness primarily as it *is*, not what it *does*. The afflicted can see their affliction outside their body, experiencing it perhaps for the first time as something that can also be looked away from.

“Art is a way of experiencing the artfulness of an object: the object is not important...After we see an object several times, we begin to recognize it. The object is in front of us and we know about it, but we do not see it- hence we cannot say anything, significant about it. Art removes objects from the automatism of perception in several ways” (Shklovsky, 1917, p. 3)

Dumit’s interviewees’ experiences with their medical images also notably adhere to the artistic principle of defamiliarization in that they make the experience of living with a particular diagnosed affliction feel at least temporarily unordinary. Viktor Shklovsky’s influential 1917 essay “Art as technique” quoted above defines art as a technique intended to “make objects ‘unfamiliar’” (Shklovsky, 1917, p. 2). I begin the semester in my Digital Video classes with a defamiliarization assignment in which I ask students to prepare by first listing twenty or more habitual activities from their routines before brainstorming how changes in scale, location, speed, and mediation from the camera lens might interrupt the algebraic economy of thought given to these rote actions. Without defamiliarization, Shklovsky warns that our entire lives are at risk of being swallowed by routine and forgotten. “And art exists that one may recover the sensation of life; it exists to make one feel things, to make the stone stony” (Shklovsky, 1917, p. 2). The afflicted likely *feel* too much as it is, so in a medical imaging context, defamiliarization can be thought of as encouraging different perspectives and proximities with affliction, especially when complicated social stigmas are locked onto the primary view.

Simon Cohn’s anthropological research on how patients reproduce their own digital brain scans in a multitude of creative ways further demonstrates the significant potential of medical imaging for renegotiating agency with known illnesses through appropriation-based action. Appropriation, in which an object or piece of media is repurposed in the creation of a new work, stands out as a staple of contemporary arts practices since the early 20th century. Many of Cohn’s voluntary interviewees printed their brain scans out on a variety of mediums ranging from wall-sized photographs to t-shirts, tasking the body with wearing externalized representations of its insides. Cohn reflects on “how common the desire to actively do something with the image is, as though making the illness concrete and distinct at a

conceptual level is not enough” (Van de Vall, 2009, p. 102). While an art student is often taught to apply appropriation techniques on readily available mass media such as advertisements, newspapers clippings, films, etc. these patients’ voluntary appropriations not only help to temporarily transition them from subject to author; they also provide an important jurisdiction over the scale and quantity of their represented brains, and thus their illnesses. Even the most seemingly banal of these decisions provides the rare opportunity for the afflicted individual to cut, frame and share mementos of an invisible illness that otherwise seems to appropriate their own selfhood.

Images Outside of Diagnosis

Having explored some of the ways contemporary medical imaging procedures and products can be understood in relation to heralded art-making techniques in contemporary arts education, it seems appropriate to wonder whether an individual who receives inconclusive medical images is as likely to print them out on t-shirts while they continue their search for answers. Indecipherable and abstract as any medical scan or data set may be to the untrained eye, inconclusive testing further corroborates the ocular and symbolic invisibility of the illness(es) in question, often leading to further internalized stress, doubt and shame. Devoid of any affirmative externalization, an undiagnosed invisible illness remains an experiential object of indeterminate scale and power that requires alternative visual solutions to coax out and contend with.

The image below is a meme shared in the same Facebook undiagnosed illness support group, which poignantly, if not hyperbolically, speaks to the dissonance experienced by individuals seeking diagnosis whose bodies have not, for any number of reasons, successfully exported their lived experiences as medically legible information. The doctor speaks to the now-deceased person at the end of a failed journey to calibrate their medical results to their lived experiences, to deliver the news of their *normal* lab results. The cadaver, no longer attached to narrative experience, performs objecthood twice over: once inside the coffin and again in the *normal*, and thus unremarkable, lab results. Like artist David Shrigley’s series of taxidermized animals that hold up signs reading “I’m dead,” this *Körper* in the casket now outwardly indicates which side of the ultimate binary between life and death it rests on. Even here, where death stands out as the most recognizable designation, and one which renders all subsequent medical advice moot, both the doctor and the lab results refuse to acknowledge the reality of the patient’s pronounced condition. Any recognition of bodily harm remains painfully unacknowledged while the statistical mirage of the *normal* body, which Allan Sekula traces back to the earliest days of social statistics in the bell curves of Adolphe Quetelet, lives on (Sekula, 1986, pg. 19).

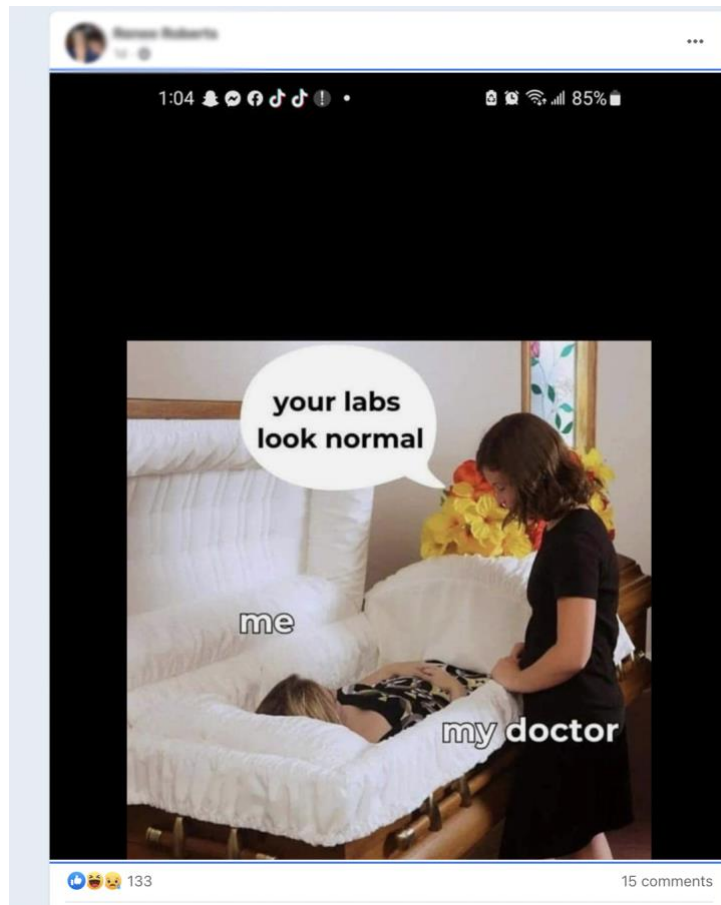


Figure 1. Meme. Original Creator Unknown. Accessed June 09, 2023 in Undiagnosed, Rare, and Chronic Illness Support Group. Private Facebook Group.

Employing the definitions laid out in Walter Benjamin's seminal 1935 media theory essay "The work of art in the age of mechanical reproduction," medical imaging proposes auratic visual solutions sourced directly from the afflicted at a specific time and place after a series of appointments and administrative activity. Benjamin wrote the essay in anticipation of the emerging mass media of film, arguing that what it lacks in aura on account of its reproducibility, major film studios make up for by emphasizing the non-fungible beauty and individuality of the actors who star in movies (Benjamin, 1935, pp. 9-13). While technically reproducible as digital media, medical images are largely, whether intentionally or merely resulting from clunky patient-facing databases, safeguarded to the extent that I, the irreplaceable star of my own medical imaging performances, have personally found it nearly impossible to see my own images after my medical imaging events.

Diagnosis, like any form of categorization, attempts to align individual experience with previously diagnosed individuals who collectively form the boundaries of a recognized

condition. Medical imaging proposes visual solutions sourced directly from the afflicted compared in increasingly automated ways to previously scanned individuals. Growing numbers of image training sets used in machine learning to aid in disease and anomaly detection register scores of unique bodies to fit within a standardized framework in order to optimize this comparative search process. Like a meme stretching, thinning and shedding resolution to reach wider audiences, each scan in these databases is processed to contort and conform to the visual geography of the control group.

Inconclusive medical imaging results deflect the gaze away from the auratic offerings of both the singular body and the control group. Individuals faced with inconclusive results after performing for medical testing are likely to continue their research on the internet, where aura is at best connected to IP addresses and crypto wallets (housing non-fungible tokens or NFTs). Where costly medical imaging procedures compress time by representing a given duration of biological activity as a set or limited sequence of images, the search engine offers a seemingly infinite expansion of lateral information completely unmoored from the biological time it takes to ingest it. In contrast to the steep costs associated with medical imaging's auratic offerings, search engines provide an overdose of affordable ocular information experienced by real and fictitious subjects at geographically and chronologically ambiguous distances from the searcher.

Much of the visual information accompanying these searches falls into what artist and writer Hito Steyerl categorizes as "poor images," valued not for their production quality or aura, but for their velocity and mutability (Steyerl, 2009). If medical imaging represents some elaborate professionalized inside-outing of the patient's body, a search engine image search acts more as a macro funnel for memes and other readily available images transmitted for the sake of both amateur and professional interpretation and appropriation. While memes and motivational slogans composited atop calming images of nature are helpful in suturing support online, the nonlinear cuts between links, ads, and landing pages endemic to this type of self-diagnosis erode the potential for auratic event-building that medical imaging and the network of operations and care structures required for its deployment and analysis, specializes in.

In a professional care setting however, artist and medical humanities scholar Deborah Padfield has demonstrated how photograph material akin to what one might find surfing online, albeit with less graphic depictions of anonymous organs and an overall emphasis on creativity and collage over resolution and veracity, can play a powerful role in softening doctor-patient hierarchies through mutual contemplation and metaphoric potentiality. Padfield's research suggests that the triangulation between photographic material, patient, and provider can help elicit richer illness narratives sourced outside of the patient's body:

What can photographic or aesthetic spaces allow us to recognize which might not have felt safe to put into words or been consciously ‘known.’ Susan Sontag (2003) warns of the dangers of aestheticizing and so distancing ‘the pain of others.’ In our context it was perhaps the very distance created by the photograph that allowed the experiences they reflected to be discussed (Padfield, 2011, p. 247).

The frictionless transparency made possible by modern medical imaging and further exaggerated by machine learning is the logical endpoint of an excavatory impulse in Western science that Barbara Stafford refers to as “perpendicular inquisition,” traceable back to Enlightenment era anatomical waxes upwards through the invention of the microscope (Stafford, 1997, p. 18). This reifies a belief that the body contains a deeper meaning the further we zoom into its component parts. While medical imaging reinforces a geographic idea of self where all sensations can be located via closer inspection, Padfield’s work demonstrates how effective distance can be in the creation and conveying of illness narratives when time is budgeted for bilateral contemplation of multivalent visual material. Rather than claiming medical acuity, the images Padfield employs here play a role in mediating expertise between the patient and provider on account of their ambiguity.

A 2019 publication out of Johns Hopkins describes an educational initiative led by Margaret Chisolm and Susan Lehmann that tasked physicians and medical students with examining works of art in order to embrace expressive visual material as means for empathy and understanding beyond a diagnostic framework:

“BEAM, currently in pilot phase, is a mobile app inspired by Quaker teacher Parker J. Palmer’s pedagogical approach of a ‘third thing,’ where images or an object can serve as icebreaker between two parties to create a safe space for difficult topics of conversation” (Rienzi, 2019).

Shared time with the unknown is paramount to progressive arts education and experiences of art in general. Shared visual engagement between patient and provider engages the fourth and most complex phase of care as laid out by Joan Tronto in *An Ethic of Care*: “receiving care.” This fourth phase (after “caring about,” “caring for,” and “caregiving”) acknowledges the shared moral burden between the recipient and provider of care, accounting for the potential that the act of care produces new care needs (Tronto, 1998, p. 17). Applying Tronto and Padfield’s core concerns to the *Mona Lisa* anecdote, one might surmise a more helpful retelling of Dr. Mehra’s story; one in which he and a patient stand in line together at the museum looking at and relating their environs to different experiences and forms of expertise outside the framework of visual diagnosis.

Rendering and Reingesting an Invisible Nausea: An Autoethnography

My personal history with chronic invisible illness began around my 30th birthday and has continued to evolve throughout my thirties. Harboring an unlocated nausea these past seven years has forced me to contend with my relationship to image production and productivity at large, as my affliction has refused to perform for the mirror, microscope, or any of the medical imaging tests meant to draw it out. As a teaching artist who had previously focused my technical abilities gleaned from working in the visual effects industry on questions around mass media dissemination and appropriation, I have been compelled by my body's furtive miscalibrations to explore the technologies and adherent ideologies that inform cultural understandings of health (both corporeal and ecological) while constantly interrogating my changing relationship with legibility and visual representation.

In a 2019 work titled *Sick and Tired at the Met* I wrote and enacted a performance score to visit all of the works on display that had been categorized by the Metropolitan Art Museum's online search engine as either "sick" or "tired," resulting in a 22,000-step self-guided tour through a major Western cultural collection in which categorizations of subject and condition are fastidiously recorded and updated. I situated myself as a makeshift care provider, spending at least thirteen minutes with each work, roughly equivalent to the amount of time a patient gets with a physician per visit in the United States (Wood, 2023). I was intrigued by works that appeared in the search that seemed to lack any clear indication of sickness in subject, title or description. Moreover, several works that the search engine registered as "on display" resided in dimly lit galleries temporarily blocked off to public access. By what erasure of metadata or categorical realignment might these works be deemed healthy again and were they healthy works of art (in good condition) representing sickness or sick works representing good health? My personal experience with invisible illness aligns my interests with the latter possibility. While employing a fantastical anthropomorphizing of art objects not dissimilar from Dr. Mehra's, this exhausting performance score alternatively uses previously diagnosed works of art to tease out cultural norms about legibility and health while ultimately opening a uniquely circuitous path through the museum that greatly mirrors the formation of my own illness narrative.

While the first few years of that narrative primarily involved searching, I have since moved towards coping strategies that recenter my role as an object producer and educator. In 2021 I began a year-long project titled *Today and Possibly Tomorrow* with a simple conceit: for each day that I experienced my diagnostically-avoidant chronic nausea, I would create a digital 3D model attempting to capture the contours of the present sensation. Each of the resulting 60 models was therefore made while experiencing the affliction it represents. I worked with an edible 3D printing manufacturer named Sugar Lab to transform 30 of these digital 3D models into colorful, ginger-flavored hard candies that have since been displayed at Chicago's

International Museum of Surgical Science as well as multiple international group exhibitions. In addition to the exhibition set, I produced 60 boxes of random assortments that I have mostly given away to loved ones to consume, display, or otherwise care for.



Figure 2. *Today and Possibly Tomorrow*. 2022.02.27. Digital Model. Size Variable.
<https://skfb.ly/oBEDo>.

I have found catharsis in making and subsequently purveying work that takes part in the same polarizing processes of desire and repulsion as the illness itself. Candy reifies the mouth's role as the body's central channel for converting visible matter from the outside world into a series of chemical activations within. Nausea is a feeling of potential re-externalization and therefore a mediation between inside and outside, self and other. My work explores the literal friction between past and present; as the tongue grazes the twisting tendrils and textures that define a specific experience of nausea, it cannot but smooth and generalize that shape as it applies pressure.

Equally important to the crafting and consumption of the work is the routine that it enacts. The series title *Today and Possibly Tomorrow* pays homage to On Kawara's famous five-decades long project referred to as "date paintings" or the "Today" series in which the artist meticulously painted the day's date in white letters on a small, monochromatic canvas in the semiotic structure of his given location, discarding canvases that were not completed by midnight. Formulaic and precise, each painting self-referentially serves as a receipt for the date of its own genesis. In referencing this meditative series on time and place, I add "and

possibly tomorrow” to speak to the unpredictable nature of the subject from which my archive takes shape; my illness.

Each 3D model in the series serves to both represent and ameliorate the condition it takes as subject. While the works track the frequency and magnitude of the affliction, the act of modeling was knowingly contrived to mitigate the lived reality of that affliction. As such, the project is a form of art therapy, understood to be a helpful contributor in pain tolerance programs for artists and non-artists alike. Materially, I used the same open source 3D modeling software called Blender that I had used on a regular basis for personal and professional projects for the entire five-year span of my chronic illness up to that point. *Sculpting* mode in Blender allows a user to scrape, push and pull a lumpen mass of digital gray matter with the use of a computer mouse or pressure sensitive tablet. Rather quickly, the attempt to locate and pull forward the sensation from within my body met with the palpable friction of mediated movement in front of my eyes.



Figure 3. Installation View Today and Possibly Tomorrow. 2022. 30 3D-printed candies in glass display case. Size variable. International Museum of Surgical Science. Chicago, IL. Photograph by Dan Miller.

Having performed for medical imaging tests that sedated or otherwise blunted the conscious connection between where I felt my affliction in my body (primarily in my stomach, throat, and head) and my extremities, these works program that experience into their objecthood. They are not simply representations of the affliction but rather procedural exports from a mediated exchange between a subocular envisioning of the sensation and a physical grappling with its potential materiality laid out in front of me. They are *nauseated*. The additional process of converting these digital 3D models into digestible candies allowed me, like Simon Cohn's interviewees, to not only further appropriate them through decisions on scale, color, and presentation but to witness these calendar-consuming days humbly advertise their reingestion and catalytic potential in front of me.

Conclusion

It struck me the other day as I carefully packaged and walked out the door to send off the entire set of *Today and Possibly Tomorrow* to an exhibition, that I was carrying an archive of my illness wholly different from previous ones scattered amongst multiple password-protected databases of former healthcare providers. Artist Yo-Yo Lin, in writing about the *Resilience Journal* project, refers to this type of intentional accumulation of expressive information as *soft data*, in contrast to the well-represented *hard data* that is coded into traditional Westernized patienthood:

“I began to realize creating a tool amidst dozens of self-care apps, biofeedback tech, and healing tactics— all of which can be deeply intertwined with our solution-oriented, ableist, capitalist society— perhaps the most urgent, fundamental thing we can do is to acknowledge our living experience and perceive illness in its wholeness, not as a deficit” (Lin, 2019).

Resilience Journal entries crystallize into brightly-colored concentric circles, with each color corresponding to a particular frequency or amplitude of feeling. Lin, who began the project to track her own disability before widening the journal's distribution, describes the resulting data as “neither good or bad, it just... is” (Lin, 2019). Recalling the unexpectedly caring reactions Joseph Dumit's patients had to images portending to show their diseased brains, Lin's project provides an analog visual strategy for understanding and appreciating disability outside the framework of cure.

In the *Feelings Fossilized* series, artist Smita Sen emulates antique geological renderings to visualize “ghost pains” in her body emerging from caring for and ultimately grieving her late father. Sen describes these procedural forms that begin as 3D models before being translated into drawings, as “traces that wouldn't make it to a formal diagnosis, but are part of me all the same” (Sen, 2023). While these pains do not map directly onto existing diagnostic

frameworks, Sen nonetheless borrows visual elements from both contemporary medical imaging, anatomical studies, and geography to render speculative landscapes in the body that can be equally understood as sites of affliction and the affliction itself.

Artist Catalina Tuca began research and implementation of *The Sensitive Project*, which utilizes professional 3D modelers and fabricators to produce sculptural forms from user-submitted emotions, during the Covid-19 pandemic in 2020. In reviewing the project for *Artefuse*, Elisa Gutiérrez writes:

“...the essence of the project is not in the resolved emotions that it presents but in the process of that resolution. The conversations she establishes with each participant at each project stage are the knots that tie together a collective representation that combines the internal and external configuration of a personal and collective ecosystem” (Gutiérrez, 2023).

The realm of portraiture expanded greatly in the 20th century to encompass these fluid modes of representation and synecdoche. Felix Gonzalez-Torres’s 1991 “*Untitled*” (*A Portrait of Ross in L.A.*) for instance, uses a replenishable 175-pound pile of individually wrapped hard candies to eulogize his late partner Ross Laycock, who died of complications from AIDS earlier that year. Audiences are invited to take candies from the pile, participating in distributed remembrance and dissolving. Tuca’s project employs networked inputs and outputs to give material form to invisible emotions during a period of remote contact and heightened fear of the other because of the (subocular) transmission of disease.

Prior to my career transition from visual effects to teaching, I was deeply embedded in an industry that, as the name suggests, prizes effects over process. My illness has turned my art and pedagogy inside out, as I have developed a more visceral relationship with the immediacy of the creative process; taking into account the corporeal circuitry that both allows for and responds to the act of making work. In Rosa Menkman’s “*Glitch Studies Manifesto*,” the artist, curator, and media theorist champions glitch for revealing, halting and challenging free-flowing hegemonic standards and norms. Importantly, and in contrast to my experience working in visual effects on large-scale projects, Menkman defines it as an experimental process rather than a specific aesthetic, warning against the packaging of a particular set of visual attributes as a false substitute for the act of subversion:

“Nevertheless, some artists do not focus on the procedural entity of the glitch. They skip the process of creation-by-destruction and focus directly on the creation of a formally new design... This form of 'conservative glitch art' focuses more on design and end products than on the procedural breaking of flows and politics. There is an

obvious critique: to design a glitch means to domesticate it” (Menkman, 2009).

The glitchiness of my own health has predisposed me to embrace Menkman’s framing of glitch as a process of unbecoming and interrogating normative ideals. While nearly a century and several mediums separate Menkman from Shklovsky, both define art in relation to process and action. It is perhaps this component alone that makes art practices incorporating concepts such as-but not limited to-defamiliarization, appropriation, and glitch such invaluable companions for difficult diagnosis journeys that are traditionally built on passivity and a unidirectional transmission of information. Each of the projects described above are entire ecosystems unto themselves with their own structures, rituals, and strategies for representation. Not dissimilar in logic from the software that constructs a composite image of the body’s functions in a PET scan, they employ an algorithmic approach that inputs diagnostic and language avoidant experiences only to output extraordinary archives of life and resistance. Taking diagnostic failure and illegibility as sites for resilient artistic intervention, I hope my research here contributes to a broader conversation about the role of art and arts education in forming meaningful illness narratives above and beyond contemporary medical imaging results.

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About the Author

Ryan Woodring (he/they) is compelled by his body's furtive miscalibration to use digital technologies endemic to medical imaging and visual effects to push up against the limits of

visual representation in order to find sustained agency for unpredictable modes of being wrought by invisible illness. His work draws from a decade of industry experience helping to realize award-winning projects such as *House of Cards* and *The Boxtrolls*. Woodring earned his MFA from Rutgers University and is currently Assistant Professor of Digital Studies at Drew University. He co-founded Prequel Low-Residency in Portland, Oregon and is a founding member of Blockbusters Media Collective. Woodring has exhibited and spoken internationally in various contexts such as Sunaparanta Goa Centre for the Arts, The International Museum of Surgical Science, Chicago, and the Portland Biennial, receiving project support from the The Andy Warhol Foundation, Regional Arts & Culture Council Oregon, Institute of Network Cultures, and others.

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