CROSSING:

An investigation into the visual space between

Catholicism and medicine,

informed by theories of the gaze(s).

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Katrina Langdon (BFA)

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Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements."

Katrina Langdon (BFA)

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Abstract:

CROSSING

Crossing is an investigation, by means of practical art and theoretical research, into the space where Roman Catholicism (in particular Eastern European Mariolatry) and modern medicine share common ground. It explores the blurring of boundaries and uncertainty that occurs in the overlap between medicine and religion, in which a fascination with the wound and its associated sufferings become the central focus. This investigation draws on a long history of involvement with Catholic Mariolatry, and pays particular attention to the *Stations of the Cross,* which have strong implications in terms of 'the wound' and notions of suffering.

It is an exploration involving theories of 'the gaze', drawing from material often viewed in the light of abjection; with the life of a child being the location for these paradigms. This is a journey and an experimentation process carried out by means of practical art, and largely involving the painting process. It draws on a long history of religious and anatomical/medical imagery; reinterpreting these images in view of current art practices, psychological studies, scientific observations and personal experience.

This research project has been carried out by means of practical art, comprising 80% of the final work, with an accompanying exegesis of 20%

INTRODUCTION

The title ‘Crossing’ refers to both the practice of ‘crossing ones-self’ that is employed in Roman Catholic ritual, and also to the use of the cross as a symbol in medicine. Furthermore, it also references the cross metaphorically as sign of error or correction, or more relevantly in this case, affliction and disease (wound). This research is an investigation into the ‘space between’ (these ideas), therefore the title *Crossing* also refers to the junction or crossroads that appear in the overlap between medical and religious ways of seeing.

This research project began as a result of my personal experiences of motherhood, which have involved a struggle spanning more than a decade. The struggle, to which I refer in this instance, is one with the ongoing need for medical and surgical intervention in the life of a child. This intervention can at times, call into question the meaning or importance of the patient as ‘person’[1] and can seem to examine the person as primarily the *site for experimentation.* The wound[2] or affliction can appear to be glorified, as an all-important site for research. This examination or ‘medical gaze’, as I shall refer to it within the context of this research, is a term first used by Michel Foucault to describe the objectification of the patient by medical practitioners.

[1] The term person in this context refers to a holistic way of viewing the person eg. body, mind and spirit.
[2] The term wound in the context of this research is a term used to describe any physical or emotional affliction from which the child or patient is suffering.

The ongoing process of affliction and treatment as experienced by mother and child, (in this case) is further complicated in its ways of seeing, by the influence of a long historical legacy of Roman Catholicism. My family history is of Eastern European descent and is concerned with Catholicism in a manner slightly different than that observed by most New Zealand Catholics. The difference lies in a strong focus on Mariolatry, or the veneration of the Blessed Virgin Mary.

Within this context my research explores the 'religious gaze' (or gaze bestowed by Catholicism) upon the patient and their experiences of physical suffering. This is particularly relevant in terms of my research as the focus on Mariolatry resonates strongly with notions of suffering, and the wound, as demonstrated through the cult of the Sorrows.[3] The religious gaze, (as related to Catholicism) views the physical and emotional experience of suffering as part of a greater *spiritual* experience, which again glorifies the wound: something I will examine quite closely in the first chapter.

The third gaze to which I shall refer, is the 'mother's gaze', and this gaze focuses on the *wholeness* of the child in a very personal way. The gaze of the mother, in this case, is also one that is influenced by both the cultural and religious backgrounds of Catholicism and that of the medical profession. Through the influences and teaching of both medicine and religion, and the natural maternal desire to make sense of these things, the mother's gaze seeks to find ways of viewing the child as a 'whole person'.

[3] The cult of the Sorrows, relates within Mariolatry to acknowledgement of the suffering of the 'Mother' through the suffering of the child. There are seven official 'Sorrows'…the prophecy of Simeon, the flight to Egypt, the loss of Jesus at the temple, the meeting with Jesus on the road to Calvary, the crucifixion, the deposition, and the entombment. (Warner, 1985, p.218)

In the context of this research, the mother's gaze is also the artist's gaze and therefore the resulting artwork is a process of research that works within the uncertain, undefinable space between religion and medicine, and creates a viewpoint whose focus is on the child of the researcher. It is this uncertainty and loss of clear boundaries within the realms of medicine, religion and motherhood, with which my research is ultimately concerned.

The theoretical framework for this exegesis has been based on writings and visual references from religion, medicine, psychoanalysis and issues concerning the gaze and the body. Although many different sources have been referenced, some of the most influential have been Marina Warner's writings on the history and mythologies of the Virgin Mary, Meredith McGuire's sociological investigations of religion and materiality, Daniel Rancour Laferriere's psychoanalytic research into religion and masochism, Lois Shawyer's notes on Foucault's *The Birth of the Clinic* (1975), and Eleanor Heartney's investigations of the bodily nature of Catholicism. Important visual resources have included the artwork of Kiki Smith and Joel Peter Witkin..

Within this thesis I define myself not simply as an artist, but as a painter. This is a deliberate decision, not only on a practical level, but also on a conceptual one. Although the medical profession today, relies almost entirely on the use of photographic and digital processes to record patient data and imagery, I have chosen paint as a medium, because it requires greater physical contact between the artist and the artwork.

This contact provides a contrast between a clinical medical approach, and a personal one, and when used to depict images of a clinical nature, it creates a greater sense of uncertainty. Images dealing with issues such as affliction and wound are often seen in the light of abjection[4]; but through the chosen medium of paint, the resulting artwork has become something much more subtle[5], fragile and once again less definable.

In the first chapter I discuss the different viewpoints or gazes through which the research is defined. In the second chapter I discuss the overlapping of these constructs, and create the basis for a middle ground or uncertainty. In the third chapter I discuss the contemporary art practices that have informed the work, and in the fourth chapter I define the research methodology that I have employed. The fifth chapter is an outline of the project through documentation, commentary and critical analysis of the practice-based research. The conclusion follows with a summary of the key issues that I have investigated.

[4] According to Julia Kristeva in the *Powers of Horror,* the abject refers to the human reaction to a threatened breakdown in meaning caused by the loss of the distinction between subject and object, or between self and other. The primary example of what causes such a reaction is the corpse (which traumatically reminds us of our own materiality); however, other items can elicit the same reaction: the open wound, shit, sewerage, even the skin that forms on the surface of warm milk. (Felluga, 2002,p.1)

[5] Although subtle has many dictionary meanings including crafty and insidious in operation, this is not the context in which I use it. The definitions: not overt or blunt, fine or delicate in meaning or intent and delicate and faint or mysterious (Wikipedia, 2006) are those, which best fit, this project.

Chapter one:

DEFINING THE GAZES

The idea of ‘the gaze’ is the contextual location for this project, and to further define it, three different ‘gazes’ or viewpoints have been explored. The medical gaze, and the religious gaze are the foundations for this project, but the mother’s gaze also plays a part, in that it acknowledges the viewpoint of the artist, and crosses over again into religious influences through Mariolatry and notions of the ‘Holy Mother’.

In a general sense the concept of the gaze is used to analyse visual culture, and deal with the way in which viewers or audiences look at other people (or representations of other people). This concept of the gaze was popularised around the same time as the rise of post-modern philosophy and social theory, in the 1960’s. The term was first introduced by French intellectuals, such as Foucault and Lacan, and was also extended to include feminist theory and explorations of the development of the human psyche. Within feminist theory the term has been used to describe how men look at women, and how women look at other women, and the effects surrounding this. (Felluga, 2002). The term gaze has been redefined many times in recent years by a number of different theorists, and in the context of this research David Morgan’s (2005) reworking of these concepts has been extremely useful and relevant.

The description used by Morgan in his book, *The Sacred Gaze* is a good description of the contexts in which I use the term:

> "The gaze is a projection of conventions that enables certain possibilities of meaning, certain forms of experience, and certain relations among participants. Although in Standard English the word *gaze* means a particular kind of looking – a steady, intense or absorbed form of vision – the term is used here in a technical sense. Gaze designates the visual field that relates seer, seen, the conventions of seeing, and the physical, ritual and historical contexts of seeing. The central structure of the gaze as it is most frequently constructed in visual experience is the relationship between the subject and the viewer." (Morgan, 2005, p.4)

Morgan defines the gaze as being subject to conventions, historical contexts and ritual, which are important considerations in the way that I use the term within this project. I do not refer to the term, gaze in its often-used interpretation, as a way of discussing a 'gendered code of desire'[6] commonly referred to as 'the male gaze'.

As Morgan discusses, the gaze enables (through projection of conventions) certain possibilities of meaning. In terms of my own research, this could be related to the way in which possibilities of meaning change when the same object is viewed through the conventions of medicine and religion. An isolated body part for example, is open to changes in meaning through these projections - in one instance becoming a specimen for research, and in another, an object of prayer and devotion. A third projection of conventions (that of the mother) could see the isolated body part, take on the interpretation of keepsake - lock of hair, lost teeth, or tiny casts made from babies feet, for example.

[6] Some theorists make a distinction between *the gaze* and *the look:* suggesting that *the look* is a perceptual mode open to all whilst *the gaze* is a mode of viewing reflecting a gendered code of desire (Evans & Gamman, 1995, p.16). John Ellis and others relates the 'gaze' to cinema and the 'glance' to television – associations that have lead to stereotypical implications of the male and female gazes. (Ellis, 1982, p.50)

Within this project I consider three different gazes as they influence the interpretation of meaning with regards to the same (or similar) imagery. My intention is not to illustrate three separate gazes, but rather to find the ‘space between’ where these contextual influences, and conventions become less defined and more questionable. The aim is not to define the boundaries between these gazes, but to challenge and push the parameters of these traditional and predictable interpretations of meaning through similarity, through bodily experience and ritual and through subtlety and the omission of abject exposure and symbolism.

The medical Gaze

The term medical gaze was first used by French philosopher and critic, Michel Foucault in his 1976 book, *The birth of the Clinic,* to describe the often dehumanising method by which medical professionals separate the body from the person. This separation of body from person known within medical circles as biological reductionism[7], reduces the person to 'a specimen' - a concept that is further discussed by Foucault as he examines the deliberate separation of religion and medicine and its resulting dehumanising effects:

> "…according to Foucault the revolutions that spawned modernity also created a 'meta-narrative' of scientific discourse that held scientists, and specifically doctors as sages who would, in time, solve all of humanity's problems by abolishing sickness. For the 19th century moderns, doctors in a way replaced the increasingly - discredited medical clergy; instead of saving souls, medical doctors saved the body. This myth, according to Foucault, was part of a larger discourse of the humanist and enlightenment schools of thought that believed the human body to be the sum total of the person. This notion, known as biological reductionism, became a powerful new tool of the sages: through the examination (or gazing) of a body, a doctor deduces symptom, illness, and cause, therefore reaching an unparalleled understanding of the patient." (Shawyer, 1998, p.11)

Biological reductionism caused patients to be viewed as specimens, and sites for experimentation. The result was often that the identity of the patient was lost or unimportant and the 'wound' became the identity. An early illustration from a medical publication by Dr William Hunter (fig.1), clearly demonstrates this reduction of the person to a body, through the depiction of a female patient. His publications were a collection of something that should have been portraits, considering each was a careful rendering of an individual.

[7] "…part of the larger discourse of the humanist and enlightenment schools of thought that believed the human body to be the sum total of the person. This notion known as biological reductionism…" (Shawyer , 1998, p.11)

However, the individual remained unacknowledged, and the person was reduced to a specimen demonstrating a particular medical condition, with the only reference to personal identity being the genitalia, stripped naked for the purposes of the identification of sex. The reduction of the person to a numbered specimen, is described by Ludmilla Jordanova in her essay on the subject of portraiture.

> "…every plate was based on the dissection of an individual, with meticulous attention being paid to detailed particularities…. the dissected subjects were not named, but they *were* numbered, allowing the particulars of a woman to be identified." (Jordanova, 1997, p.108).

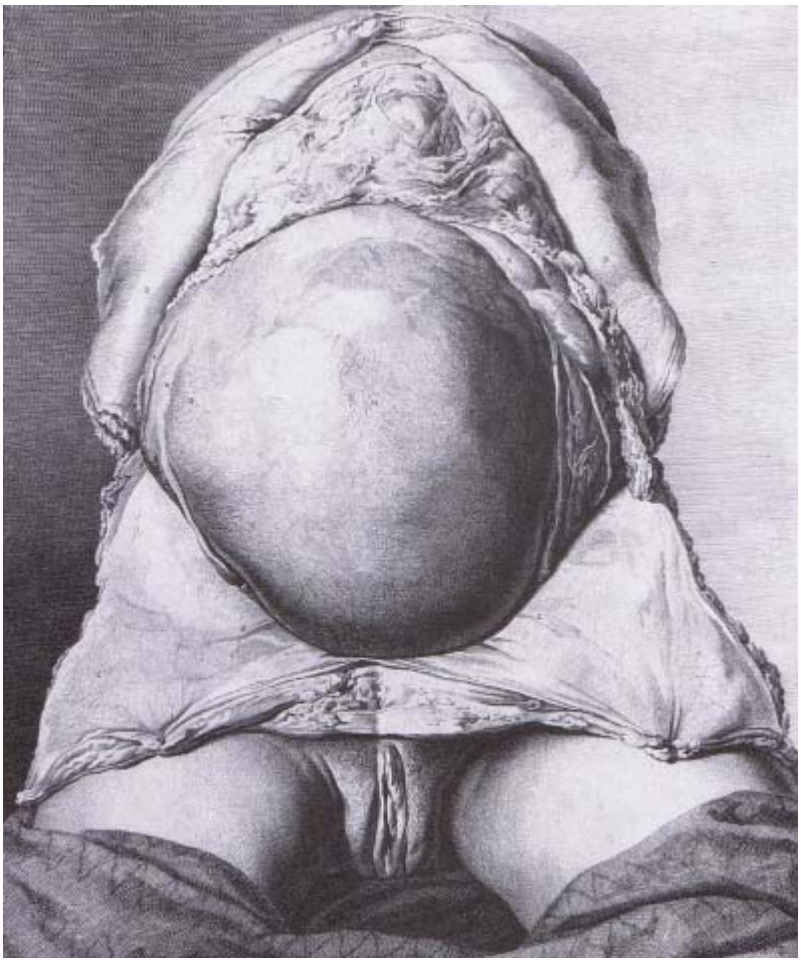


Figure 1. **William Hunter.** *Anatomia UterI humani Gravidi.* 1774. plate 1. Line Engraving by F.S Ravenport from a drawing by Jan Rymsdyk, 53.5 x 42.5 cm, from Jordanova, Ludmilla.(1997). *Medical Men,* in J.Woodall (Ed.). *Portraiture: Facing the Subject.* U.K.: Manchester University Press.

Although today, biological reductionism has been discarded somewhat, in favour of a combination of psychology and biology; the medical gaze, as described by Foucault, is still seen by many, as a pervasive form of power in the relationship between doctor and patient. This gaze although now extended, at times, to include the mind, remains one that can tend to show little acknowledgement of the spirit and often no concern with the emotions. Doctor/patient relationship is still concerned primarily with the examination of the physical body, and glorification of the wound, as a source of knowledge and investigation. This failure to address the patient in a holistic manner is examined by Dr. David B. McCurdy (2002) as he discusses the experience of suffering:

> "Suffering is difficult if not impossible to define. We can describe it insofar as we recognise it when we see it. Thus it is tempting to say about suffering, as about other realities, "*You know it when you see it*." Yet people—including physicians do fail to recognise suffering. For example, much of medicine—as those in the hospice field have reminded us–has closely identified, if not equated, suffering and bodily pain. As a result, pain management tends to be *the* medical answer to suffering—as if all suffering were encompassed in physical pain." (p.1)

This narrow, medical view of suffering as described and questioned by McCurdy is further examined by physician and medical humanist Eric Cassell (1982) in his research findings -

> "Using case illustrations, Cassell showed how suffering encompassed a multiplicity of phenomena. He made it plain that suffering was not confined to physical symptoms, was not measurable in terms of pain alone, indeed was not assessable according to some universal scale. Cassell offers significant observations (p.640-3) and perhaps the central point is that, suffering is experienced by *persons"* (McCurdy, 2002, P. 5)

This may seem like an obvious and simple fact, but it illustrates the narrowness of the traditional medical gaze, by exploring the idea that suffering is experienced not just by bodies alone but by persons with minds and spirits, emotions and relationships, *as well* as bodies.

Painter, Luc Tuymans' has explored the clinical or medical gaze, directed primarily at 'the specimen' through the 1992 painting, *The Diagnostic View IV (fig.2).* A 2005 review of this painting states:

> "look at Luc Tuymans' *The Diagnostic View IV (1992).* The doctor's face, very close-up, cropped to the T-zone, holds a gaze that looks straight out. The image offers us direct and full-on eye contact – and then does all it can to withdraw the offer. This is a gaze that refuses to be returned. It is looking at, not looking back. It's partly in the flat lifeless painting of the pale blue irises, and in the small pupils. It's partly in the tight cropping that (like a balaclava) shows the eyes, but removes all reciprocation from them. It's the gaze of someone who's not looking you in the eye, but examining your eyes. It puts the viewer in the patients place, with the patient's protest: *it was as if I didn't exist."* (Lubbock, Tom, 2005, p.65).

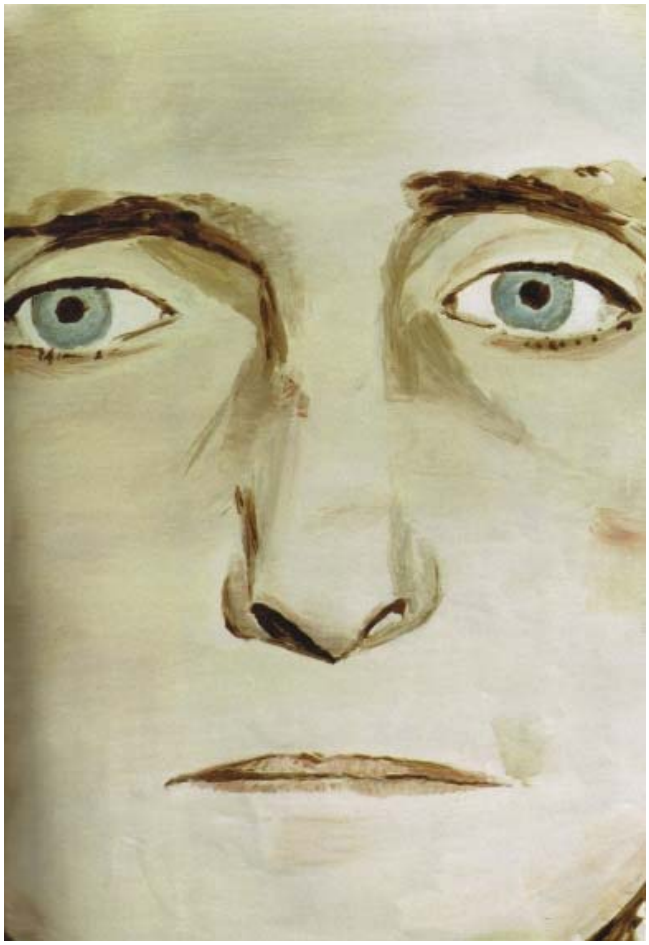


Figure 2. **Luc Tuymans.** *The Diagnostic View 1V.* 1992. Oil on canvas, from Lubbock, Tom. (2005). *Eye Contact.* Art Review, LV1, P.65.

Further to these observations of the medical gaze as being one that is less than holistic, medical research itself demonstrates the refusal to acknowledge aspects other than the physical, by attempting to categorise and research non-physical phenomena by purely physical means.

This failure to *see,* is discussed by Dr. Fred Rosner (2001), in an article addressing medical and religious concerns, in which he states:

> "The therapeutic efficacy of prayer has yet to be proven scientifically. One might even say that studies on the "clinical efficacy" of prayer miss the point of the purpose of prayer completely: scientists seeking hard [physical] evidence of prayer's curative powers misunderstand the very nature of prayer in the Western theistic traditions."(p.2)

The notion of the medical gaze is described as one that dehumanises, and reduces the person to a specimen, or 'fascinating wound', often concerning itself with just a 'section' of the person. Although the medical gaze implies an objectification[8] (of the patient), which has been an important aspect of my research, it is also important to mention that this is not an attack on all things medical; and the resulting artwork is also very concerned with the delicacy, precision and attention required within surgical procedures. This attention to detail and delicacy is important, as it separates the medical investigation and dissection of bodies from notions of horror and violence (that could otherwise be associated with the 'cutting up' of bodies). This clean and careful delicacy provides the opportunity for the resulting artwork to be subtle and questionable. It allows the research to operate within a space that is uncertain and multi-faceted.

[8] Although the term objectification can refer to a number of ideas, in the context of this project it refers to aspects of biological reductionism and reducing the 'whole person' to a 'body'. It also addresses practices of medical research that can seem to objectify the person by focussing primarily on the wound or affliction and thereby making the person simply 'a site for the wound or affliction'. The practice of keeping body parts as specimens is also closely linked to these concepts.

The Religious Gaze

The religious gaze, as I will examine it in the context of this research is specifically associated with the beliefs, rituals and practices pertaining to Roman Catholicism and Mariolatry. Roman Catholicism (maybe more than most Christian religions) is very bound up in ways of seeing and responding to the body,[9] and its functions in religious ritual and practice. Meredith McQuire (2003) explores this connection between Catholicism and the body, stating:

> "Catholic ritual practice is particularly rich in physical sensations. Sounds, smells, touch and taste, are used to promote religious experience. Physically sensing the smell of beeswax candles, the sound of a church bell, the touch of a fingered cross, can create a desired religious experience. Performing religiously meaningful postures, gestures, and ritual acts, can also produce – physically as well as spiritually – a religious sense of awe and worshipfulness. Bodily sensations produce confirmations that what one is experiencing is real, not just imaginary. Especially in an intensely visual cultural setting…physical sensations make spiritual experiences vividly real" (p.7).

Catholic raised artist, Kiki Smith, also explores this connection between body and Catholicism as she states in a 1992 interview: "…Catholicism has these ideas of the host, of eating the body, drinking the body, ingesting a soul or spirit; and then of the reliquary, like a chop shop of bodies." (Frankel 1998, p.38).

The religious gaze in the context of this project is specifically concerned with the way in which issues of illness, physical affliction and the associated suffering of the individual is viewed and experienced within Catholicism. Although these concerns are shared by both medicine and religion, very different gazes emerge.

Unlike medicine, whose gaze can be seen to disregard the spirit in favour of the body, the religious gaze, is concerned primarily with the health of the spirit, or

[9] "The roots of this [Catholic way of seeing]… can be traced to Christian theology, with its emphasis on the dual importance of Christ's humanity and divinity. From the early Christian era on, Catholic consciousness has manifested itself in devotional literature and art that uses metaphors of bodily pleasure and pain to bring the believer closer to a loving relationship with God." (Heartney, 2003, p.5)

soul. Although this may seem like two halves of the same equation, it is in fact two very different 'ways of seeing' relative to the patient's suffering or illness. While medicine seeks to eliminate or at least minimise the effects of physical suffering, religion tends to view suffering through masochistic[10] eyes, as healthy and healing to the soul. In fact the very foundation on which all Christian religion is based is the masochistic ideal of Christ enduring great physical suffering in the name of spiritual perfection. Discussing the masochistic gaze of Catholic religion, Daniel Rancour-Laferriere (2003) writes:

> "Christ would not be Christ without his suffering and death on the cross. Indeed the cross itself is such a commonplace representation of Christ and of Christianity in general that we tend to forget something very fundamental about it: the cross is literally an instrument of torture and suffering. To understand the moral masochism which lies at the heart of Christianity, we must, ever be reminding ourselves that Christ welcomed a life of prolonged torture and eventual death upon a cross." (p.6)

Through my art practice, I explore this gaze, which glorifies and welcomes suffering, feelings of guilt and illness as a healthy part of living, and in fact tends to view suffering as a necessary part of growth and healing –

> "…among believers to this day a sense of guilt is pervasive, and Christ's suffering and model [of] masochism is still the antidote to it…..The Catholic Church continues to teach that "mortal sins" can be washed away by abject confession, and that repeated sinning can be forgiven by repeated suffering and repentance...guilt, and masochistic repentance are important." (Rancour-Laferriere, 2003, p.3)

The religious gaze, which views the masochistic lifestyle of welcomed physical suffering, as an important part of self betterment; is reflected through the iconic images of Christ, the Holy Mother and other Catholic Saints, with their 'glorified wounds' or 'bleeding hearts' (for example refer to fig. 3).

[10] There are three dictionary meanings given to masochism, one concerns itself with the deriving of sexual gratification from abuse, the second refers to gaining pleasure from abuse, but the third meaning is that with which the references to masochism in this project is concerned –
3. A willingness or tendency to subject oneself to unpleasant or trying experiences (Online Dictionary, 2006)

It is important to note though, that these images work subliminally: the wounds are not depicted as violent and abject, but have been reduced to something subtle and almost ornamentational. It is this subtlety to which my research has eventually gravitated, taking the idea of the wound and it's associated suffering, and viewing it through the gazes of those (in medicine, religion and motherhood) who for various reasons, lean toward its fascination or glorification – not its abjection and horror.

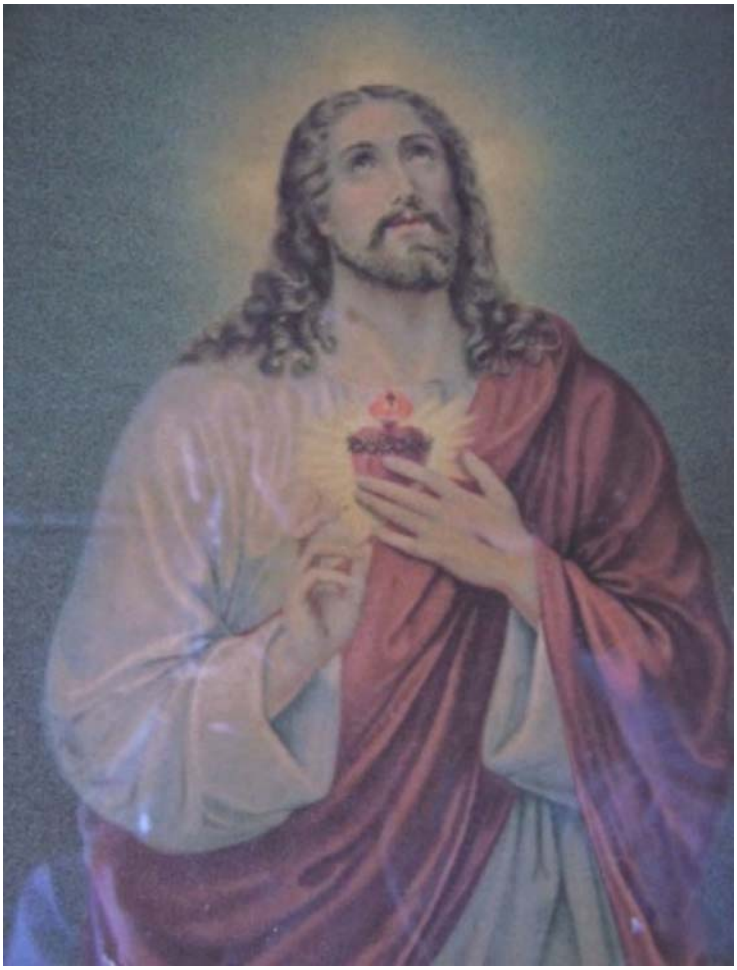


Figure 3. **Icon Image of Christ.** Title and Author and date unknown, reproduction from a watercolour painting, 20 x 30 cm, from personal collection.

An important ritual that serves as a powerful illustration of both the masochistic view and bodily involvement of Catholicism is the 'Way of the Cross', or more commonly known to most as the 'Fourteen Stations of the Cross.[11]' These are prayer stations usually depicted as a series of paintings or sculptures that are hung on the church wall *(see fig 4.)*, so that the prayerful, can move along and meditate at each one.

The bodily involvement and sense of drama is an important aspect, as is the acknowledgement, and glorification of suffering. A masochistic gaze is also important (for the individual taking part in the prayer and meditation), as these images trace the suffering of Christ and in doing so glorify the idea of suffering in general –

> "The object of the Stations is to help the faithful to make a spiritual pilgrimage of prayer to the chief scenes of Christ's sufferings and death, and this has become one of the most popular Catholic devotions.They depict the following scenes: 1. Jesus is condemned to death 2. Jesus receives the host 3. The first fall 4. Jesus meets his mother 5. Simon of Cyrene carries the cross 6. Veronica 7. The second fall 8. Jesus meets the women of Jerusalem 9. The third fall 10. Jesus is stripped of his garments 11. Crucifixion: Jesus is nailed to the cross 12. Jesus dies on the cross 13. Jesus is removed from the cross (Pieta)[12] 14. Jesus is laid in the tomb." (Way of the Cross, 2005, p.1)

Mel Gibson's movie *The Passion of the Christ (2004)* is a well-known example of an exploration of the Way of the Cross, and it is based primarily on these fourteen Stations and their associated sufferings.

[11] The Stations of the Cross (or way of the Cross; in Latin, Via Crucis; also called the Via Dolorosa or Way of Sorrows, or simply The Way) refers to the depiction of the final hours (or Passion) of Jesus, and the devotion commemorating the Passion. The tradition exists in Roman Catholicism, and it may be done at any time, but is most commonly done during the Season of Lent, especially on Good Friday and on Friday evenings before Lent.

[12] Pieta is a term used to describe an image (usually painting) of the Holy Mother cradling the dead or suffering Christ in her arms. The most common is that of the 13th Station of the Cross – Jesus is removed from the cross.

Figure 4. **Anonymous.** *The Twelfth Station of the Cross: Jesus dies on the cross.* Date unknown, Oil on woodcarving. 40 x 58 cm, Retrieved July 10, 2006 from http://www.stationcross.com/twelfth%20station.htm

In this movie, Gibson seems to be acutely aware of the Catholic tendency (he is a practicing Catholic himself) to glorify suffering, thereby creating a religious (masochistic) gaze. Rather than embracing the softness, (which is usually associated with scenes of Christ's crucifixion) he has challenged it, filling the movie with 'real' physical scenes of horror, that remove any associations with 'beautiful stigmata' and remind the viewer that suffering is just that. Of this movie David Morgan (2005) writes:

> "…he uses a rather similar likeness of Jesus but subverts his prettiness with outlandish violence and the graphic portrayal of suffering. The film seems to thrive on displaying the bloody abuse of attractive Jesus, thereby subordinating devout viewers to a merciless demolition of the gaze they bring to the film. This violation is quite intentional. In an interview Gibson stated that: 'I wanted to mess up one of his eyes…' His determination to destroy Jesus' eye seems emblematic, as if he intends to assault the very means of vision…the film plunges the viewer into a protracted agony in order to wrench the devotional gaze that is fixed on such imagery…"(p.5)

Gibson chooses to expose and discuss the religious gaze and its masochistic tendencies in a way that shows none of the usual glorification of suffering associated with the crucifixion scene, and leaves no question as to its desirability. This approach tends to reduce a complex religious structure to something not far removed from a splatter movie. It does remind us that crucifixion is a torturous and bloody affair, and not a glorious one. It does not however, address the psychology of the religious gaze, and its associated glorification of suffering and the wound.

Rather than explore these ideas, Gibson simply forces us headlong into the physical manifestation of the event, which actually is far closer to a medical (physical) way of seeing than a religious one. This exposure and abjection limits interpretation and tends to offer us a definitive answer. The traditional subtlety of religious imagery (such as that shown in figure 3 & 4), explored within contemporary artistic contexts and without religious constraint is actually more questioning in its intent, as it does not provide us with obvious conclusions. It leaves us again in an uncertain space.

The Mother's Gaze

The mother's gaze, as I shall refer to it within this research, refers to the personal perspective of the researcher as mother (in this case). Although the chosen paradigms (medicine and religion) are explored through the expert opinions and findings of various other theorists and researchers, the personal (mothers) perspective will also be a contributing factor. The medical gaze has been researched through theoretical writings, but these theories and opinions have been considered also, in the light of considerable personal experience (with medical practice). Similarly, the religious gaze, although researched through many different sources, has also been influenced by the experiences of the mother, as more than just a researcher of writings. Some of the expertise of the religion in question is derived from a long cultural connection and participation in the practices of Catholicism, and its associations with motherhood and notions of suffering. A life-long connection with both religion and medicine (as associated to the child) has strengthened and added to the understanding of both these medical and religious ways of seeing.

Although notions of the gaze have been explored through the theoretical opinions and visual explorations of others, the mothers gaze, that seeks always to find wholeness and identity for the child, (even in the midst of the powerful established constructs of religion and medicine) will also contribute to the development and understanding of these ways of seeing, or gazes. The mother's gaze when cast upon the same images of sectioned or dissected body parts, sees not a specimen, but a real part of her child with whom she can identify with almost as equally as the 'whole'.

The mother's gaze sees identity in the smallest detail, and fills the gaps, creating 'person' from body. Just as the newborn knows its mother intimately, well before complete visual images are acquired, so too the mothers gaze brings an intimacy to the smallest detail, that questions its presence within a purely clinical setting.

Another way in which the mother's gaze is examined within this research, is where it merges with religion, and becomes the influence of Mariolatry and the gaze of the 'Holy Mother'. This Mother's viewpoint is known and well documented within Catholic writings, and is referred to as 'the maternal gaze', which is where the specifics of Mariolatry become more relevant than that of general Catholicism. In countries that embrace Marian worship, it is common for priest's to address their audiences: "Beneath the maternal gaze of the blessed Virgin Mary I offer a heartfelt greeting to you…" It is common also, for images of the 'Stations' to bring attention to the Holy Mother, almost as equally as Christ, and explore her gaze as one that beholds her child's *(see fig.4)*(and therefore her own) suffering:

> "The notion that Mary's suffering is always the suffering of a mother is essential. Even before the fact of her son's self-sacrifice, when he is still an infant in her arms and no cross is in sight, she suffers for him. A conventional interpretation of icons of the mother of God with the Christ child runs as follows: 'The Mother of God of tenderness looks at her Child simultaneously *with the joy of a happy Mother and with the sorrowful gaze which already beholds the whole Passion of Her Son." (Rancour-Laferriere, 2003, p.5)*

I will explore this mergence more closely in chapter two, but for now it is sufficient to note that the powerful and dominant influence of the mother in the life and suffering of the child (as portrayed in Marion images); has been important in establishing links between personal ways of seeing and religious ways of seeing.

Chapter 2:

UNCERTAIN TERRITORY

In this chapter I will narrow down the issues that define this project from within the previously discussed contexts and their ways of seeing the patient, the person and their relative afflictions or wounds. Although there is a common concern with the wound, that prevails in both medicine and Catholicism, the latter is involved with a masochistic gaze that seeks growth through suffering the wound, while the former seeks to diminish or cure the wound and suffering as a means of growth (or healing). Marion worship which views the body and life of Mary as the perfect example describes her life as one of continual suffering:

> "Just as Her divine Son did, She (the Mother of God) carried Her cross Her entire life. This cross consisted of the scandalous discrepancy between the greatness befitting Her as the Mother of God, and the condition of humiliation in which she lived right up until her death…. Psychoanalytically put, Christ and his mother share the feature of masochism, for they are both represented as voluntarily suffering victims, as willingly humiliated slaves." (Pelican, 1996, P.121-2).

This view of suffering seems to be at complete odds with that of medicine which although potentially dehumanising at times, (as described by Foucault) is actually ultimately concerned with relief or elimination of physical suffering:

> " This theology largely stakes its claim, not on the God or gods of world religions, but on the remarkable twentieth-century history of progress in scientific medicine. In this history, the possibilities for progress in health and healing – in 'conquering' disease, ameliorating its symptoms, restoring lost function, and lengthening human life – are, in principle limitless. Here history becomes myth, a theology in which science has transformed disease, disorder and death into problems that can sooner or later, be solved. In this theology, suffering is, in principle unnecessary. (Hauerwas, 1990, p.62).

In considering these two opposing views relating to the wound or suffering, it must be considered that this research is concerned with the gaze or ‘ways of seeing’. This is not just a theoretical concern, for on a practical level, the very fact that the research has been carried out by visual means, strengthens these ideas, due to the fact that the resulting research findings will be considered visually (or by the gaze). Through the common thread of interest and fascination with the wound, something very similar (visually) emerges amidst two very different gazes – the wound becomes subtle, delicate and almost glorified.

Neither religion nor medicine, focus their interest in the goriness or abject nature of the wound, and for different reasons often produce subtle, sterilised (almost lovely) versions of the wound, and therefore of suffering. One claims to make wounds good (or better) and the other claims that they are already good, but either way the result is a subtlety of image, that is explored as a deliberate area of uncertainty or ‘crossing’ within my artwork.

Subtlety and Delicacy

Carefully rendered images from a medical dictionary (Bycroft, 1993, p.5-6), show a similar kind of careful consideration, and delicacy toward the depiction of the wound or affliction, as one would see in a religious image such as that in the one previously discussed *(see fig3).* In figure 5, a dissection of a body, is treated in a very similar way (and palette) to that of domestic Catholic icons. The 'dehumanising' and objectifying effect of the medical gaze is apparent in the image's failure to represent the *whole* person, but that aside, the image has a delicacy[13] that makes it appear quite idealised. Probably even more illustrative of the portrayal of subtlety and delicacy, within the usually abject realm of disease and wound, is the image in figure 6. This image is worked in delicate watercolour shades, but is actually a diagram of such things as Streptococci in pus, from a case of Cellulitis.

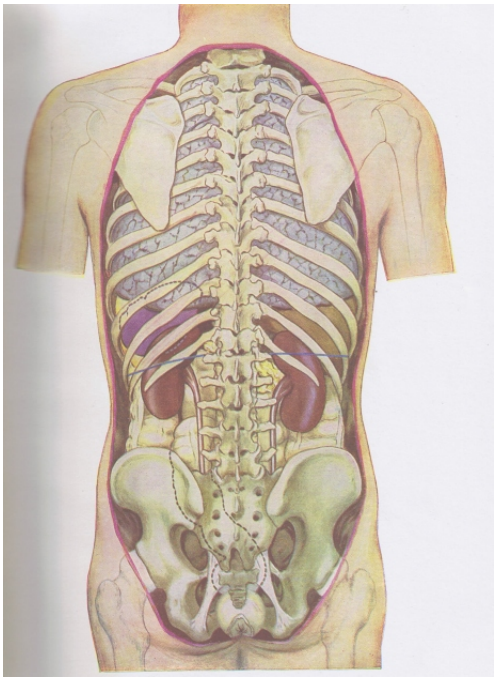


Figure 5. **R.L Bycroft.** *The Abdominal and Thoracic Viscera, from behind,* from Bycroft. R.L. (1993). *Bycroft Medical Dictionary.* New York: Winstone Press.

[13] Delicacy is used in the context of this project, according to the following definitions: fine or delicate in meaning or content, delicate and faint or mysterious, not overt or blunt.

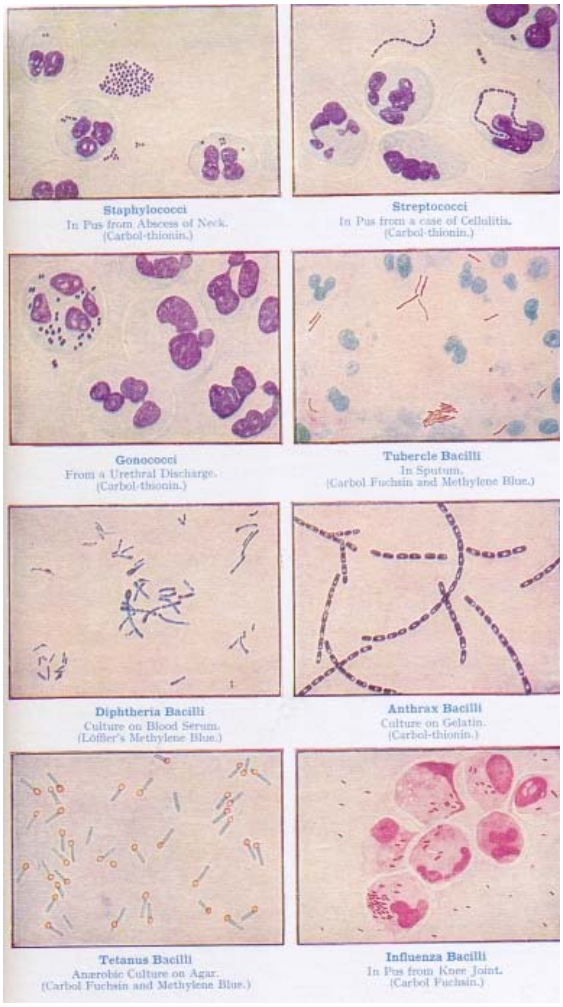


Figure 6. **R.L Bycroft.** *Untitled,* from Bycroft, R.L (1993). *Bycroft Medical Dictionary*. New York: Winstone Press.

Representing wounds and suffering by softening their appearance until they become almost desirable, is an aspect from both religion and medicine that I have explored in my research, using this common ground to create questionable space. Within my work, soft colours have been use to depict sections of the body, referencing both the soft colours of Catholic iconic prints (*see fig.3)*, medical books, but also the subtle greens of theatre gowns and general hospital interior design. Through the use of delicate, softened (sometimes slightly fuzzy and nostalgic) images seen in both religion and medicine, the mothers gaze is also referenced – treasured portraits of children are often treated in similar ways through the use of devices such as the pastel lens in photography.

Specimens and Relics

Severing and isolating of body parts (literally or by cropping) to gaze at them as specimens, is a common practice in medical research. It is also common practice to isolate the area of concern in medical imagery and also by cropping with a surgical cloth during surgery. This practice of severing and gazing upon just sections of the body is not just a practice of medical science and surgery though, it is also practiced in different ways and for different reasons within Catholicism:

> In Catholicism, relics are material remains of a deceased saint or martyr and objects closely related with those remains. Relics can be entire skeletons, body fragments, a bone, tooth, hair or even objects closely associated with the saint. The veneration of such relics is associated with miracles, and relics are usually placed under the altar stones of Catholic churches during construction. (Relics in Christianity, 2004)

This isolating and visual 'severing' of the body is another area in which I have explored commonalities and uncertainties. By working with images, that could in some way be described as portraits, but breaking them down and isolating parts of the body within each portrait or study, I have again explored an uncertain domain, where fragments could be specimens being viewed and objectified through the medical gaze. They could also become relics and images of both suffering and hope through the religious gaze. Through the mother's gaze though, these are the highly personal images of an individual – the mother's gaze recognises every tiny feature of the child, and a finger can be identified with almost as powerfully as the face or the 'whole body'. The mother's gaze fills in the gaps, and creates wholeness even in its absence. This is seen through practices such as the treasuring of a tiny baby shoe, or the remains of a child's first haircut – practices not unlike the keeping of relics.

Chapter 3:

CONTEMPORARY INFLUENCES

This chapter provides a synopsis of the contemporary artists that have been particularly influential during this research. Although quite a number of artists have been influential, I have chosen to expand on specific artworks from two quite different artists who have influenced my work in specific ways. I have also briefly commented on two other artists who have influenced my artwork from purely visual and technical perspectives.

Kiki Smith

Kiki Smith, is a Catholic-raised artist who has explored issues of the body from both a religious and a scientific/medical point of view. Although her work is not specifically concerned with the gaze, her interest in crossing between these two areas is quite apparent:

> " Her interest was captured by those figures that are themselves part of a complex system, that is figures which embody religious and mythological notions of the human being…Her *Virgin Mary (1992)* has lost any embellishing aura, we not only see her nude but stripped of her skin too, with visible muscles and veins like a figure from the time of Leonardo. We see a body that is fleshy and vulnerable, naked and de-mythologised, and at the same time we see a figure that turns her open palms towards us in powerlessness to bless us." (Ahrens, 1999, p.39)

The elusive quality of Smith's *Virgin Mary Poster* *(see fig 7.)*; creates an uncertain space between religion and medicine (in this case anatomy), and is void of any obvious symbology other than body gesture. This has been an important development in my own research - in order to obtain a greater feeling of elusive or uncertain space, it has been necessary to dispense with the use of obvious and known symbology as a means of communication.

Although I have dispensed with the use of known symbols such as hearts and crosses, I have (like Smith) adopted the more elusive language of bodily depiction and gesture and that tends to defy definition, sitting somewhere between the worlds of the physical (medicine) and the spiritual or religious.

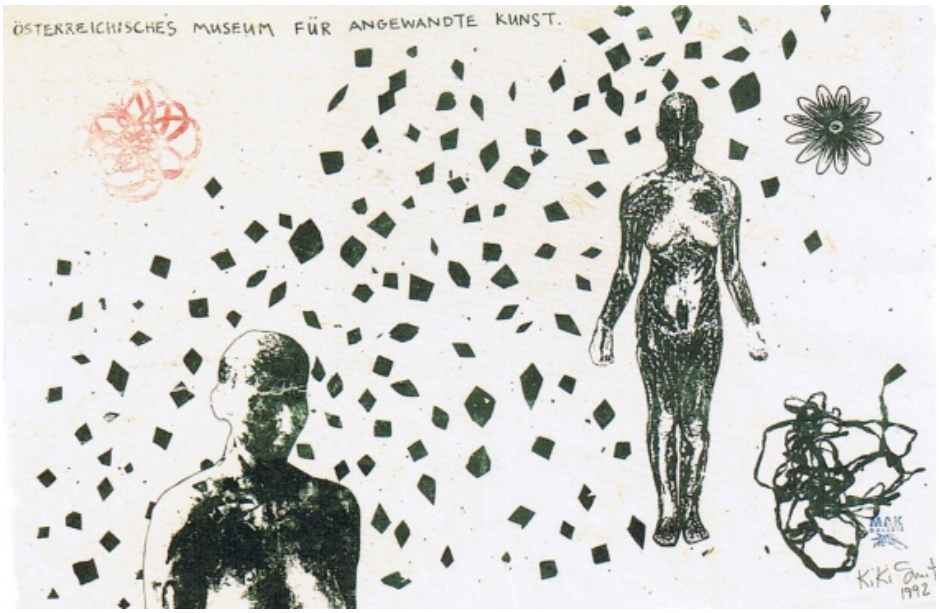


Figure 7. **Kiki Smith.** *Virgin Mary Poster.* 1992. Screen print and rubberstamp on handmade Nepalese paper. 50.8 x 74.6 cm, from Weitman, Wendy. (2003). *Kiki Smith.* New York: The Museum of Modern Art.

My research has also gravitated toward a concern with the subtle expression of notions usually seen in light of abjection; exploring both the medical and religious gazes. This power of subtlety is something that has been explored through Smiths work, as noted by Carsten Ahrens (1999) in the following commentary: " Her artistic language has at first glance become more tender. But this is deceptive. Instead of operating with the images of shock she now operates with the shock of beauty" (p.26). This 'shock' of which he speaks would more correctly be referred to as power, and the tenderness of which he speaks can be translated to subtlety – something that has been important to the development of my own research.

Another way in which Smith's work has been informative is through her interest in sections of the body. Her *Virgin Mary Poster* shows at one corner a pile of umbilical cord, but many of her works involve just a single body part, (fig.8) and these are influenced, like my own (see figures 75-80 for examples), by both medical specimens and Catholic relics.

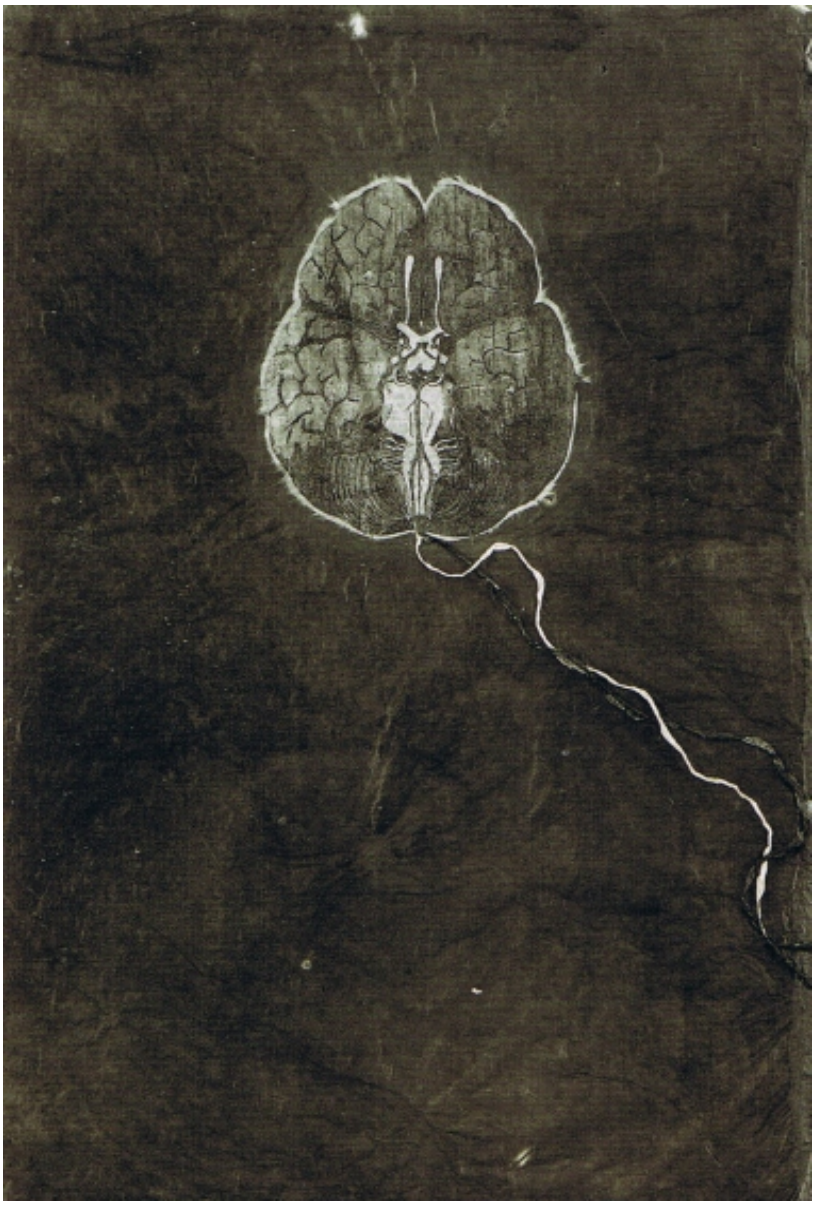


Figure 8. **Kiki Smith.** *Untitled (two brains).* 1994. Lithograph with collaged lithographs and twisted paper additions on two attached sheets of handmade Japanese paper. 75 x 99 cm, from Weitman Wendy. (2003). *Kiki Smith.* New York: The Museum of Modern Art.

Joel Peter Witkin

Photographic images by Joel Peter Witkin, exploring the notion of abjection, or subject matter often seen in the light of abjection, have also informed my research. Witkin photographs mainly people, and among those people, most are deformed in some way. Witkin creates beautiful Victorian type backdrops for his photographic subjects, and treats the surface of his prints like a painting, often touching it up or adding marks after the exposure is complete. The result is again, a subtle approach, to a less-than-subtle subject matter, creating an uncertain image with which the viewer can engage. Witkin comments on his images stating:

> " Pictures are common things which do not reflect devotion to their creator's self-revelation—images *are* that devotion at first visualised in the mind, and then made material or, 'visibilized.' I believe that all my photographs are incarnations, representing the form and the substance of what my mind sees and attempts to understand. 'God created man in his own image'." (Witkin, 1995, p.52)

Witkin claims his images are a search for God, and being from a Catholic background himself, he searches for God in bodily or physical form. Posing the disfigured and the suffering in traditional portrait settings, he mixes religion with medical concerns, making the claim that 'God made man in his own image'. Although this is a well-known biblical verse, read in the light of his images it seems to suggest that deformity and suffering are part of Gods image, so again introducing a familiar masochistic, religious gaze.

It is this masochistic gaze seen through a non-violent lens that is of interest to me – this is not raw and honest photography any more than my paintings are faithful representations of surgical wounds – this is the glorification of the wound(ed). I have adopted this approach in part, but in even more subtle ways: using images of the body, bearing some evidence of affliction or medical intervention, I have painted them amongst subtle and delicate backgrounds, so that instead of being completely informed and pushed out, the viewer is drawn into a questioning and seductive kind of beauty within the image. It is the seductive beauty of the image, and its potential to create uncertainty, that I have adopted from Witkins work. I have not adopted its highly graphic qualities, with clear central figures though, as this tends to tie the work more closely to religious icons, with their graphic use of clear symbology.

Figure 9. **Joel Peter Witkin.** *Woman on a table.* 1987. Black and white photographic print. 30 x 30 cm, from Celant, Germano. (1995). *Witkin.* London: Thames and Hudson.

Numerous other visual artists have been informative to my work, but in ways that are more technical and visual. Jenny Saville, with her paintings of bodies that suggest medical intervention, through the use of lines to divide the body into sections is one such artist *(see fig.10).* Although Saville's interest lies more in the area of ideal body image than wounds or affliction, she often makes reference to the surgical procedures employed to achieve this –

> " The lines on her body are the marks they make before you have surgery. They draw these things that look like targets I like the idea of sectioning or mapping of the body…I didn't draw on the body. I wanted the idea of cutting into the paint. Like you would cut into the body. It evokes the idea of surgery. It has lots of connotations." (Saville, 2005, p.14)

The use of 'sectioning' in this work to suggest (yet not portray) medical intervention has been a device I have worked with in my own paintings.

The portraits of Cherry Hood *(see fig 11.)*, have also informed my painting, in terms of technical and formal concerns, with their fragile and delicate use of watercolour and thin acrylic washes. The use of very thin watery paint with evidence of pooling and staining, has the kind of delicate and emotive qualities that I have explored through my own practice.

Figure 10. **Jenny Saville.** *Hybrid.* 1997. Oil on canvas. 274 x 213 cm, from Saville, Jenny. (2005). *Saville.* New York: Rizolli International Productions Inc.

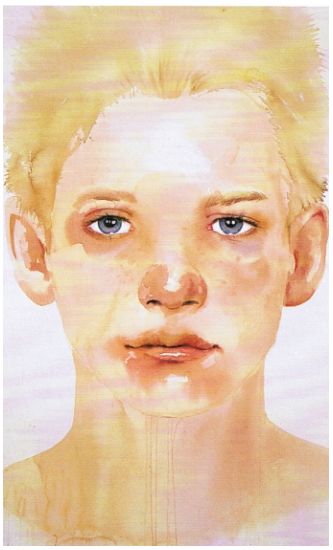


Figure 11. **Cherry Hood.** *Bruder, fourteen.* 2003. Watercolour on paper. 153 x 102 cm, from Rilke, Rainer Maria (2004). *The Many Faces of Cherry Hood.* Art and Australia, 41(3), 400.

Chapter 4:

METHODOLOGY

Throughout this research I have employed a heuristic methodology. Heuristics is a qualitative research method that has no strict formula. It uses informal methods or expertise, and relies on trial and error. Heuristics relates to the ability to discover patterns or outcomes by intelligent guesswork and questioning rather than by applying a pre-established formula. Using a heuristic approach to art practice is usually quite reliant on knowledge gained by experience, and developing a body of work through diverse and rigorous questioning. (Wood, 2004, p.9).

This heuristic research methodology has been appropriate to my chosen areas, as it has allowed me the flexibility and freedom to address often abstract psychological, psychoanalytic and personal paradigms, without the preconceived constraints of more structured methods. This flexibility is important when dealing with subjective issues such as religion, and more importantly when trying to establish common ground between the tangible (medicine) and the intangible.

In the essay: *The Qualitative Heuristic Approach* (Kleining &Witt; 2000, p.3-4) four rules are stated for heuristic research:
The first rule indicates that the researcher should be open to new concepts and be able to change their preconceptions if the data is not in agreement with them.

This has been an ongoing process of this research. My preconceptions had much to do with historical indoctrination, and one of my main aims was to discover different ways of looking at my own experience of Catholicism and medicine and building on this through creative research. I have continued to challenge my preconceptions throughout the research process by considering (and reconsidering) familiar subject matter through unfamiliar psychoanalytic, scientific and psychological perspectives. This has led to a change in focus several times, as the research progress (which is discussed in Chapter 5.) demonstrates quite clearly.

The second rule tells us that the researcher needs to be open to change in the topic of the research as the investigation develops. This does not mean to imply that the whole project will change, but that the focus will change to such a degree that new (unpredicted) angles or lines of enquiry will open up. This can make the outcome of the project impossible to predict, which is an intention of a heuristic methodology– it can lead to the discovery of data that is completely unexpected. The viewing and analysing of delicate medical and religious imagery is one such example within this project; as it has led to a shift from the abject, to the concept of the gaze, in order to achieve a greater sense of uncertainty and subtlety.

The third rule states that data should be collected under the paradigm of maximum structural variations of perspectives. This means that there should be a variation of areas from which the information or samples are gathered, and also a variation in the methods that are being employed. This helps to avoid a singular or one-sided outcome or answer.

Within this project the information and samples have been gathered from not only from medicine and religion but also from areas including (but not limited to): contemporary art, psychology, sociology, popular culture, history and personal experience. The methods too, have been varied in their approach, at times employing any combination of analytical and comparative writing, brainstorming, the use of the dialogical journal, painting, drawing, photography, collage, computer graphics and installation. Varied approaches to the subject matter, has meant challenging personal belief systems and skill bases in order to discover a wide variation in outcomes, and a multitude of possible answers or resolutions.

The fourth rule is that the analysis is directed toward the discovery of similarities or patterns. The intention is to locate similarities, homologies or analogies within diverse and varied data. Pattern in this sense, relates to the discovery of familiar and similar ideas or behaviours within seemingly dissimilar paradigms. This rule has worked quite naturally within this project, given that the aim of the research is to discover similarities, and uncertain 'space between' where a crossing takes place, the research topic itself is concerned with the discovery of unexpected patterns, ritual and practices of looking (gaze). The discovery of similarities within diverse data, is necessary to create the blurring of boundaries with which this project is ultimately concerned.

Researching in a heuristic manner, is somewhat related to the old phrase " You have to know the rules before you can break them." By working in area's already familiar (in my case medicine and Catholicism) the emphasis is not just upon new discoveries, but more importantly on different ways of looking at sometimes familiar material in order to discover the unfamiliar. Probably the most important way that familiar material has been explored in unfamiliar ways (within this project) is through its 'crossing'. As I have discussed in previous chapters, it is in the space between two familiar areas of research (Catholicism and medicine) that the unfamiliar is sought. It is a search for (as the definition of heuristics suggests) patterns that emerge, through the intelligent questioning of two usually, quite separate paradigms.

Method

The heuristic approach, requires that the researcher must already be an expert, or have extensive knowledge of the chosen subject(s), and through my personal history and experience with Catholicism and Mariolatry, I have obtained much of the expertise required in this area. However, as the material must be sampled from maximum variations of perspective (not just the researchers own perspective), alternative insights have been necessary.

Methods of approaching the known (Catholicism) in order to gain new insight have included substantial reading from other perspectives such as psychoanalytic and psychological points of view. Some of these have been discussed in previous chapters, but also of importance in terms of influence would be Marina Warner's writings on the subject of Mariolatry (1985) and Michael Carol's work on the subject of the psychological origins of Mariolatry (1992). Also of great importance is the aspect of the gaze in relation to religion, and this has been explored through various sources discussing the gaze in a general sense, but more importantly through the writings of David Morgan in his book *The Sacred Gaze* (2005).

In the area of medicine my expertise is not that of a practitioner, but that of a participant, which is relevant to the perspective I am pursuing. 'Gut decisions' necessary when employing a heuristic approach are for me, possible and instinctual, as one 'coming from' the subject, rather than 'coming at' the subject matter.

That is to say that there is a substantial difference between ‘lived experience’ and ‘learned experience’. Lived experience allows the researcher to draw on real or tangible experiential knowledge that is gained through actual bodily participation, allowing instinctual decisions to be made. The aspect of the ‘real bodily experience’ is also important to the specifics of this project, given that the notion of ‘bodily experience’ is a key paradigm.

The predominant medium for this research practice is paint. Although this has been through various transformations throughout the developmental stages of the research, the final paintings are worked in watercolour and thin washes of acrylic. The chosen paints and their thin watery use, is important in terms of the overall development of the work. Thin fluid paints leaving an impression of pooled liquids allude to emotional responses such as tears, which reflect the mother’s gaze. Equally they also reflect any number of bodily fluids (and the spilling of them) which could be associated with both the medical and the religious gazes, in terms of the spilling of bodily fluids during surgery and during physical suffering. There are also a number of different Catholic rituals associated with water or fluids – baptism, sanctification, anointing and Holy Communion etc. The image of fluid stains resonates strongly across all these areas of concern.

The choice of paper over other supports was also a conscious one. Rather than reference great works of art through mediums such as oil on canvas, I was interested in the idea of documentation (usually recorded on paper) and its relevance to both religion (scripture) and medicine (patient records, data -

anatomy charts etc.) I have sandwiched the paintings between sheets of glass for a number of reasons: it represents the way in which human fluids are placed between glass slides for medical testing procedures and it relates to 'the precious' or the 'preserved' as related to Catholic relics, precious objects, documents and childhood portraits. Also, the fragility of the hanging glass resonates with the mother's gaze that is ever aware of the humanity (fragility) of the child.

The Stations of the Cross, discussed earlier, play a visual role in the completed artwork. Their reference is important in creating a kind of 'religious experience' or inviting the viewer to take part in the religious gaze. The Stations are represented by the number of works presented (fourteen), but also by a number of other installational techniques, which also reference the medical gaze. I shall refer to this with more detail in a later chapter addressing the development of the research. It is important to note though, that the mergence between the medical and the mother's gaze is depicted strongly here also. Referring back to the image of the eleventh Station, (see fig 4.) it is notable that the mother's gaze is reflected very powerfully through this religious image, and in fact this is not uncommon in images of the Stations where Marion worship is present. Discussing the ways of looking at Holy Mother images, and reflecting on their gazes, Mary Kisler writes:

> " …in such circumstances we would be wise to go back to those galleries and churches and look again at the Madonna and her child, and see if we can, in a contemporary sense, read more into the religious images of mothering." (1993, p.8)

These religious images were not intended to reflect just the purely religious gaze, but also the very human mother's gaze – another cause for elusive meaning and uncertain boundaries.

Heuristics is often involved with the process of keeping a 'dialogical or designers journal' as a methodological practice – not in a linear fashion, but in a more subjective way that integrates elements of: "…the real inner drama of research, with its intuitive base, halting time-line, and its extensive recycling of concepts and perspectives." (Marshall & Rossman, 1989, p.15)

This process of keeping a dialogical journal is one that has been of the utmost importance to the life of this research. As the main areas of focus are paradigms with which I am already familiar, elements from within the project, already worked through, have been re-examined with more rigour and new focuses at varying stages (refer to Research Progression). This is the non-formulaic nature of the heuristic process – every part of the research, can potentially become relevant any time, so the dialogical journal becomes the 'life' of the project. Schon (1991) writes about heuristic research methods informed by real life experience and expertise and the importance of the dialogical journal, stating:

> "Professional practitioners do not simply apply knowledge generated by scientists and researchers, but they also generate new knowledge as they deal with complex real world situations. Practice therefore is a form of research and the reflexive journal a means of capturing and communicating knowledge" (p.89)

The dialogical journal is like the 'powerhouse' and is informed by textual research, practical research and lived experience/history.

The following images (see fig. 12) are a sample from one of the journals kept throughout the research process. They are drawings, collages, collected images, writing, and peer feedback collected in a random fashion to re-examine, redefine and 'dialogue with', in order to formulate ideas and discover patterns.

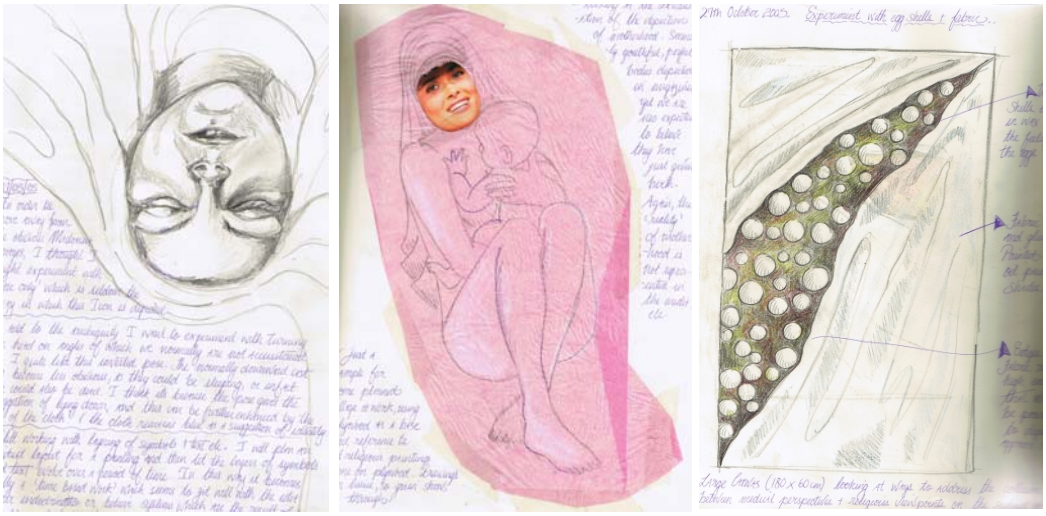


Figure 12. **Katrina Langdon.** *Untitled (Three pages from a the dialogical journal). 2005.* Collage, graphite, pen, coloured pencil on paper. 21 x 30 cm each.

Painting, writing, drawing (which includes photography) and reading, (with the use of journal) have been the main processes by which I have progressed toward the research outcome. The collection of images and writings, comments from peers and tutors, and documentation of practice-based research within the journal, has been the primary means by which evaluation has taken place. In a heuristic fashion, the criteria for evaluating the work has evolved and changed. The evaluation (by heuristic methodology) is not a linear one, and the journal has been extremely necessary in order to keep track of all the possibilities throughout the process.

The final criteria, for example, was concerned with communicating something quite subtle and uncertain, whereas at different points it had been much more about shock, visible abjection and definite responses.

The criteria of the final work also reached back into previous three-dimensional work (see fig. 44-46) concerned with meditation and bodily involvement, by using installational devices designed to encourage this involvement (see Research Progression). Like the research processes, the criteria for evaluation and analysis, has been non-linear. Producing visual artwork has been more important to the process than the more conventional forms of research (reading, writing) that inform it. Less resolved experimental works and drawings have proved to be very useful in informing the final outcome. This is the ‘dialogical’ process by which a heuristic approach evolves – a kind of ordered chaos.

Chapter 5:

RESEARCH PROGRESSION

This chapter is devoted mainly to a visual commentary of the research process. Comments and relevant issues of critical engagement will be raised, but as this project is driven both theoretically by visual ideas of the gaze, and also practically by visual mediums, the visual documentation is the most relevant and important aspect of this chapter.

Early work

Figure 13 **Katrina Langdon.** *Icon Image #1.* Feb 2005. Oil on board. 40 x 75 cm.

Figure 14. **Katrina Langdon.** *Icon Image #2.* Feb 2005. Oil on board. 40 x 75 cm.

These paintings (see fig. 13&14) were my initial investigation into issues of religion and motherhood, using a stylistic approach based on Catholic iconography, but influenced by more modern concepts and graphic style images. These works rely heavily on the use of the symbol (clock, cup, juggling hoop) to discuss both the changing views towards the Madonna as an icon, and also the balancing act involved with managing my own complex experience of motherhood. These paintings were almost comical, as they seemed to resemble visual material such as comic and Dr. Suess books. This was not the intention, but they provided a point of departure for further investigations into the Madonna icon, and its place in my own experience of motherhood.

Figure 15. **Katrina Langdon.** *Madonna.* April 2005. Acrylic and collage on board. 6o x 90 cm.

Previous to this (see fig.15) painting I had been working almost entirely in oil paints. Although, this seemed appropriate to the subject matter (reflecting traditional religious imagery), the process was too time consuming to be able to work through ideas at the pace which they were developing in the journal. This painting was completed in acrylic and collage, moving away from the icon style works, but still using a traditional Madonna pose. Exploring what would happen if I removed the child and replaced it with collaged images and text, I explored issues of more contemporary relevance in terms of motherhood. The ideas involved were the sublime and perfect attributes of the icon, and their comparison to the complexities of 'real motherhood'. However, it became 'just another Madonna painting' with the known image being so powerful that it overshadowed other ideas.

Figure 16. **Katrina Langdon.** *Triptych.* June 2005. Acrylic and collage on canvas. 50 x 60 (x3).

Moving away from the more obvious Madonna pose, I used the traditional blue cloth of the Madonna as the signifier, and overlayed her with the contemporary icon 'Barbie' (see fig. 16). The work explored the overlaying of contemporary and traditional ideas toward motherhood, using layering to present a 'history' of dialogue. The move away from traditional poses was at this stage a positive one, but in the attempt to 'layer', the possible readings became too broad and unclear. Also, the 'highly finished' works were still not allowing enough experimentation to take place quickly, and a much faster approach such as drawing was needed during this broad reaching stage of the process.

Figure 17. **Katrina Langdon.** *Untitled.* July 2005. Collage and graphite on paper. 55 x 80 cm.

Figure 18. **Katrina Langdon.** *Untitled.* July 2005. Tissue, plastic jewels, paint and graphite on plywood. 100 x 60 cm.

Working much more quickly through ideas I began with these works (see fig. 17 & 18) to put together simple collages and drawings, investigating the idea of ritual and associated repetition (ideas evident in motherhood and religion). Looking at rituals involved with motherhood, in the sense that the same duties are repeated over and over, these were simple experiments that not only depicted repetition, but also required it in their making (each repetition is a detailed tracing). Although these are not particularly successful as resolved works, the idea of the ritualistic process led later to more resolved works.

Figure 19 **Katrina Langdon.** *Blue Dress.* Aug 2005. Photo-shop images, paint and plastic jewels on board. 80 x 50 cm.

Figure 20. **Katrina Langdon.** *All Heart,* Aug 2005. Photographic prints and Photographic prints and Sharpie Marker on board. 80 x 50 cm.

Figure 21. **Katrina Langdon.** *Sacred Heart* Photoshop prints, collage, Sharpie Marker, Mirror. 80 x 50 cm.

Continuing with the theme of repetition and ritual, but for the first time introducing aspects of the medical, (which would gradually become a focus) I experimented further with mixed media (see fig. 19-21). Realising that the process of tracing multiples was very slow and limiting, I produced a 'modern day Madonna/mother' using Photoshop and reproduced it for use in collage. Using a multitude of different media, I played with the 'sacred heart', questioning the sacredness of body parts under the medical gaze.

Although on the right track in terms of overlapping with the medical, the multiples suggest a postmodern sensibility, which was not my intention. My interest in repetition, was in its relationship with ritual, and this was not coming through very convincingly in these works. They also appeared to be social commentary relating to ideal beauty, which again, was not my intention.

Photographic work

Figures 22-25 **Katrina Langdon.** *Untitled.* Aug 2005. Colour digital prints. 21x 30 cm.

Realising the potential of the digital print as a drawing tool, I began to work through large numbers of 'staged' photographic images (see fig. 22-25), using Madonna icons, and medical research props (test tubes, chemists bottles etc.). I had by now identified that the nature of my research was quite personal and involved issues of motherhood, religion and medicine. The idea of the medical gaze was by now of interest, and through this 'photographic drawing' process I experimented with light, colour and composition. This was a very positive and 'freeing' way to work through a large number of issues quite quickly.

Figure 26. **Katrina Langdon.** *Untitled.* Sept 2005. Colour digital prints. 21x 30 cm.

Figure 27. **Katrina Langdon.** ***Untitled***. Sept 2005. Colour digital prints. 21x 30 cm.

Working with similar devices, I experimented with over- printing the photographic images (see fig 26-27). Becoming more involved with the medical gaze, and the dialogue created when comparing 'the often dehumanising' medical perspective with that of ideas of sacred body (and body parts including foetus's) associated with Catholic beliefs, I made a series of images which used 'multiples' once more in the over-printing. This time though, the use of multiples was to create dialogue about the expendability and disposability of body parts and foetus's within medical research. I discovered through these experiments that this particular area of religion and medicine had no personal resonance, and was too broad to engage specifically with my own experience. The over-printing was visually too busy and confusing, but photography as a drawing tool, was successful and continued to be used throughout the life of the research.

Figures 28-30. **Katrina Langdon.** *Untitled.* Sept 2005. Colour digital prints. 21 x 30 cm.

Still working with similar ideas as the over-printed images (see fig 28-30), these use blown numbered eggs to question the sacred and the scientific/medical. In terms of composition, delicacy, and use of light, some of these were quite successful, and some of the formal aspects informed much later paintings.

Sacred and Profane

Figure 31. **Katrina Langdon.** *Incision.* Oct 2005. Acrylic paint, egg shell and wax on board. 150 x 55cm.

Figure 32. **Katrina Langdon.** *Wound.* Oct 2005. Acrylic paint, fabric, shellac, wax, plastic jewels. 100 x 60 cm.

The research was by now beginning to narrow down, with the space between medicine and religion focussing on the fascination or glorifcation of the wound. Using mixed media on board, (see fig. 31&32) I experimented with notions of the sacred and the profane using the blue fabric to represent the Madonna, but with wounds being exposed and treated almost as embellishments. It was useful at this stage to move away from obvious figurative and pictorial forms in order to generate new ideas in relation to the wound.

Figure 33. **Katrina Langdon.** *Sacred Heart.* Oct 2005. Paint, velvet, plastic jewels, stitching on canvas. 100 x 80 cm.

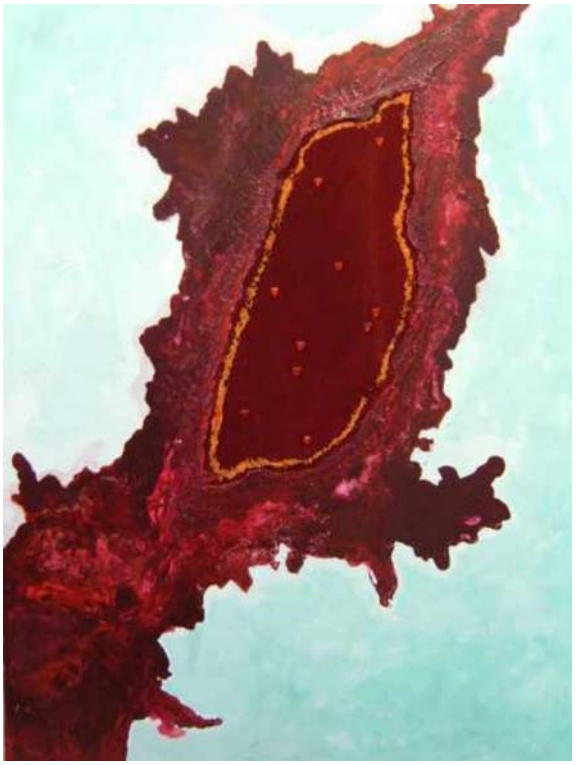


Figure 34. **Katrina Langdon.** *Stigmata. Oct 2005. Paint, velvet,* plastic jewels. 100 x 6 0 cm.

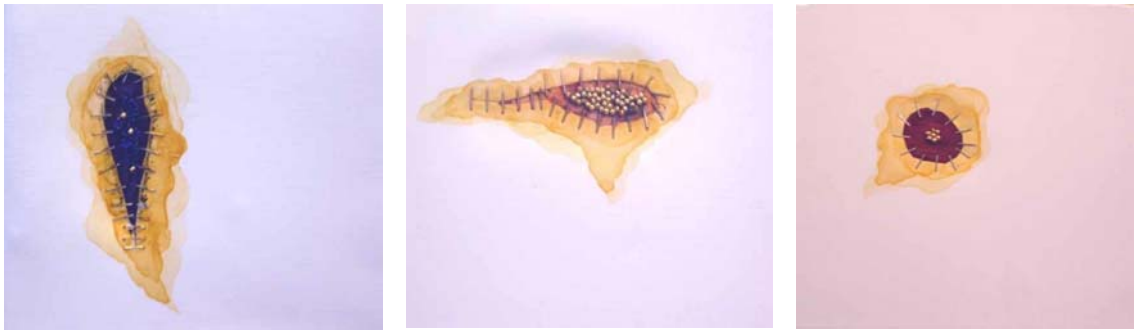
These paintings worked in mixed media, still dealing with notions of the sacred and the profane, (see fig 33&34) are experimenting with making the wound jewel-like and precious. The finished works were too overt in their reference to the wound, leaving little room for question where the viewer is concerned, but the use of precious materials (velvet, imitation jewels) led to further possibilities using these types of materials and their religious/precious connotations in 3D form.

Ritual and Three Dimensional Form

Figures 35-38. **Katrina Langdon.** *Untitled.* Oct. 2005. Mixed media and cardboard boxes. Approx. 7 cm diameter each.

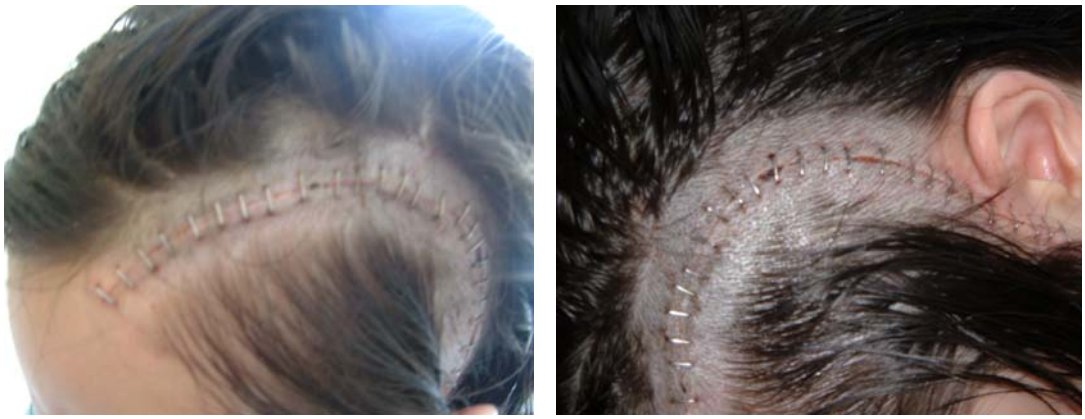
Still exploring the sacred and the profane, but also the ritualistic aspect of both medicine and religion, I began ritualistically constructing large numbers of small, decorated boxes (see fig. 35-38) that reference tiny decorated boxes used for storing Rosary beads and also Catholic votive[14] offerings. They also referenced Victorian style pillboxes. The exterior is at first, very decorative and precious, but upon opening, they contain wounds, or other profane bodily references. These are very hold-able, and encourage bodily involvement on the part of the viewer, like that associated with Catholic ritual and medicine. They were probably the most resolved pieces I had produced in the course of the year, in the sense that they hold the viewer's attention for longer, as the viewer is invited (by their hold-ability) to have physical engagement with them.

[14] Votive offerings refers to the Catholic practice of placing small often hand made objects (that bear some kind of reference to an individual's ailment or problem) at the foot of shrines (often statues of the Blessed Virgin or other Saints, as prayer offerings.



Figures 39-41. **Katrina Langdon.** *Precious Little Wounds.* November 2005. Velvet, beads, staples and shellac on canvas. 20 x 20 cm

The work became more profoundly personal, when in November my child underwent major neurosurgery. While staying in a hotel I purchased a multiple of small canvases and made 'precious little wounds' (see fig 39-41) inspired by the metal sutures used by the surgeons (see images 42-43), and by the glorification of wounds or stigmata in Catholic imagery. I became quite attached to these works, as they marked the ritual of a mother's suffering for a child, constantly subject to the medical gaze. In retrospect, the successful element here was their personal aspect – this proved to be important, and during the thesis year (2006) my work became inspired mostly by personal imagery and events as a direct result of this work.



Figures 42-43. **Katrina Langdon.** *Sutures.* November 2005. Colour digital prints. 21 x 30 cm each.

The following are images (see fig. 44-48) of the first year exhibition. It consisted of a number of votive boxes, presented on an altar in front of a large triptych painting of wounds and blood (see fig. 44-46). The organic form of the wounds/blood, are contrasted with very clean edges and sterile, surgical shiny metal, which forms the ground. They are offset from the wall and inside cut out windows, are tiny Catholic type 'sacred hearts'. The second work in the exhibit (see fig 47-48) is a large wall-mounted crucifix, formed by a number of the 'precious little wounds' that I had earlier constructed.

Much was learned through the exhibiting of this work – from the 'precious little wounds' I learned that the work needed a more personal focus to narrow it down, but also to allow a kind of mother/child passion to come through. From the triptych I learned that 'a blood fest' was not really the desired visual result – it seemed to indicate something quite violent, when in fact neither, medicine nor religion investigate the wound in this way. Both are involved with a careful examination and depiction of such things. Also the work was still very loaded with actual religious symbols, and in order to create 'an uncertain space' less obvious indicators would be needed.

The ideas underpinning the work, had by this time become much more specific, and in a heuristic fashion, elements from several different stages of the research thus far, would be pulled back in again, to form the basis of research in the thesis year.

Figure 44. **Katrina Langdon.** *Untitled Installation. (triptych and boxes.)* Bright steel. Oil paint, polyurethane mixed media. Triptych, main panel: 160 cm x 120 cm, side panels: 160 cm x 57 cm, boxes: 7 cm diameter each.

Figure 45. Close-up image of figure 44. (boxes).

Figure 46. See details of figure 44.

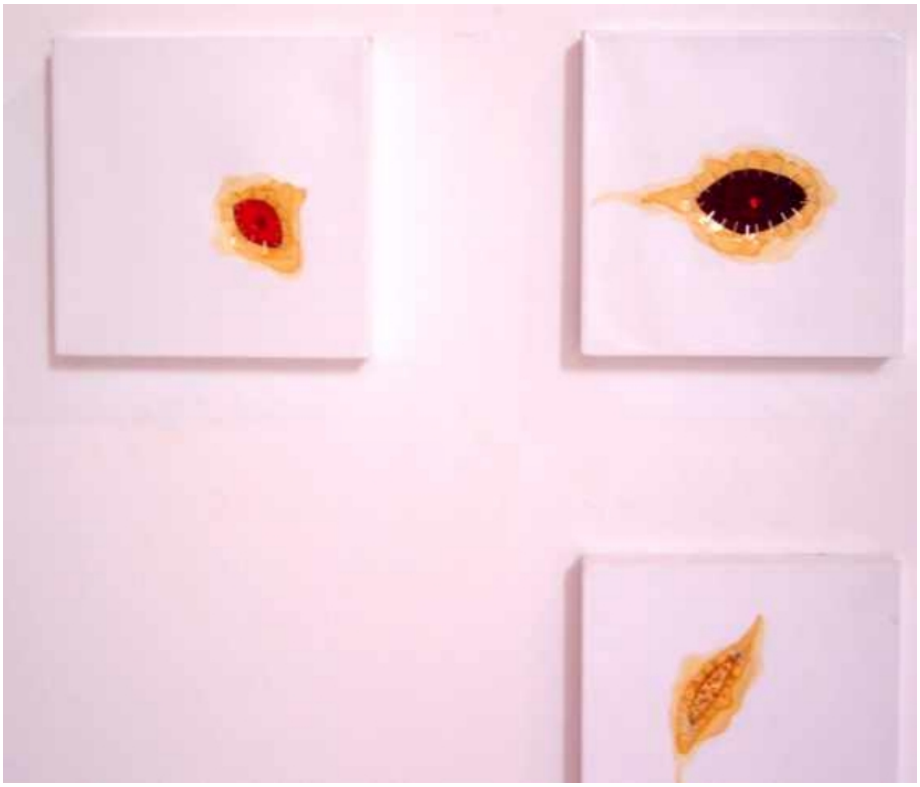


Figure 47. Close up image of *Precious Little Wounds*, see fig. 39-41.

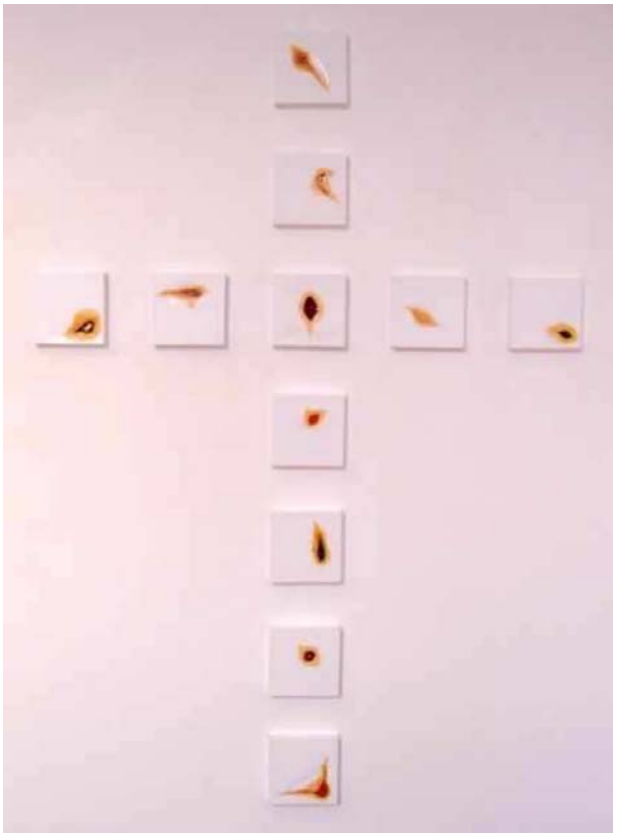
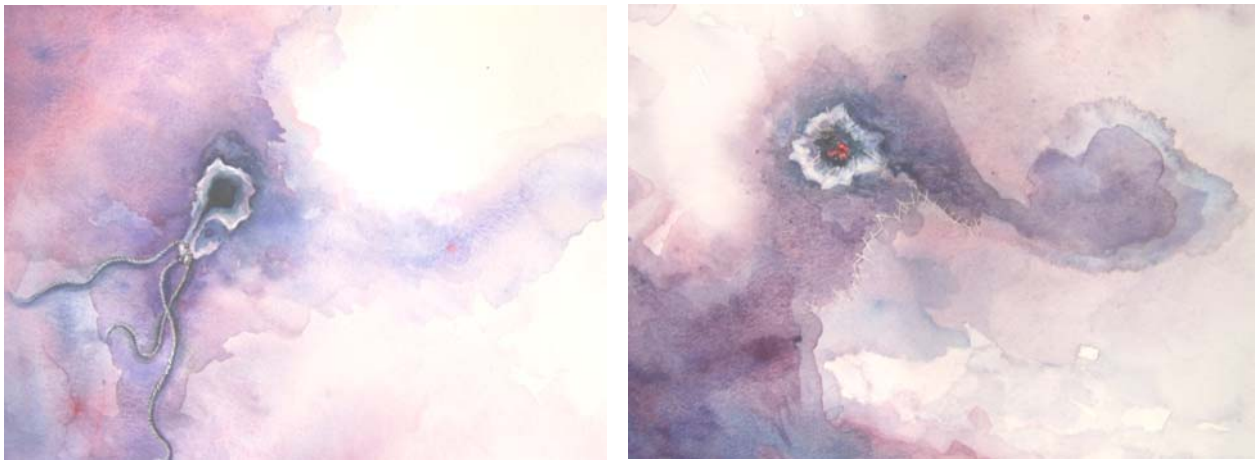


Figure 48. Installation of *Precious Little Wounds.* See fig. 39-41

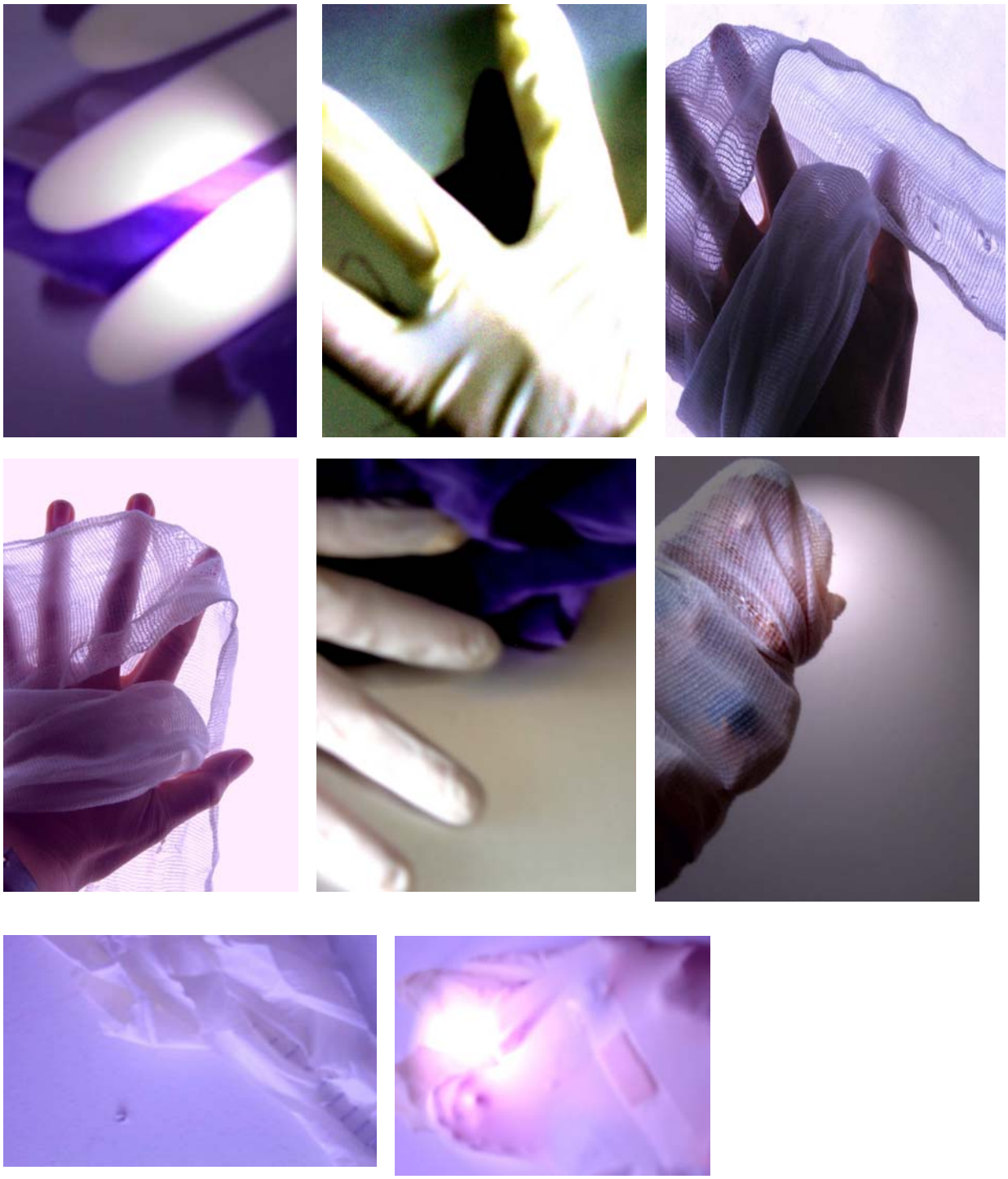
Year Two

Continuing with my exploration of the medical sutures, and the idea of the glorification of the wound, I experimented further with painting and the 'precious wound' (see fig. 49-50). These were abstracted images intended to pull the work away from the use of symbols and the literality of the previous work, which had not succeeded in creating the kind of uncertainty that was desired. Inspired by the light qualities and subtlety of the photographs I had previously made, I decided to try watercolour on paper. I worked with colours that referenced religion and medicine, for example, using purple to suggest Catholicism but also referencing bruising etc. These images probably seemed *too* decorative in appearance, but the change to watercolour was a positive one, because of the emotive quality suggested by its fluidity. The fluidity also feels very "bodily', as associated with body fluids, which was another successful finding



Figures 49-50. **Katrina Langdon.** *Untitled.* Feb. 2006. Watercolour, beads and stitching on paper. 30 x 42 cm each.

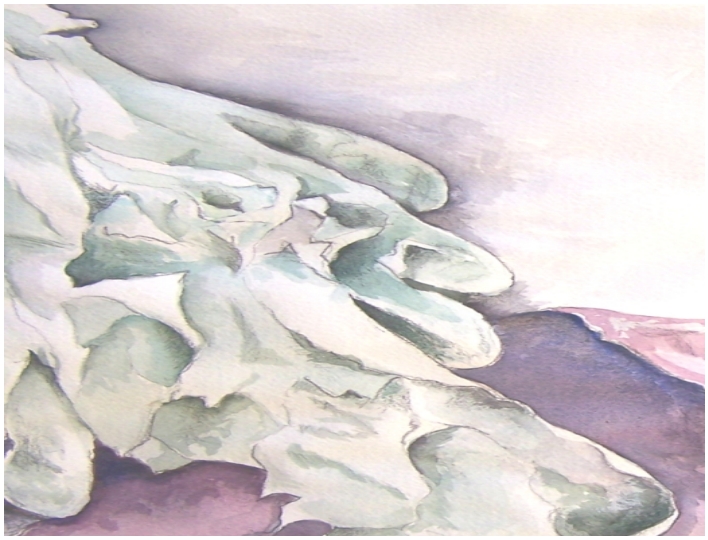
Figures 51-58 are a series of photographs, used as a drawing tool to explore new directions in the work. Using elements of religious, medical and personal significance this was designed as an exercise to find less literal forms, and to explore composition, light and colour for paintings.



Figures 51-58. **Katrina Langdon.** *Untitled.* Feb 2006. Colour digital prints. 21 x 30 cm each.

Drawing on imagery from the experimental photographs, I made a series of watercolour and pencils drawings (see fig. 59-62), bringing back a more figurative focus, to reflect the mother's gaze. This was a positive step forward, as it created a kind of ambiguity, but moved away from the purely decorative aspect that the previous paintings were beginning to have. Further decisions needed to be made with respect to subject matter and content though, to allow it to feel less removed, and more personal.

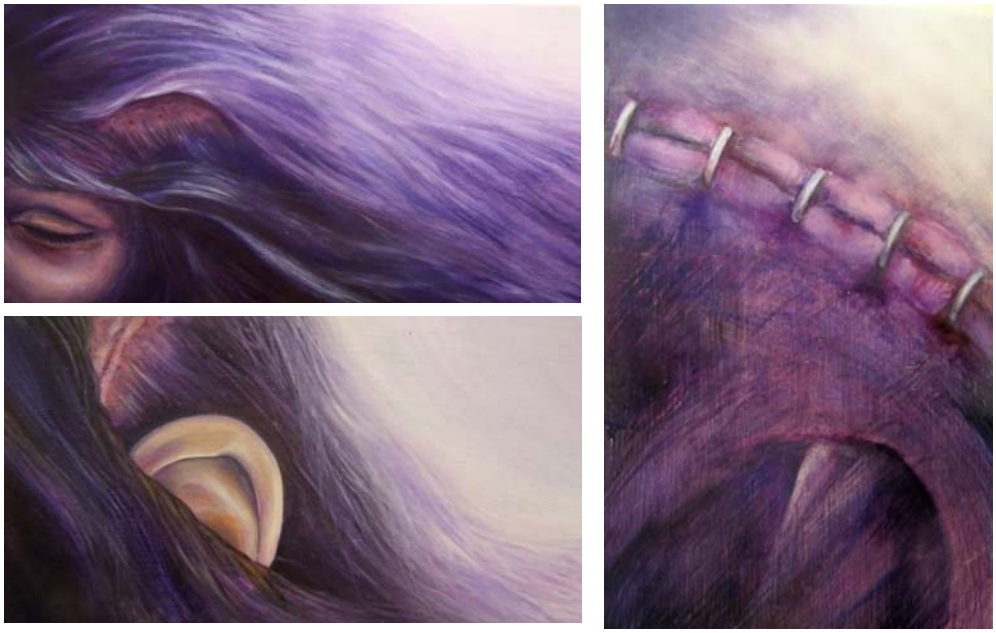


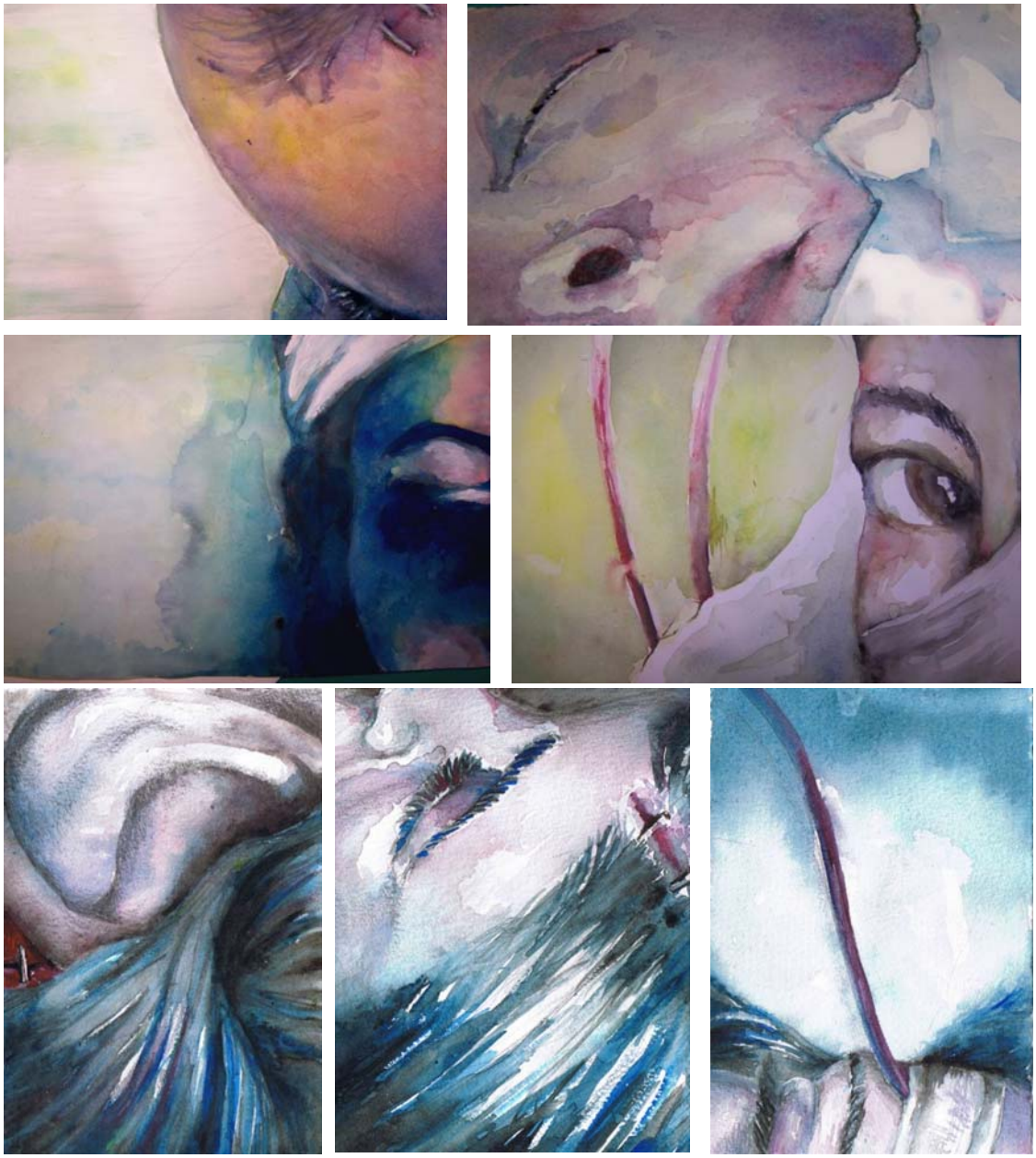
Figures 59-62. **Katrina Langdon.** *Untitled.* Feb. 2006. Graphite and watercolour on paper. 30 x 42 cm each.

Abject

At this stage I had begun to realise that the ‘person’ at the centre of the research, needed to be more visually evident, in order to address the mother’s gaze, and the personal aspect. The work had been focussing on the medical gaze and the religious gaze in a more general way that denied the position of the researcher. Although I had avoided working from personal photographs in favour of ‘staged’ ones, I decided that I would now need to. The following paintings (see fig. 63-65) are worked in oils, and this was a deliberate step away from the watercolour, just to test one more variation before making final decisions. These are informed by personal photography, taken as a record post-surgery (of the child in question). As the work now clearly exposed wounds and surgical procedures, my underpinning research became much more about exploring notions of the abject. They were a good start in exploring the more personal aspect of the work, but in them, the delicate and emotional fluidity of the watercolour was absent.



Figures 63-65. **Katrina Langdon.** *Sections 1,2 &3. April 2006.*
Oil on board. Approx. 60 x 30 cm each.



Figures 66-72. **Katrina Langdon.** *Untitled.* May-June 2006. Watercolour on paper. 15 x 20 cm each.

Moving back to working in watercolour, I made series of approximately thirty small studies from post-op photographs (fig. 66-72). In composing these studies I used Photoshop to zoom in on the photographs, and find 'crops' from which to work. I also explored different colour palettes, as the purple tones I had previously been using had an artificiality, which denied the physicality of the work. In some I explored hospital greens, and this proved to be the most successful. These small studies were very useful as tests contributing to decision-making about the nature of the final works.

At this point, the work was still not successful in expressing the subtlety and glorification of the wound towards which my research has gravitated. The abject nature of the subject matter was still relevant, but I wanted to express it in a way, which was not visually abject – dealing with subjects often seen in the light of abjection, but discussed instead through religious, medical and personal gazes. Religious paintings and delicate images in medical journals have inspired me to make the wound much more subtle. Using the surgical green, I painted two portraits in acrylic (see fig. 73-74), using the ground colour to envelop the subject. These were a real breakthrough, and although my work afterward returned to watercolour again for its fluid qualities, these two works were the starting point for them. I wanted a feeling of the person being almost lost in the medical green (loss of individual in the medical procedure - medical gaze) but at the same time the person is also the focus (mother's gaze).

Figure 73. **Katrina Langdon.** *Blessed.* July 2006. Acrylic on board. 80 x 100 cm.

Figure 74. **Katrina Langdon.** *Portrait.* July 2006. Acrylic on board. 40 x 60 cm.

Having gone back over all the elements that had worked throughout the research process, and focussing on the three aspects of the mother's gaze, the medical gaze and the religious gaze, I decided to make a series of quite large scale works in watercolour and acrylic on paper (see fig. 75-80). These works are on paper are 760 x 520 mm each in size. The green ground envelops the body, so that the *person* becomes lost (medical gaze). Sectioning up of the body, also references the medical examination and dissection. Body parts (as opposed to the whole person) relate to medical specimens and religious relics. It also acknowledges the mother's gaze that knows the child even in the smallest most intimate and personal detail. The medical green ground has a very sublime feel to it, referring back to the sublime nature of religious paintings, as does the delicacy of the work.

Figure 75-76. **Katrina Langdon.** *Untitled (studies for final exhibition).* August - December 2007. Watercolour, graphite and acrylic on paper.
76 cm x 52 cm each.

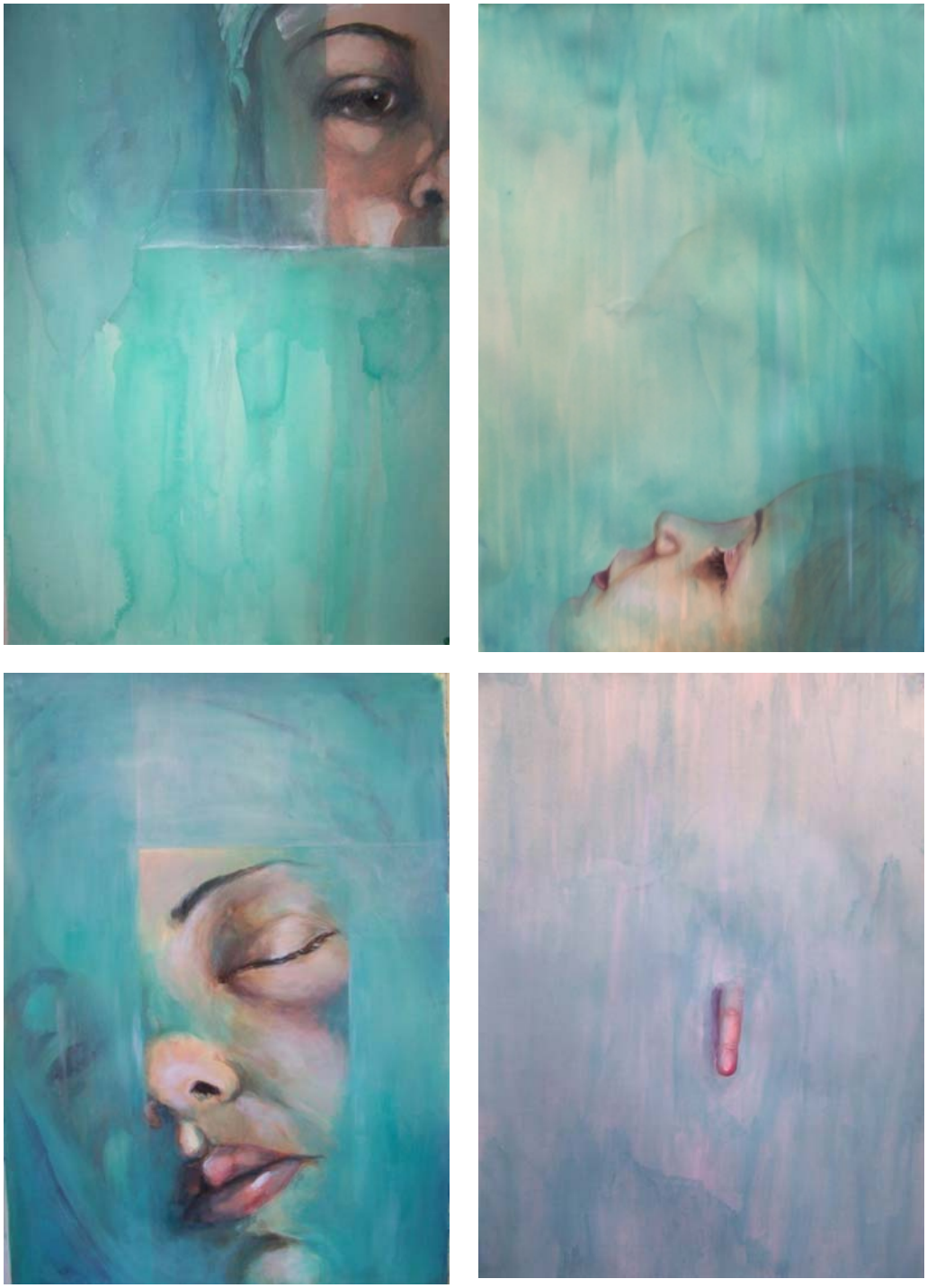


Figure 77-80. **Katrina Langdon.** *Untitled (studies for final exhibition).* August - December 2007. Watercolour, graphite and acrylic on paper. 76 cm x 52 cm each.

The fluidity of thin paint washes, reintroduces the idea of bodily fluids and emotions. These paintings are the starting point for the final presentation, in which I intend to use paintings such as these in an installation, allowing the viewer to become involved with the work in a bodily or ritualistic way.

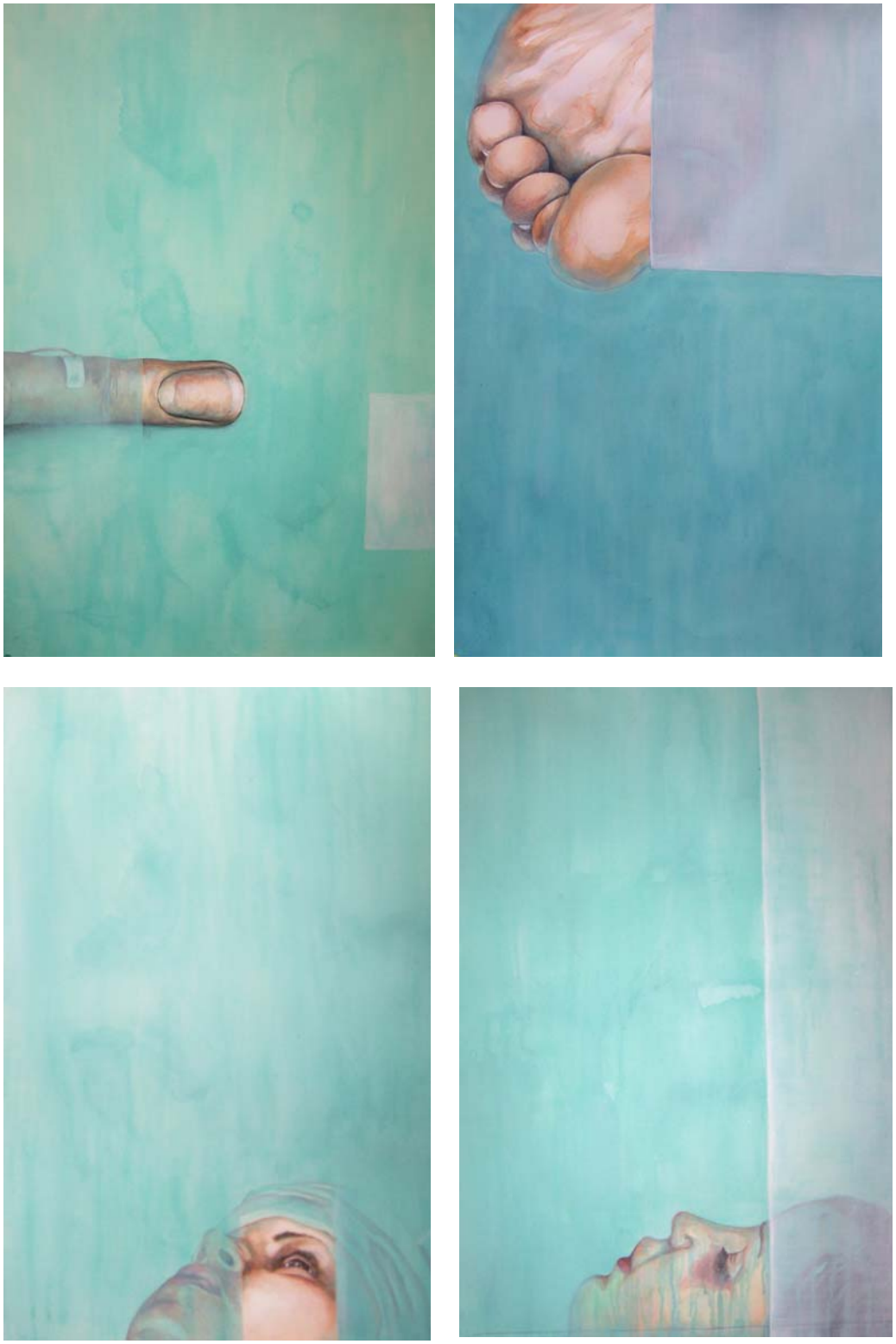


Figure 81-84. **Katrina Langdon.** *Untitled (studies for final exhibition).* August - December 2007. Watercolour, graphite and acrylic on paper. 76 cm x 52 cm each.

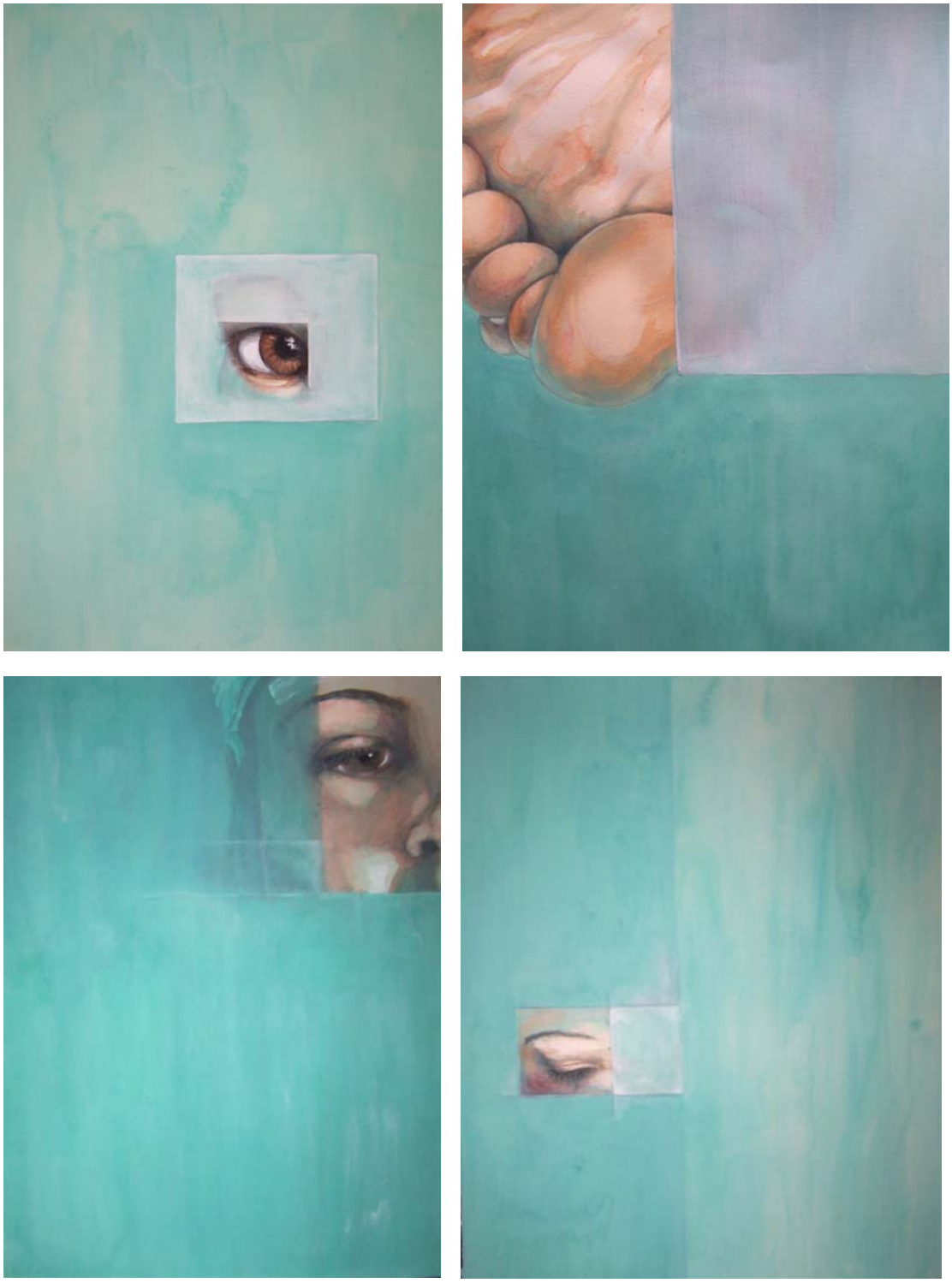


Figure 85-88. **Katrina Langdon.** *Untitled (studies for final exhibition).* August - December 2007. Watercolour, graphite and acrylic on paper. 76 cm x 52 cm each.

Final Work: *Crossing*

Figure 89. **Katrina Langdon.** *Crossing.* December 2007. Mixed media installation (paintings in watercolour, graphite and acrylic, on paper). 14 paintings, 76 x 52 cm each.

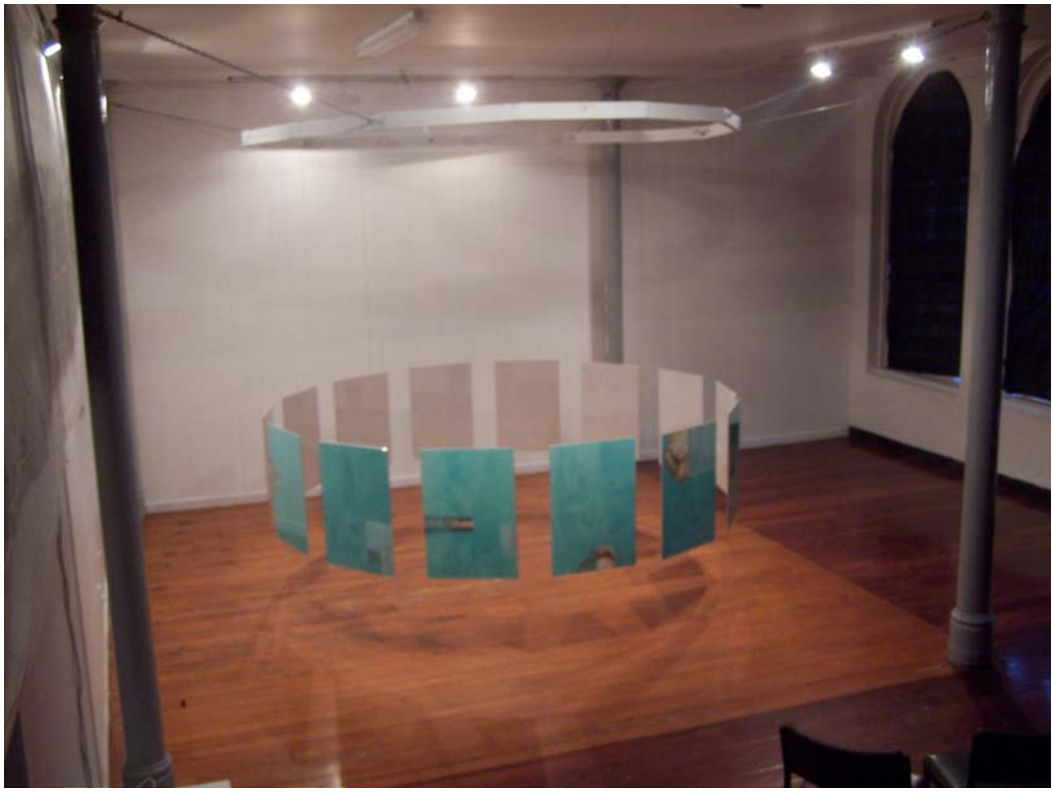


Figure 90. Crossing. December 2007. Mixed media installation (paintings in watercolour, graphite and acrylic, on paper). 14 paintings, 76 x 52 cm each.

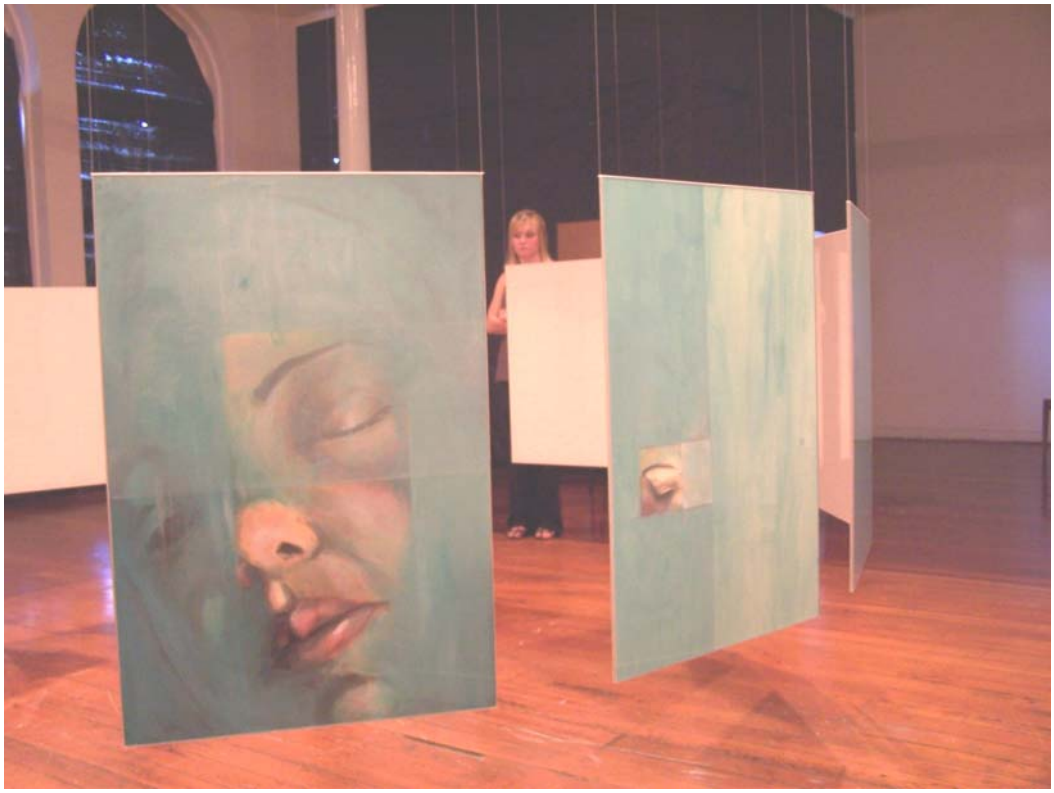


Figure 91. Detail of figure 88.

Figure 92. Detail of figure 88.

Figure 93. **Katrina Langdon.** *Crossing.* December 2007. Mixed media installation (paintings in watercolour, graphite and acrylic, on paper). 14 paintings, 76 x 52 cm each.

In figures 89-93, I have shown different aspects of the final installation entitled: *Crossing* (2006). Figure 89, shows an overall view of the installation with the paintings on paper sandwiched between two sheets of glass (as in medical slides), and suspended by transparent nylon from a frame attached to the ceiling. The overall diameter of the installation is approximately three metres.

Figure 90, demonstrates the kind of lighting under which the installation was meant to be viewed. Dim focussed lighting has been employed, in order to draw the viewer in close, creating a more bodily or personal relationship with the work. The room was first blacked out, and then a series of spotlights on dimmer switches were installed to provide a level of light that achieved a heightened sense of ritual and meditation. Simultaneously though, this lighting arrangement also suggested the lighting in medical theatres, and therefore again crossed boundaries of interpretation. The circular arrangement added to this feeling of a hospital theatre, as well as creating a kind of cubicle into which one was not permitted entry – referencing both the privacy of curtained cubicles in hospitals, and confession booths in churches.

Figure 91, is a close-up of part of the installation including (quite intentionally) a person to demonstrate scale. The scale of each work (76 x 52 cm) relates to the body when viewed from a close proximity. This creates a greater feeling of bodily involvement when viewing the work, and adds to the feeling of intimacy. The quite 'usual and uniform' scale of each work, was a deliberate decision, providing a relationship to the uniformity of paperwork documentation, which figures prominently in medicine, but also in religion.

Figure 92, illustrates the space between the hanging works and the floor. The works were intentionally hung, not at the usual viewing height, but at a height that would be appropriate if the viewer were kneeling. The reason for this is actually three-fold: if the viewer kneels, then this submissive pose begins to introduce a ‘religious or prayerful gaze’. If the viewer remains standing, but looks down, then aspects of the ‘medical gaze’ emerge (for example a doctor looking down on patient in bed etc.). In addition to this, the work could be understood as being hung at child-height, which introduces notions of the ‘mothers gaze’.

Fourteen works make up the installation, which is an intentional reference to *Stations of the Cross.* Conversely though, the installation is hung in circular fashion, eluding to ‘bodily form’ and therefore it is also a single work. The bodily aspect of the installation is important to its content, which is focussed primarily on aspects of the body. Because the paintings have been hung with nearly invisible nylon thread, they appear almost floating in space, and so again, introducing notions of ‘in-between’ space. Precariously suspended and encased in glass, they appear precious, fragile and vulnerable at the same time – qualities explored at length throughout the research process. In addition to its ‘bodily’ connotations, the work is also circular, in order to deny the usual wall-dependant and linear arrangement of prayer stations, and to introduce the masochistic, religious gaze created by the absence of a beginning or end (a never- ending meditation).

CONCLUSION

In this chapter I summarize and conclude my exegesis. This exegesis provides relevant discourse around my chosen position as an artist and researcher, involved with an exploration and investigation into the areas of medicine and Catholic religion, in relation to the human subject (or person).

In exploring the areas of medicine and religion through theories of the gaze, I have defined three perspectives from which my work is informed: The medical gaze, the religious gaze and the mother's gaze – which acknowledges the perspective of the researcher. In the 'space between' these three perspectives, I have developed an area of visual uncertainty, reflecting on theoretical opinions, current art practice and my own personal lived experience. I also expect new perspectives and perceptions to emerge as the viewer brings with them their own experiences and ways of seeing. Although this project is concerned with an inabsolute space, it has also been successful in defining, through thorough testing and elimination, the nature of this space, and the theoretical concerns that shape it.

Through this research, I have defined a clinical and objectifying gaze associated with medicine, a masochistic one with religion and a personal and holistic one with mother. I have then defined areas of similarity within these seemingly dissimilar gazes, and this has been one of the most important findings in terms of an exploration of subtlety and uncertainty.

The interest in, and glorification of the wound, the sterilisation and subduing of the depicted wound or suffering, and the interest in specimens, relics and keepsakes are all areas in which these usually separate paradigms become uncertain. The defining of similarities within the chosen paradigms has been an essential element, and through this I have able to produce work unburdened by the constraints of singular narrative, but narrow enough to avoid inaccessibility through an overloaded of information. The resulting artwork allows the viewer in to a kind of questioning, whereas earlier work tended to push the viewer out - through either utter confusion or overstated symbolism.

Thin acrylic washes and watercolour paints, were the mediums chosen for their subtlety, delicacy and their connection to bodily fluids, emotions and religious ritual. The use of watercolour as a medium is something that I consider to be an important and successful discovery in terms of connecting actual medium to meaning. The fluidity of the paint has become an important concept, something that had not been addressed at the outset.

Early work focussed on the wound in an abject or obvious way, and tended to allude to a kind of anger or violence, but this was not the desired result. In exploring the wound or affliction through medical science the approach is a careful examination or clinical fascination – not a blood fest. In religious paintings the wound is reduced to something that shows no relation to violence, but appears more like fascination or decoration. In both cases the wound appears to become almost ‘precious’ and not blatantly vulgar

This research project has not been undertaken with the intention of finding absolute answers to absolute questions, but with the intention of discovering alternative ‘ways of looking’ at familiar ground in order to discover fresh perspective. This has been achieved successfully through the breaking down of boundaries, and the resulting mergence and crossing that has taken place. In a heuristic fashion this project has constantly challenged my own preconceptions about religion and medicine, allowing the artwork to break free from the restraints of known symbolism and narrative. Comfortable (familiar) boundaries, have been blurred or softened in order to reveal a place intended to hold the viewers attention, through its elusive, uncertain, questionable qualities, and its invitation to engage in a physical and ritualistic way.

Through this research, I have also discovered ways to allow the painting to become part of a larger voice, allowing the context and entirety of the body (of work) to communicate in a visual and sensual collaboration. Although the painted image is traditionally viewed in a narrative or singular way; this research has opened up ways in which to view these usually singular ideas as a ‘whole’. This in itself, challenges the medical gaze and its tendency to divide. The clear boundaries between the separate disciplines of medicine and religion have also been crossed and the ‘space between’ which was sought, has been discovered through the art of subtlety.

One of the distinct advantages to beginning the project with very wide reaching concepts, is that the discarded concepts will become topics for later research.

Having come to the end of this phase of the research, I feel that it is really only just beginning, and that ultimately it has produced more questions than answers. To some this may seem like an unsuccessful outcome, but I believe this not to be the case. The particular path that I eventually explored with rigor, has, I believe been satisfied - but further to this, it has stimulated new curiosities, and uncovered other paths (to be explored). Questions actually become answers, when the question is “where to now?.” This project has provided not just the outcomes spoken of in this exegesis, but the basis for many more projects to come.

In re-examining the title *Crossing*, I am also reminded of the practice of crossing ones fingers behind ones back during a verbal fabrication. The research outcome of this project is somewhat similar to this, with its true identities all giving way to something true to none of its absolute identities, but unsettlingly calm in its fabricated and undefinable visual space.

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