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Gender Critique of The Scientific and Medical Construction of the Female Body in Women's Artworks

Abstract: In this paper I will develop a gender critique of scientific and medical idealizations of the human body and its health, which was performed out of gender and feminist studies, pointing also to women's art. In the discourses of medicine, healthy and beautiful human – and especially the female human – body is revealed as an ideological construction, an affective agent and a biopolitical ideal that controls and regulates gender differences. My intention is to demonstrate that the discourses of medicine, feminism, and art are in a dialogue historically in relation to these topics. Following Tasha N. Dubriwny's discussion of medical discourse and practice, I will map three phases in the development of Western medical discourses and point to the fact that they are in dialogue with feminist discourses and with the way how art treats and represents beautiful bodies, and/or sick bodies, with particular focus on female bodies. Discussion of the first phase of medical development points to the fact that visual art and photography were used to performatively help doctors to construct the female body as sick and deviant, as Didi Huberman showed. The second phase was the medicalization era, in which human bodies are expected to adhere to a standardized norm. In this period, within the framework of second wave feminism, feminist health activists appeared, forming the women's movement for health. Special attention will be directed to the third phase, the *biomedicalization era* or *inclusion-and-difference paradigm*, in which postfeminist discourses appeared and in relation to which I will discuss artworks by Hannah Wilke, Katarzyna Kozyra, and Orlan.

Key words: medicine; feminism; feminist art; sick body; beauty; visual representation; difference; Otherness.

Introduction

In this article, I deal with the question of how in the extremely patriarchal context, women are structurally positioned as passive objects, condemned to the private sphere of the home. Because of this state of affairs, I point to the medical discourses and their definition of 'normal' and 'deviant' female bodies. In the process of producing these discourses, art had an important function. Following the discussion by Tasha N. Dubriwny I point to the three phases in the development of medical practices and discourses which articulated treatment of the sick body, particularly the female

one. I relate these phases to the discourses and practices of art. In the first phase, at the end of the 19th century, the rhetorical and performative function of drawing and photography was important. They were active tools for doctors in establishing diagnoses, as theorist Didi-Huberman pointed out.

In this context, I introduce feminism as a critical theoretical and activist social force that pushed women into the public sphere. I show that feminism, with its criticism and generation of alternative discourses, influenced the restructuring of the discourse and practice of medicine. On the other hand, feminist art practices emerged that enabled female artists to become active subjects and objects of their own work. These processes related to the second phase of medical discourses.

A particular and special area I will illuminate is where the discourses and practices of medicine in its third phase and art intersect with the works of female artists who deal with visual representations of their own sick bodies, as well as female artist who subject themselves to surgical procedures in their performances. I will demonstrate that the performativity of rhetorical visual and verbal texts that articulate practices participate in the construction of opposing materialized forms of life, behavior, and worldview.

Gender Critique of the Scientific and Medical Construction of the Ideal Female Body

The question of normality and normativity, which discursively and then practically define and conduct human behavior and human self-shaping, is at the center of my discussion. When it comes to the human body, and above all the female body, it is necessary to point out the fact how the ideal and ‘normal’ female body is defined in Western societies and how it is set as the norm. I will observe this in the historical perspective, exploring how discourses and practices of medicine, feminism (and post-feminism), and visual art interact and produce the normative and/or non-normative female human body.

I will start from the fact that there are standardized bodies, which are set as an ideal that everyone should strive for. The standardized, normed body is defined by Rosemarie Garland-Thomson as:

the figure outlined by array of deviant others whose marked bodies shore up the norm’s boundaries. [It] is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them.¹

The standardized ideal body generates social hierarchies, and I will focus only on the question of gender hierarchies. Regarding this, feminists pointed out, that in patriarchy women are defined as “deficiency and lack, as the Other” in relation to men, who

¹ Cited in Kim Q. Hall, “Reimagining Disability and Gender through Feminist Studies: An Introduction,” in *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana University Press, 2011), 3.

are the norm, which results in the understanding that women are “physically [and we could add psychologically as well] handicapped”². Therefore, I will follow Tasha N. Dubriwny’s historical perspective in the development of discourses and practices of medicine, which will help me to point to the feminist interventions in the field of the medicine. Feminism is important in the transformation of discourse and practice of medicine, but also it is important for women’s art and its treatment of the female body in relation to standardized and/or idealized ones. It helped women artists to reveal the ideological biases and pragmatic social function of the circulating images and discourses in medicine and art alike.

Three Phases in the Development of the Discourse and Practice of Medicine

Tasha N. Dubriwny showed how the discourse and practice of medicine changed, referring to historians of medicine who dealt with this issue. She singled out three phases in the development of Western medicine. The first, from 1890 to 1945, saw the professionalization and specialization of medicine and care. At the same time, related health professions were created, along with new medical-scientific, technological and pharmaceutical interventions, as well as new social developments and forms.

The second era, which Adele Clarke and colleagues dubbed the *medicalization era*, arose after the Second World War, when the competence of medicine increased, and ended around 1985. Clarke and Janet Shim wrote: “By conceptually redefining particular phenomena in medical terms, and thereby effecting them as social problems, medicine as an institution became understood as an important new agent of social control.”³ The *medicalization era* is characterized by the fact that patients were put into the passive position of recipients of medical treatment; medical professionals had absolute power to control the access and creation of specialized knowledge, they “worked through a paradigm of definition, diagnosis, classification and treatment, and human bodies are expected to adhere to a standardized norm.”⁴ In this period, within the framework of the second wave of feminism, feminist health activists appeared, forming the women’s movement for health. They pointed out that women had a significant role in the history of medicalization, and this insight led to understanding gender and sex biases that ideologically shape medical practice.

The way Western medicine theorized the difference between social groups and individuals produced *hierarchies*, which meant that so-called objective scientific research showed that women, racial minorities, and underprivileged groups were inferior to “the European male as evidence of his intellectual and physiological superiority.”⁵ According to Steven Epstein, by the 18th and 19th centuries, the focus on female

² Ibid., 3.

³ Tasha N. Dubriwny, *The Vulnerable Empowered Woman: Feminism, Postfeminism, and Women’s Health* (New Brunswick: Rutgers University Press, 2013), 14.

⁴ Ibid., 14.

⁵ Ibid., 14.

difference “tended to control femininity almost as intrinsically unhealthy and viewed woman as essentially controlled by her reproductive organs.”⁶ The medicalization of women’s bodies and lives produced a specific understanding of women as fragile and inferior. Or as Barbara Brook put it, “[m]any of the technologies by which the medical profession has become the primary manager of women’s bodies could be interpreted as managing the essential monstrosity of women’s bodies.”⁷ Among many categories by which female bodies and women are judged are concepts like ‘fertile’ and ‘infertile’, menstruating or menopausal bodies.

In this period, except for reproductive difference, women and men were treated the same way, but this actually meant that men’s health was created as the norm applied to women’s health issues. These views were criticized by feminist activists in the field of health.

The third, *biomedicalization era*, began around 1985. In the early 1990s, in medical discourse there was a shift from the understanding that the difference between women and men is in the reproductive organs to the understanding that the difference is located in the entire body. This change implied the belief that instead of health care being the same for women and men, the sexes should be understood as fundamentally different and medically treated as such.⁸ The shift in understanding women’s bodies as fundamentally different from men’s that must be treated separately reflects a broader shift in the dynamics of Western medicine: the emergence of what Steven Epstein has called the *inclusion-and-difference paradigm*.⁹ Although we should be aware of potential problems with the new focus on difference include concerns that the new focus on identity and difference risks ignoring other ways in which health risks are distributed and emphasizing biological difference (thus reifying, for example, gender as an innate essence). It is clear that the rise of the *inclusion-and-difference paradigm* that Epstein describes coincides with the third phase of medicine in the West, the *biomedicalization era*, which focused in part on the transformation of identity and the body. In other words, one aspect of the *biomedicalization era* was the move away from the universalization of the body or the expectation that bodies can fit into the universalization of forms.

The women’s health movement was first to introduce the issue of women’s health as distinct and separate from men’s into public sphere from 1970s on. But the feminist insistence on the difference was appropriated by the medical discourse in the *inclusion-and-difference paradigm*. As a result of this appropriation, feminist origins of these theories and ideas are completely erased. And here the notion of postfeminism is important, and Dunbriwny explains that in the public and professional contemporary discourses on female health postfeminist stance is of fundamental importance. And as Shelley Budgeon explains, postfeminism is part of contemporary antifeminist

⁶ Cited in *Ibid.*, 15.

⁷ Barbara Brook, *Feminist Perspective on the Body* (London: Routledge, 2014 [1999]), 45.

⁸ Dunbriwny, *The Vulnerable Empowered Woman*, 20.

⁹ *Ibid.*, 22.

backlash, based on the belief that gender equality has been achieved, and that feminism is not needed anymore. Postfeminism is “inherently conservative, anti-feminist and reactionary”¹⁰, and it is in accordance with neoliberal ideology of hyper individualism. The problem with this is that individuals are responsible for their own health and well-being, while broader social inequalities are not taken in consideration in the neoconservative political forces in rise with the intention to reestablish the most traditional gender system.

But let’s return to the Epstein’s *inclusion-and-difference paradigm*. At this point we need to stress the tendencies within feminism in 1980s and 1990s which questioned the notion of Woman that appeared within or around postmodernism. The notion of difference was put at the center of the discussion in feminism as well, and as a result difference gained plural form: *differences*. Crucial was the insight that sexualized and racialized bodies are the “objects of knowledge and sites of intervention” as Donna Haraway explained.¹¹ One of the most interesting discussions concerned the relation of the corporeal (the body) to the historically changing discourses that circulate in society and are performatively active as “the network of ideas, practices, art, beliefs and so on that constitute culture”¹². This meant that ‘the body’ that in the previous period seemed unquestionable, a certain and stabile entity, became the terrain of contestable interpretations. That is why Rosi Braidotti states: “[t]he body emerges at the center of the theoretical and political debate at exactly the time in history when there is no more unitary certainty or uncontested consensus about what the body actually is ... The body has turned into many, multiple bodies.”¹³

This pluralization concepts of body and woman is visible in art production. I will now point to the relation of discourses and practices of medicine and art.

Discourses of Art and Medicine

The first phase of the discourse of medicine and its relation to art

In my discussion of the relationship between the discourses of medicine and art, I will start with the statement that the first phase of the Western discourse and practice of medicine, outlined in Dubrinwny, corresponds to the usage of drawings and photographs in the function of documenting hysteria, the paradigmatic disease of women in the 19th and early 20th centuries. This relationship was dealt with in detail by Georges Didi-Huberman, in his book *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, originally published in French in 1982. Didi-Huberman explained that hysteria was fabricated at the Salpêtrière asylum in the last third of the 19th century. It is important to think of the drawings and photographs that illustrated the illness as *rhetorical texts*, which exist “in the context of language:

¹⁰ Shelley Budgeon, *Third Wave Feminism and the Politics of Gender in Late Modernity* (New York: Palgrave Macmillan, 2011), 24.

¹¹ Brook, *Feminist Perspective on the Body*, 5.

¹² *Ibid.*, 3.

¹³ Cited in *Ibid.*, 5.

hegemonic understanding of bodies, lives, health, and illness, and common social and cultural institutions.”¹⁴ There is another meaning of the notion of rhetoric. Discussing performance as medicine, Emma Brodzinski stressed that Michel Foucault influenced authors working in the medical humanities with his exploration of medical practice as a rhetorical structure. He considers the function of the speech-acts in medicine, so, “[h]e argues that, through articulation, the person in authority (the doctor) articulates disease. So, a ‘seeing’ and what is unseen is articulated through diagnosis.”¹⁵ A similar function in Didi-Huberman’s interpretation had photography in relation to hysteria. The usage of photography, according to him, demonstrates “the link between the fantasy of hysteria and the fantasy of knowledge.”¹⁶ Didi-Huberman shows how hysteria, in the desire to be visually documented, became a “spectacle of pain”¹⁷, and “was covertly identified with something like an art, close to theater or painting.”¹⁸ It means that physician positioned himself as a neutral observer of the pain, in the similar way that an artist did. Didi-Huberman followed Foucault’s emphasis that subjective perception of the physician is that which make him to be closer to an artist than to a scientist.¹⁹ According to Didi-Huberman, the physician acts:

[f]iguring and directing, but always at the limits of counterfeiting: this is experimental fabrication (method) itself, a solid means of the modern “conquest of the world as picture” [...] But this method could not escape the *figurative problem* that obsessed every medical clinic, the problem of the link – the phantasmatic link – between seeing and knowing, seeing and suffering.²⁰

Specific photographic procedures were introduced whose function was “in the first place, standardization of the pose and shooting portraits”²¹. Didi-Huberman insisted on the “figurativity of knowledge”, stating that “photography is not just any representative system; when it denies that it is self-representational or autoreferential, we always come close to believing it”²².

In what follows, I will discuss the changes that occur both in discourses of feminism and visual arts. Thanks to second wave feminism, during the 1970s, more and more female artists become active and visible on the art scene. I will focus on

¹⁴ Dubriwny, *The Vulnerable Empowered Woman*, 5.

¹⁵ Emma, Brodzinski, “Performance Anxiety,” in *Medicine, Health and the Arts: Approaches to the Medical Humanities*, eds. Victoria Bates et al. (London: Routledge, 2014), 169.

¹⁶ Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Selpêtrière*, translated by Alisa Hartz (London: The MIT Press, 2003), xi.

¹⁷ *Ibid.*, 3.

¹⁸ *Ibid.*, xi.

¹⁹ This quotation from Foucault is quoted in Brodzinski, “Performance Anxiety,” 170.

²⁰ Didi-Huberman, *Invention of Hysteria*, 8.

²¹ *Ibid.*, 55.

²² *Ibid.*, 60.

representations of sick bodies and the question of women's beauty. My attention will be directed to American artist Hannah Wilke (1940–1993), Polish artist Katarzyna Kozyra (1963) and French artist Orlan (1947).

Feminist art and the *medicalization era*

It is already said that in the era of medicalization, patients were positioned as passive recipients of medical treatment. If we consider women in this context, it should be perceived in relation to the fact that women have been structurally positioned as passive within the social structure and have been excluded from the public sphere. As a reaction to these social restraints, feminists of the second wave advocated for social transformations permitting women's transition from a passive, objectified position to the position of active subjects, in connection to their transition from the private to the public sphere.

Since the late 1960s, second wave feminists in the center of their interest have placed “the female body itself – its representation and the meanings attached – to the bold fact of biological difference”²³. They criticized patriarchal social structures that marginalize women. For our purposes, I will highlight the special representations of women in art (but the same situation has been in media culture), because patriarchal culture structurally objectifies women, which means it reduces them to the level of a beautiful objects, constructing them as “passive, available, possessable, powerless”²⁴.

In his book *Ways of Seeing* (1972) John Berger analyzed painting interpreting gender representations in relation to power. Women are often represented in nude as a conventional form of Western art. The male spectator is implied as present, as positioned in front of the painting watching the nude female figure. The woman is always positioned as an object to be looked at, while the man is powerful possessor of the gaze, the one who looks at women. As Roszika Parker and Griselda Pollock pointed out, women represented in paintings are passive and powerless and, as Laura Mulvey pointed out, the subjects of male gaze.²⁵ Mulvey states that “[i]n a world ordered by sexual imbalance, pleasure in looking has been split between active/male and passive/female. The determining male gaze projects its phantasy on the female figure which is styled accordingly.”²⁶

Discussing the topics of gender and representation in the 19th century, Tamar Garb pointed out that “Women” in painting were represented “as a mythic classical referent”, “Woman as Muse”, or “Woman as abstract ideal”²⁷. Similar objectification

²³ Jane Plicher and Imelda Whelehan, *50 Key Concepts in Gender Studies* (London: Sage Publications, 2004), 144.

²⁴ Roszika Parker and Griselda Pollock, cited in Tamar Garb, “Gender and Representation,” in *Modernity and Modernism: French Painting in the Nineteenth Century*, ed. By Francis Frascina et al. (London: Yale University Press and Open University, 1993), 223.

²⁵ Elain Baldwin et al., *Introducing Cultural Studies* (Peking: Peking University Press 2004), 80–81, and Tamar Garb, “Gender and Representation,” in *Modernity and Modernism: French Painting in the Nineteenth Century*, ed. By Francis Frascina et al. (London: Yale University Press and Open University, 1993), 226.

²⁶ *Ibid.*, 383.

²⁷ Tamar Garb, “Gender and Representation,” 237.

and sexualization of the female body occur in advertisements and popular culture. That is one reason why women artists became engaged in performance art dealing with representations of women in high as well as in popular culture.

In the mid-1970s Lucy L. Lippard spoke of the women artists' movement²⁸ which appeared at the time when the artworld became interested in "behaviorism and content and autobiography coincided with the women's movement and its emphasis on self-searching and on the structure which have oppressed women"²⁹. In relation to this objectification in different spheres through different systems of representation, one of the most important tools for oppression is what Naomi Wolf called *the beauty myth*, or in other words, *the ideology of beauty*. According to Wolf, the beauty myth became a means of social control over women, and "[t]he more legal and material hindrances women have broken through, the more strictly and heavily and cruelly images of female beauty have come to weigh upon us"³⁰. In confronting this situation, women artists in their performances and body art works were critically dealing with "signifiers of domesticity, the ties that bind women to unpaid reproductive and maintenance labor"³¹. Also, many of them were dealing with beauty and perfection as socially oppressive idealizations and with representations of sick bodies that from the late 1980s entered the public sphere.

As it is already emphasized, since the female body is eroticized, objectified in painting as well as in popular culture, female artists began to address this. As an example, I will refer to Hannah Wilke's *S.O.S.: Stratification Object Series (1974–75)*, the work in which she pointed to the "suffering that Western women undergo in rituals of beautification".³² Like many women artists in the 1970s, Wilke uses mythological images of Western culture. In *S.O.S.* she worked with the repressive image of Venus as the ideal of feminine beauty and perfection. In accordance with feminist imperatives, female artists of that time made references to female figures articulated in male painting demasking their oppressive function in defining ideal images of Women. At the same time, in accordance with feminist ideology, they used self-display to refer to "positive narcissism – self-love – that masculinist eros all but erased."³³ Wilke's double positioning in relation to the status of a woman in a patriarchal society was described by Petra Löffler with the following words:

²⁸ Dubravka Đurić, "Feministička avangarda i feminisansa u američkoj poeziji i vizuelnim umetnostima [Feminist avant-garde and feminism in American poetry and visual arts]" *Glasnik Etnografskog instituta SANU* 69, 2 (2021): 275–287.

²⁹ Lucy R. Lippard, *From the Center: Feminist Essays on Women's Art* (New York: A Dutton Paperbook, 1976), 141.

³⁰ Naomi Wolf, *The Beauty Myth: How Images of beauty Are Used Against Women* (New York: HarperCollins e-book, 2002), 10.

³¹ Gabriele Schor, "The Feminist Avant-Garde: A radical Revaluation of Values," in *The Feminist Avant-Garde: Art of the 1970s The Sammlung Verbund Collection Vienna*, ed. Gabriele Schor (Munich: Prestel, 2016), 35.

³² Joanna Frueh, "Hannah Wilke: The Assertion of Erotic Will," in *Art and Feminism* edited by Helena Reckitt (New York: Phaidon Press Limited, 2001), 267.

³³ *Ibid.*, 267.

Wilke managed to combine the roles of object of male desire and critic of women's supposed availability. Although she initially seemed to confirm the clichés like the temptingness of the beautiful female body, it was only the better to unmask its marketing as a commodity.³⁴

Biomedicalization era or inclusion-and-difference paradigm and art

From the end of the 1970s many female artists began working with sick bodies as opposed to idealized beautiful, young, desirable female images. Hannah Wilke was among them. In her work "So Help Me Hannah Series: Portrait of the Artist with her Mother Selma Butter" (1978–1981) the artist confronted her healthy body with her mother's body, sick from cancer. According to Joanna Frueh, Wilke in this work tells us that "beauty changes, that age and illness must not be hidden"³⁵. When she was diagnosed with cancer in 1987, Wilke worked on the "Intra-Venus Series" (1992–1993). Showing her body changing under medical treatment, she called this work 'curative' and 'medical', explaining that "focusing on the self gives me the fighting spirit that I need."³⁶

Katarzyna Kozyra also worked with her sick body. In early 1992 she was diagnosed with cancer (Hodgkin's disease) and underwent chemotherapy. She described her life at that time with the following words: "For three years I've been using drip IVs the way others use alcohol or cigarettes. This was my reality. I lived in hospitals, doctors' offices, at radiation treatment centers, as part of this minority, or majority, who are not well."³⁷

Kozyra decided to "confront her illness and the effects on her body through her art, most notably in the 1996 photographic triptych and video piece, *Olympia*."³⁸ The title refers to the famous Manet's work from 1863 representing the nude figure of a courtesan. Matt Hahrenholz explains that Kozyra's *Olimpia*:

contradicted art history's traditional portrayal of the female form – as beauty set up simply for the male gaze. Kozyra, with her weak body and total hair loss, deliberately fixed the viewer with her own gaze. Uncomfortable to observe, the overall effect was to force one to confront the reality of life, death, the deterioration of the human, as well as society's prejudices.³⁹

³⁴ Petra Löffler, "I-object," in *Women Artists in the 20th and 21st Century*, ed. Uta Grosenick (Köln: Tachen), 554.

³⁵ Frueh, "Hannah Wilke," 268.

³⁶ *Ibid.*, 268.

³⁷ Katarzyna Kozyra, Maryla Sitkowska, Hanna Wróblewska, *Casting. Katarzyna Kozyra* (Warsaw: Zachęta National Gallery of Art, 2010), 95.

³⁸ Matt Fahrenholtz, "Katarzyna Kozyra," in *The First News*, May 19, 2018, <https://www.thefirstnews.com/article/katarzyna-kozyra-sculptor-installation-and-video-artist-in-polands-critical-art-movement>, acc. June 11, 2023.

³⁹ *Ibid.*

Wilke's and Kozyra's worked with their sick bodies that underwent aggressive curative medical treatments. Given this fact, at the personal level, their work functioned as a way to deal with sickness. At the same time, images of their sick bodies entered the art system in which different non-standardized bodies already started to circulate widely along with images of other kinds of non-standard bodies. Here we can see in the context of art how the paradigm of inclusion and difference functions when artists deal with the visible effects of medical treatments on their bodies.

Now I will turn my attention to Orlan. First it should be mentioned that she started her career during the 1970s as a performance artist whose work, like Wilke's, belonged to the wider countercultural movement. Orlan was among the artists who worked within the radical political agendas of the time, exploring "anti-establishment and feminist principles through corporeal expression"⁴⁰.

From the beginning of the 1990s, Orlan in her works dealt with the context of cosmetic surgery. When we mention cosmetic surgery, Naomi Wolf's book *The Beauty Myth* immediately comes to mind. But first, it should be mentioned that in a broader context, we live in a social organization that imposes on us the need to reconstruct our bodies using advanced biotechnologies, among which cosmetic surgery "offers models of beauty formulated in accordance to the icons of the star system."⁴¹ Wolf points out that during the 1980s, cosmetic surgery became one of the fastest-growing medical specialties and it was in the function of maintaining and strengthening of the beauty myth. Wolf emphasized that, thanks to second wave feminism, women rejected the "feminine mystique of domesticity" but "the beauty myth took over its lost ground"⁴². According to this author, while "[w]omen insisted on politicizing health, new technologies of invasive, potentially deadly 'cosmetic' surgeries developed apace to re-exert old forms of medical control of women."⁴³

Orlan was the first artist to use cosmetic surgery to reconstruct her face, and who appropriated the operating theatre as her artistic studio. The broader context of her project is the imperative imposed on women by cosmetic industry to improve and rejuvenate themselves. Orlan deals with the status of the body in a technologized culture which offers us the possibility to "modify oneself in order to reconfigure one's own body"⁴⁴. But instead of meeting the standards of beauty, Orlan rejects it, entering "a project of continual destruction of all possible identifying images, seeking out and creating new ones"⁴⁵. Orlan put herself in the position of the active patient, making "an artistic intervention within medical discourse"⁴⁶. According to Emma Brodzinski,

⁴⁰ Emma Brodzinski, "Performance Anxiety: The Relationship between Social and Aesthetic Drama in Medicine and Health," in: *Medicine, Health and the Arts: Approaches to the Medical Humanities*, edited by Victoria Bates, Alan Bleakley and Sam Goodman (London: Routledge), 167.

⁴¹ Francesca Alfano Miglietti, *Extreme Bodies: The Use and Abuse of the Body in Art* (Milan: Skira, 2003), 169.

⁴² Wolf, *The Beauty Myth*, 10.

⁴³ *Ibid.*, 11.

⁴⁴ Alfano Miglietti, *Extreme Bodies*, 169.

⁴⁵ *Ibid.*, 172.

⁴⁶ Brodzinski, "Performance Anxiety," 165.

Orlan “engages with the drama of the hospital theatre”, and as Orlan herself explains, her intervention functions in the process of “de-sacralizing the surgical act”⁴⁷. The technical and surgical procedures are filmed, photographed, and drawn, and exhibited at the second part of the performance. Public screenings of the events displays what is usually hidden from public view. Orlan uses props – for example plastic lobsters – and costumes by famous designers, making visible used objects and clothes that usually remained invisible. If she is able to do it, at the beginning and during the intervention, Orlan reads aloud from the texts fundamental for her, from the authors like Michel Serres, or Artaud. The result of all this is that Orlan transform herself into the patient who control the space. Brodzinski states that “Orlan uses her artistic practice to enact a feminist critique of surgery and open up wider discussion concerning identity.”⁴⁸

Conclusion

Starting from the historical conceptualization that discourses and practices of medicine developed from the 19th century in three phases, I showed that they changed under the influence of feminist criticism. I viewed feminism as an essential social force that has the power to transform social practices, including medicine. Medicine is discussed as a powerful set of discourse and practices that govern and control our lives. Feminism and female art developed critical tools to uncover hidden bias at the core of medical practice which are directed toward shaping, disciplining, and controlling women and their bodies. Feminist art is considered as a site in which discourses of medicine and art cross. That is why special attention is directed to the development of medicine’s discourse and to feminist art. In this context I discussed works of three female artists, Hannah Wilke, Katarzyna Kozyra, who dealt with representations of their own sick bodies, and Orlan, who used cosmetic surgery to question the oppressing myth of female beauty. Their works performed critique of women’s status in patriarchal Western societies, especially regarding the beauty myth and health issues.

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⁴⁷ Ibid., 166.

⁴⁸ Ibid., 167.

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