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‘Only the Darkness Knows Who I Am’:

**Discourses on x-rays in the shadow clinic and how visualizing shadows contributes
to the possibilities of aesthetic empathy in the perception of the body in x-ray**

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Emily Clark

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Abstract

This thesis examines the discourses of x-ray images as they exist on-line. Throughout my research I apply both the stance of both the privileged *flâneur/euze* and the *badaud(s)* that have been identified as an ideological manifestation of the mass media since the early 20th century and established as characterisations of Euro-Western modernity (Shaya 2006). By examining specific case studies gathered from the resources of the World Wide Web, my thesis has worked to establish the existence of what I have called “The Shadow Clinic”. It applies methodologies that incorporate both subjective and objective viewpoints assigned to examine and provide analysis for, identifying an ‘empathic vision’ that might exist in the examination of clinical visual material. I have also investigated the possibilities of bringing to these images an empathic vision that incorporates both an aesthetic and semiotic analysis of the image along with an appraisal of the images’ effectiveness through narratives and responses. The basic premise is that images are powerful and demanding and the perspective of medical imaging technologies works like all other images to change our perception of ourselves as well as of our understanding of the world. Using the metaphorical, allegorical and physical entity of shadows as a visually potent, literally complex and politically charged manifestation, the methodological stance moves in between giving importance to the physical manifestation — or the quantifiable — and meta-physical — or qualitative.

Limited but unhindered by not being a radiologist, the authorial perspective is one of examination and analysis (rather than diagnostic) of images that have strongly impacted upon the visual world since the last century. Such images continue to produce concurrent social and cultural ambiguities — ambiguities that persistently exist between what is revealed and what is concealed.

Using the concept of “The Shadow Clinic”, this thesis demonstrates some of the plethora of discourses emergent through the visibility of x-ray imagery on-line and in addition to the more conservative approach of using medical material through the publication of academic papers and research, the space of the World

Wide Web is the space of the marketing, pedagogy, palliation and ministration. I have studied the workings of the Shadow Clinic, through the texts on the historical and political machinations of the Clinic by Foucault and Illich, as well as social and cultural theorist who concentrate on the place of empathic vision and clinical perspectives. This thesis particularly concentrates on the engagement with the aesthetic of empathy through visualization, and focuses on how shadows do the work of accentuating proximity and remoteness, the Body and embodiment.

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Contents

Abstract	i
Acknowledgments	ii
Contents	iii
List of Figures	v
Preface	x

INTRODUCTION

Reflections from the Shadow Clinic	1
------------------------------------	---

PART ONE: THE SHADOW OF THE CLINIC

Chapter One

Kept in the Dark	34
Reaching for the Light	37
The Strength of the Shadow in Metaphor	48
The Clinical Body Shadow and the Screen	59

Chapter Two

Dark Adaptation at the Interface	70
The Body Spectacular	79
A Vision of Empathy	84
Private Bodies/Public Anxieties	92

Semiotics and Roentgen Signs	100
------------------------------	-----

PART TWO: LIFE IN THE SHADOW CLINIC

Chapter Three

Spatial Shadows on the Internet	106
Heterotopias and Othering Spaces	113
Intersubjectivity /Interobjectivity in the Shadow Clinic	127

Chapter Four

Embodiment of the Posthuman Body	135
Desire for Dissemination with the Body Reborn	149 The
Appeal of Dark Subjects	164

Chapter Five

Iatrogenesis, the Good Death and its Palliation	175
Other Envisionings	180
Your Body - Your Shadow - Your Clinic?	190
Shady Projections	203

CONCLUSION

Traces of Exploitation	210
------------------------	-----

BIBLIOGRAPHY	219
---------------------	-----

List of Figures

- 1.1** Wilhelm Röntgen (1895) Inset photo: Radiograph of Berthe Röntgen's hand
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- 1.2** The hand of Berthe Röntgen (1896)
 [Retrieved from: <http://www.answers.com/topic/wilhelm-conrad-r-ntgen>] 40
- 1.3** The hand of Tsarina Alexandra, Empress of Russia (1898)
 [Retrieved from: <https://www.countway.harvard.edu/chm/rarebooks/exhibits/stones/stones4.html>] 41
- 1.4** The hands of King George V and Queen Mary (1898)
 [Retrieved from: <http://www.superstock.com/stock-photos-images/1895-24208>] 42
- 1.5** *Creation of Adam* by Michaelangelo (c.1511) 44
- 1.6** *Orpheus and Eurydice*, Christian Kratzenstein-Stub (1783-1816)
 [Retrieved from: <http://deanofspace.blogspot.com/2008/09/lyra-harp-and-legend-of-orpheus-and.html>] 47
- 1.7** *Peter Schlemihl* by Rachel Owen ©2008
 [Retrieved from: <http://www.rachel-owen.co.uk/peter%20schlemihl.htm>] 49
- 1.8** *The Corintian Maid* by Joseph Wright of Derby
 [Retrieved from: http://www.nga.gov/education/classroom/origin_myths/art_

- corinthian.shtm] 60
- 1.9** *A sure and convenient machine for drawing silhouettes* by Thomas Holloway (1792); An illustration for Lavater's *Essays on Physiognomy* (1792)
[Retrieved from:
<http://www.npgprints.com/image.php?imgref=79093>] 64
- 1.10** A skiagraph produced by the Mayo Clinic, California, US, in 1897
[Retrieved from:
<http://www.mayoclinicproceedings.com/content/84/6/492.full>] 65
- 2.1** *Men [sic] looking at an x-ray of a skeleton* Photo: Bernard Hoffman © LIFE magazine. The photo is credited as being taken in December 1868. I suspect it is another misprint and is actually 1968.
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<http://www.coulditbemadnessthis.blogspot.com/2008>] 77
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[Retrieved from: <http://www.nubar.com/realstock/h005-15a.html>] 81
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- 2.5** 'Some people think they see Jesus in this x-ray. Seems looking for him everywhere'

- [Retrieved from: http://80-i08.blogspot.com/2008_11_01_archive.html]
- 98
- 2.6** Same picture boosted x3 98
- 2.7** Same picture boosted x5 99
- 3.1** From *Hand Surgery 1st Edition* © 2004 Lippincott Williams & Wilkins
 [Retrieved from:
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 117
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 145

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152
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153
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155
- 4.7** Marilyn Monroe's Chest X-ray taken at Cedar Hospital, 1954
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156
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160
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[Retrieved from: <http://www.kevinmd.com/blog/2009/05/gratuitous-and-grisly-x-ray-images.html>]
162
- 4.10** X-ray of Albert Fish's pelvis (the right way up)
[Retrieved from:
http://www.neurocritic.blogspot.com/2009_08_01_archive.html]
165
- 167

- 4.11** X-ray image of torture of Filipino man to ‘expel evil spirits’
 Photograph: Courtesy of Hermann Vogel
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 171
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 206

Preface

I am not ill; I am not seen as well; and I know I am not normal under the techno-clinical gaze. X-ray images have revealed all of this to me.

This thesis project starts with my will to address two things — things that were uncomfortable to talk about: discourses of normality and discourses of death. I, like many others, was not born ‘normal’. In 1966, approximately two years after the first open heart surgery had been accomplished successfully it was I who needed that surgery. I would like to thank the staff at St Thomas’ Hospital in London for successfully carrying out that operation, and later in 1973-4, the staff at Great Ormond Street Hospital for completing the job.

In hospital again from 1985-6 it was discovered that I had non-functioning female reproductive organs. I listened to the nurses talking at length about *what they couldn’t see* as they were examining images of my interior. It wasn’t non-functioning reproductive organs that they were looking at, but non-existent organs. Between x-rays and ultrasounds, the images of invisible organs were not getting any clearer to them.

I wondered, then, how much medical imaging technology was guiding the clinical profession to look for things that they might recognise, rather than what was in front of them. When faced with an unfamiliar large dark area, their first inclination was to blame the technology, lack of light, failing power etc. The attending nurses had not been informed about what to look for but to take all their information from the image. Before they could pass the image on to the examining specialist, they would have to provide an appropriately instructive result. What looked to the nurses like blank spaces did not carry the appropriate clinical information, or so they thought.

Their allegiance to technology and its outputs meant that I was just an extension of their task at hand. It is amazing how easy it is to spirit oneself away out of a situation where you are seemingly not needed. It was not to be for some years that I understood that something crucial was missing. It was the relationship between

the reader of the image and the person imaged, one that we might now call an empathic relationship.

Interestingly, through this imagery, they found what they were looking for suspected ovarian cancer...it did not seem to matter that they could not find any ovaries. That was twenty years ago and the ambition in medical imaging at the time was identifying ovarian cancer.

I would like to take the opportunity now to thank Dr. Deborah Keleman, now a child behavioural psychologist at Boston University, who, when we were just fourteen years old and at school together, listened to my suspicions that I had been born with a very singular body and believed me. Many, older and 'wiser', did not.

This thesis, will explore how imaging in the medical field is not just a question of discovery and identification of disorder, but rather one of artful viewing practices that are bound to the laws of aesthetics and perception thereby furthering a process of empathic viewing. A confidence in viewing practices, I will argue, has a lot to do with the levels of empathy afforded not only in the relationship between those that look and those that are looked upon, but also crucially in the looking. This is what might be termed an 'empathic gaze'. Although it must be acknowledged that viewing practices in themselves have changed, as much as technologies have and are continuing to do so, I hope through this research to go some way to identifying some basic rules of envisioning which might contribute to the growing interest in medical imaging perceptions and their often peripheral contribution to medical relationships. The reader should be aware that the images that appear throughout this thesis might be considered disturbing. The author considered them so.