The Female Experience of Cancer, Seen Through Art

Thesis

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By

Maria DiFranco

Graduate Program in Art

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Master's Examination Committee:

Professor Laura Lisbon, Advisor

Professor Dani Leventhal

Professor Michael Mercil
Abstract

My current thesis work is an exploration of the contemporary female experience with cancer, interpreted through my artwork, and based in part on my recent cancer surgery. In the fall of my first year as a graduate student, I underwent an unexpected surgery to remove a borderline malignant tumor from my right ovary. As a result, the afflicted ovary, fallopian tube, and omentum were also removed.

After my surgery I came to terms with my diagnosis by creating artwork that responded to my experience, exploring my physical and emotional pain, anger, spiritual bargaining, healing, and exploring public art projects through painting, drawing, and photography. In my studio practice I create installations, paintings, and performances informed by my research and personal narrative. My projects are designed to reflect various aspects of emotional healing, including the role of the support system during states of heightened vulnerability and loss of control, and activities that promote emotional healing.
Dedication

To my parents,

who have never stopped supporting me.

And to my loving partner Abel,

I am so lucky to have you in my foxhole.
Acknowledgments

To one of the most inspirational women in my life, my advisor and mentor Laura Lisbon, whom I want to thank for her generosity and unwavering guidance. She has been gracious with her time and has afforded me a positive experience through difficult times.

Laura has never faltered in her commitment to seeing me succeed as a student, educator, and professional.

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The entire faculty and staff in the Department of Art have made my Master of Fine Arts experience a memorable one. Their hard work has afforded me new experiences and opportunities.

A special thank you to Ann Hamilton and Michael Mercil. I will never forget the experiences I had at HamMer studios. I am also grateful to both of you for our conversations in my studio, your feedback has been invaluable.
Vita

2010................................................................. B.F.A. Major in Printmaking
Rhode Island School of Design

2013 to present ............................................. Graduate Teaching Associate, Department
of Art, The Ohio State University

Fields of Study

Major Field: Art
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CHAPTER 1: The Common Perception

"St. Jerome must have been thinking of a cancer when he wrote: ‘The one there with his swollen belly is pregnant with his own death.”

Susan Sontag, *Illness as Metaphor*, Pg.14

The common perception of women’s experience of cancer is shaped by the familiar metaphors "fight", "crusade", and "survive", frequently employed to increase breast cancer awareness. But for whom are these representations of disease? Cancer “survival” tropes convey a single story, and fail to encapsulate the narratives of many female patients, negating a range of emotional experiences. Worst of all, the conviction that women need to remain positive or adopt a militant attitude toward their disease in order to heal creates a dichotomy of winners and losers.

Thirty-five years ago, while undergoing treatment for breast cancer, author and activist Susan Sontag wrote the book, *Illness as Metaphor* where she challenges popular cancer tropes, "…people who have cancer are 'cancer victims.' Ostensibly, the illness is the culprit. But it is also the cancer patient who is made culpable." These commonplace metaphors that seek to empower, often appeal to those who rally around cancer patients; women with cancer remain voiceless.
My current research and artwork examine the contemporary female experience of cancer, based in part on my recent cancer surgery. In the fall of my first year as a graduate student, I underwent an unexpected procedure to remove a tumor from my right ovary. As a result, the afflicted ovary, fallopian tube, and omentum were also removed. After the surgery I felt violated. I was afraid I had lost control of my health, and I feared for my fertility. During my first two weeks of recovery at home, I searched for any available information about my disease and means of healing. I also spent time writing about my experience and reading books that examine the present-day understanding of cancer, including “The Emperor of All Maladies” by Siddhartha Mukherjee and the “Cancer Journals” by Audre Lorde. As I dealt with my own cancer journey, I was disappointed to discover only a few opportunities where women could cope with their individual experience without militant tropes; I repeatedly encountered the "fight" and "survive" metaphors that for me leave little to identify with.
CHAPTER 2: Initial Research

While researching artist interpretations of disease, I was mainly interested in two female artists who have dealt with their personal experience in their artwork: Frida Kahlo (1907-1954) and Hannah Wilke (1940-1993). Frida Kahlo is widely known for her paintings that depict her physical pain from surgeries and miscarriages. Kahlo's paintings, several of which were created from her bed while she was incapacitated, contain grotesque imagery and subject matter that allowed her to deal with the physical pain of her disease. While Kahlo is renowned for her strength and resilience, the images in her paintings seem to tell a different story, one of sadness, loneliness, and pain. Similarly, artist Hannah Wilke created work about her experience with cancer in 1992 when she was diagnosed with lymphoma. Wilke documented the last months of her life through a series of photographs entitled "Intra-Venus"; the self-portraits of Wilke portray the ravages of the cancer treatments on Wilke's body as she sits on a hospital toilet, and in another photograph strikes a classical pose. Neither Kahlo nor Wilke portray winners or losers. On the contrary, both artists encompass a complicated characterization of disease in their work, and remain rare examples of accurate representations of the female experience with illness seen in art.
Figure 1. Hannah Wilke: July 26 from *Intravenous*, KriZa Kahlo: *La Columna Rota*
CHAPTER 3: Post-surgery

Figure 2. *Untitled*, Digital Photograph, 2013

After my own cancer surgery, I came to terms with my diagnosis by creating artwork that responded to my experience, exploring physical and emotional pain through painting, drawing, and photography. The first few weeks I was home from the hospital, I felt compelled to document my bloated body and my raw scar. It was the only art I could make at the time; recognizing that I had just faced the most frightening moment of my life. I wanted to capture every moment of my experience with disease onward. The result
was a suite of photographs that depicted those initial, often negative, underrepresented reactions familiar to cancer patients. Generally suppressed are feelings of anger with your body; elf-blame; vulnerability; a sense of entrapment; and an attempt to take back control. Through photography, video, burning, and sewing, I have experimented with images, performances, participatory projects, and installations that evoke anxiety, vulnerability, and loss of control from my viewers. I continue to employ the photographs that I created in the first 12 weeks after my surgery.

Figure 3. *Laser Etching #1*, Laser Etching, Spray Paint, 2014
While a graduate student at The Ohio State University, I have had the opportunity to create laser cut imagery in the Design Labs in the Department of Art. Laser cutting takes mark making out of the artist’s hands, emulating the trust that exists between patient and surgeon. There is also a vulnerability to laser cut materials, as they often shed long after the initial burning. I attempt to carefully repair the laser cuts with sewing and patching, with the understanding that like a body, the piece will ultimately deteriorate. I have also utilized wood burning tools that allow me to destroy material as I create an image. Previous projects have included timed drawings that I created by burning the surface of wood, photographs, paper, and fabric to reflect on the slow growth of cancer and its irrevocable impact on the body. The action of burning evokes the violence enacted on the body by the growth of a neoplasm. Contrary to the laser cutter, I imitate a surgeon’s hand as I carefully mark the surface, evoking the penetration of surgical procedure. Both of these burning processes reflect the entropic (consuming nature) of cancer.
One of my first post-surgery pieces was entitled "Noiseless Growth", a photographic self-portrait depicting a video projection of a tornado moving across my torso. The image referenced the loss of control I felt as a cancer patient. I printed out this photograph and marked on the surface with paint, graphite, pastel, and charcoal. All the internal chaos I could feel rumbling inside of me was unfurled across the surface of the photograph which
depicted my body and the precarious tornado. Through this work, I question how we think about the suffering body and the language we use to talk about afflictions of the female body. This painting was the first of many artworks that consider the range of expressions of what it means to be a woman with cancer, from an autobiographical perspective.

Figure 5. Collage, Mixed Media, 2015
“Noiseless Growth”, along with a number of other works on paper, were ripped into circular shapes to create a series of collages pinned to the wall that begin in ceiling corners and became 3-dimensional structures as they cascade down the wall and onto the floor. The vibrant pinks, oranges, greens, and blues in each painting and photograph represent an over production of life that exists in cancer, contrasting the cascading shape of the collage which evokes nefarious growth. Each cell is made by ripping, spitting, burning and painting.

The following year I developed a performance entitled “Please Take My Spit.” This work responded to the various aspects of emotional healing that I continue to face. “Please Take My Spit” focused on the role of the support system (friends and family) during states of heightened vulnerability and loss of control. For this performance viewers (by invitation only) were asked to take one of 100 small paintings that were sealed inside of a transparent envelope and pinned to my clothing; I made each painting with my spit and a temporary ink. During this two-day, fourteen-hour performance, I noticed the reaction from most participants was analogous to the individuals in my life who felt uncomfortable and unsure how to treat me during my healing process.
The spit paintings represent disease as an abject affliction, and those who were willing to take a “spit painting” stood as the members of my support system, willing to take on the complicated challenge of consoling a patient. As the ink-spit painting faded over the course of 6 months, so did the memory of the performance, just as the emotional intensity during an affliction slowly fades during the healing process. This piece was an especially influential on my creative practice, that for me, brought my research to life.
CHAPTER 5: Creating a Personal Healing Image

In addition to my personal studio work, I developed a research project “On the Female Experience of Cancer.” This work brought my creative practice into the realm of social practice. The Internal Review Board (IRB) at The Ohio State University’s Office of Responsible Research Practices has approved my study that includes fieldwork, which examines the role of imagery in healing and coping among cancer patients. This fieldwork includes a participatory art project entitled “Creating a Personal Healing Image.” My first session with cancer patients at a Hospital was co-facilitated by Anne Harding, ATR-BC, Art Therapist at The Ohio State University, since, I have conducted five additional sessions with the support of a James Cancer Hospital Social Worker.

To recruit participants in the research study “Creating a Personal Healing Image”, current female cancer patients at the Stefanie Spielman Comprehensive Breast Center at the James Cancer Hospital were invited via email to engage in a cathartic art project in this free program where they were given art materials to abstractly describe their emotional state during their cancer experience. These women helped me to understand how imagery and the process of art making can play a role in drug-free pain relief during their disease and remission. The research aspect of the study focused on what colors the women chose to describe their cancer, what colors represented their healing, and how
they chose to compose their image after light instruction on how to use the watercolor paints. After these sessions, women shared their feelings of comfort in conveying their experience through the process of painting their emotional state. Participants in the research study “Creating a Personal Healing Image” make it possible to influence the public's view of a common, yet under-documented experience.

They will also positively impact the lives of other cancer patients, by sharing the “drug-free pain relieving images” they created in public installations and a book publication. The images created by cancer patients are to be published in a traditionally bound book and donated to local hospitals, where patients have a limited range of imagery to enjoy while sitting in waiting rooms. In the resulting book, each page reflects its creator’s emotional state. This book will provide female patients an alternative to more typical magazine selection, which often contain journalistic essays on health and beauty that are difficult subjects for cancer patients to encounter.
CHAPTER 6: Will You Wear My Body?

The artwork I exhibited in the MFA Thesis Exhibition at Urban Art Space includes 10 ponchos made from patches of my own personal-healing images, which include Rorschach versions of spit paintings, laser etchings, and my original digital prints of photographs taken the first days after my surgery. The photographs I employ in the digitally printed fabric communicate images of the aberrant women's body, depicted in both a sexual and medical context. This conflict prompts the viewer to challenge the
ways he/she thinks about the de-sexualization of the cancer patient. These ponchos are beautiful. The content shifts from body to pattern, and cutting to sewing. Some ponchos are burned, some stitched back together, narrating my journey as an oncology patient. The draping of the material evokes the body; the end goal is to create a push and pull with seductive colors juxtaposed with tactile repulsion. This work makes me as close to the viewer as possible as they are not only symbolically wearing my skin, but also my scar.

Through an inclusion of mirrors in the installation, I remind the viewer that ponchos are utilitarian objects as I invite people to “wear my body.” As the viewer participates, the artwork facilitates an understanding of the experience of a patient, as well as their own unique experience in a gallery setting. The poplar etched boards in the installation hold a quote by author Susan Sontag from her book *Illness as Metaphor.* This quote reminds views that we are all capable of empathizing with cancer patients, as we have all experienced sickness in our lives. The quote is only visible when the viewers are wearing the ponchos. The long smooth surfaces of the poplar boards are reminiscent of an operating table, as well as my bed where I healed.
In conjunction with the installation in the MFA thesis exhibition, I engaged in a
durational performance; wearing a piece titled, “My Dress”, which I hand made with
digitally printed fabric, that depicts an enlarged image of my scar. This performative act
lasted for the entire length of the exhibition. The dress became my public costume, a way
to honor those viewers who participated in my exhibition by wearing a strange or grotesque image. What I did not anticipate during this project was how much attention I would draw while wearing a body-sized scar surrounded by thick stubby hair. Aside from a number of scowls, no one engaged with me by asking about the dress.

My most embarrassing experience was wearing the dress at the Stephanie Spielman Comprehensive Breast Center at the James Cancer Hospital, while I received my final checkup two and a half years after my cancer experience. I wondered if other patients saw my dress, or if they were so immersed in their own experience, they didn’t notice. I wore the dress while I received my external and internal ultrasounds; I wore the dress as I listened to the heartbeat of my remaining ovary. Each wrinkle in the dress stands for these moments of reflection. My scent has impregnated the fabric, which contains my dead skin and body oils. Putting the dress on every morning made me think about my medical history more than ever. I realized that this was more than a durational performance. I not only wore this scar on the outside of my body while the MFA exhibition was on display, but the operation has permanently altered my experience of the world.

Wearing “My Dress” for a month helped explain some of the anxiety I observed at my thesis exhibition; when several viewers become overwhelmed while wearing my
ponchos. For these viewers, the gesture of wearing a scar-covered poncho was so powerful it became overwhelming. I observed one viewer put on a poncho, leave the area, only to return to my installation moments later to take off the poncho saying “I can’t do this.” I can understand the embarrassment that comes from the unwanted attention while wearing the poncho, but I also believe this emotion is aligned with the experience of patients who hide their illness from friends and family.
CHAPTER 7: Conclusion

There are several questions that are driving my research and artwork: (1) How do I create personal healing images for cancer patients? (2) How do I deconstruct the commonplace metaphors of empowerment? (3) How do I impact an audience that leaves them with a memorable understanding of the authentic female experience with cancer? Situating my personal experience within the context of art enables me to engage my questions within a critical tradition paved by artists such as Kahlo, and Wilke. What I contribute to the conversation initiated by these artists is the contemporary experience of cancer, presently homogenized by the insistent "fight", "crusade", and "survive" metaphors. Through my artwork I aim to call attention to the variety of sentiments necessary to understand the experience of a cancer patient, subsequently creating opportunities for new discourse around the perception of cancer, addressing the problem of representation. Without these opportunities, the range of experiences felt by the cancer patient remain invisible to caregivers. Approaching this issue is the first way we can reevaluate our understanding of it. My artwork is a unique approach to this understanding as it looks at the relationship between art, the human body, and the connection we all share - which is the experience of the body in the face of illness.
References


