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The scar is self and nonself; it implicates and questions the subject’s agency and yet asserts the viability of the body/mind as a creative, adaptive, and plastic entity. The scar moves matter into the future of a new flesh: a different subject emerges, a recreation of the old into the new, into a repetition that holds onto its history even as it projects itself into an unpredictable future (Kuppers 2007: 19).

This is an interesting book – itself a kind of ‘scar’ – if the scar can be thought of as a site or emblem for making meaning and an opening for new ways of thinking and being embodied in the world. For Petra Kuppers, the scar is both these things and more, and her most recent book The Scar of Visibility: Medical Performances and Contemporary Art (2007), performs what might be termed ‘scar-ology’: a form of embodied reading configured through the materiality and metaphoric of the scar. Through her readings of the exhibitions and the performances she engages with in this book, she attempts to reveal those scar-like (and perhaps scary because unknown) moments when ‘meaning become[s] unstable [and] the unknown can emerge not as a site of negativity but as the launch pad for new explorations’ (94).

As the intriguing title suggests the scar evokes visibility by inciting the ‘look’, it also makes the disabled or differently embodied visibly scar-like, because if the scar incites the look, it demands that we ‘look away’. For the scar, in Western culture at least, is associated with negativity, with trauma, loss and disfigurement, or, violence, difference and estrangement. For these reasons then, our scars, whether physical or psychological, are usually hidden. In her book, Kuppers works against such negative and normative identifications. For her, the scar is both a lived reality – this scar, this specificity, this ‘itching’, ‘pulsing’ meeting place of skin on skin, and a ‘generative principle’: a site of creative production, destabilisation and morphological fantasy (1-3). Configuring the scar this way, Kuppers distances herself from what she calls the label of ‘wound culture’ (3). That is, an identity politics based on narratives of victimhood and the negative impacts of trauma. Instead she focuses on disability and medical performance art that challenge the primacy of such interpretations and rejects the idea that a subject position defined by lack is the only form of embodiment available to those who are disabled.
Unsurprisingly then, there is a politics that runs through this book, one that is concerned with questions of embodiment, difference and agency and which is grounded in and informed by a culture and aesthetics of disability. As a community artist and self described ‘disability culture activist’, Kuppers believes in the ‘productive’ power of art to enact social change (2-3). The scar, she suggests, is emblematic of this power by virtue of its liminality, and in its capacity to disrupt and productively destabilise the reproduction of the same (1). In terms of disability performance, the scar exemplifies Frantz Fanon’s notion of the ‘hail’, that is, it works the ‘gap’ between how one is seen and how one sees oneself (10).

This notion of ‘seeing and being seen’ particularly in connection to the production of medical knowledge is critically important to the questions that Kuppers pursues throughout this text, concerned as it is with the representation and the performance of otherness in the practice of contemporary medical visual and performance art. She asks how, in this context—keeping in mind modern medicine’s long and often violent history of producing images and artefacts of ‘otherness’—do we make the other ‘visible and experiential without making them knowable?’ (2). And how is this to be done without reproducing the very discourses and totalising knowledge/s that we wish to undermine? And in terms of performances of disability, how do we acknowledge the disjunction between the objective knowledge of science and the subjective experience of the performer whose story is being told? In other words, how as spectators (and art practitioners) do we negotiate the tension between empathy and the ‘seductive fantasy of full identification’ while respecting the need for privacy without creating new conditions for the further marginalisation and exclusion of difference? (2). And significantly, how are new modes of embodiment to be conceived in a manner that does not expunge the history of real people and their experiences of objectification, marginalisation and pain, of which the scar is a reminder?

In response, she examines art practices that destabilise the ‘known’ through the creation of what she calls ‘bodily fantasies’. By ‘fantasy’ she does not mean that which is untrue, but rather that which is ‘unknown’. This is a radical idea and potentially dangerous, because that which is unknown in medicine does not exist—a tension that is alluded to but not explicitly addressed by Kuppers. As one reviewer notes, Kuppers’ use of the term ‘fantasy’ is problematic, stating that in the medical context, such bodily fantasies might actually be dismissed exactly as that, a fantasy
and ‘all in the head’. This is a view that I partially agree with, however the bodily fantasies discussed in this book, as I understand them, are ‘scar’ fantasies because they perform the ‘unknowability’ of the scar. The bodily fantasies that she explores in this text are the materialisation of the ‘productive power’ of the scar, as Kuppers theorises it, for they undermine the certainty of the medical gaze, subverting stereotypes of disability and illness in their ‘staging’ of alternative modes of embodiment and ways of knowing.

As she explains, the scar blurs the boundary between self and other, transgressing any notion of fixed or stable categories. In its productive capacities she states:

> Like skin, the scar mediates between the outside and the inside, but it also materially produces, changes, and overwrites its site. If skin renews itself constantly, producing the same in repetition, the scar is the place of the changed script: mountains are thrown up, the copy isn’t quite right, crooked lines sneak over smooth surfaces (1).

Like the scar then, her notion of fantasy appears to refer to the blurring of boundaries between the real and the imaginary. Her emphasis on the ‘staging’ or performative nature of such fantasies (including her own ‘acts’ of interpretation) seems to suggest this, for the stage (and the gallery) is a space where the real and the unreal, fact and fiction merge. It is also the space where we suspend disbelief, putting into abeyance one version of reality, while opening ourselves to others. Further, she suggests, the bodies are ‘stage(d) environments’ (9) as such ‘[k]nowledge becomes a performance, a re-citation, an ordering act, an action’ (8).

Her notion of the scar is also a site of fleshy protest. One fascinating example of this is Kuppers’ own bodily appropriation of Walter Benjamin’s ‘flaneur’. It is an appropriation that is literally ‘fantastic’, because as Kuppers explains, Benjamin’s flaneur, being able-bodied ‘moves with a disinterest and nonattention to movement’ that is unknown to her (3). Kuppers uses the figure of the flaneur to inscribe herself, a disabled woman, into her text in way which foregrounds bodily and affective ways of knowing in the construction of bodily fantasies. In the embodied guise of the flaneur, she analyses the bodily fantasies of a variety of artists and texts, reading them through the logics, or more appropriately, the affective illogics of the scar. The list of artists whose work she discusses is broad. It includes: Stelarc, Doug Gordon, Angela Ellsworth, Kira O’Reilly, Mona Hartoum, Justine Cooper, Bob Flanagan and Sheree Rose and Emilie Telese.
The bodily fantasies which are emergent in the art she examines, in her view, disrupt normative semiotic systems and versions of reality by their appropriation, re-staging and re-membering (literally re-embodying) of medical knowledge. What grounds her analysis, however, is her acknowledgement of her own body and bodily responses to the works she encounters. For example, in recounting her experience of Shimon Atties’ video installation, *White Knights, Sugar Dreams* (2000), she writes about how tired she felt as she made her way through the exhibition installed in a ‘massive, neoclassical environment’ (52). Later, in writing, the exhaustion returns. She states, ‘I can no longer visualize the images of blood and sugar without feeling the traces of the physical exhaustion that affected me as I slowly moved from the experience of my own body to the visions and impressions of others’ experiences and other bodies’ (52). Similarly, when reflecting on a passage taken from Foucault’s text *The Birth of the Clinic*, of a 18th century doctor’s account of a treatment administered to a woman with hysteria, a treatment that today, reads like torture, she confesses that the writing ‘leaves me breathless, torn between an identificatory movement towards tears and a wonder at the difference in time’ (56). In another engagement she describes how she is ‘viserally arrested’ and ‘forced to halt’ by a particular piece by Doug Gordon (64). While Stelarc’s ‘Stomach Sculpture’ (1993) makes her gag, her experience of Kira O’Reilly’s blood-letting is caught up in the contemporary gallery atmosphere of people and red wine. She writes, ‘[w]atching these strange substances and historical moments mingle, I experience the delicious movement of red wine on my tongue and intermingling with my bloodstream’ (115).

The pleasure of the text, for me, was in these moments when Kuppers turned her attention to herself, as she attended to herself attending to the works she encountered. I found myself looking for these ‘gaps’ in the analysis, marking the pages where they occurred —making/marking my own scars in the text. It is in these moments of embodied *flaneurie* as she calls them, these openings, which I too embody in my reading of this text and ‘where the body emerges as hinge between discursive frames and phenomenological specificities’ (4).
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