

PERFORMANCE ART: THERAPY FOR WHOM?

Beverley Levy and Michael Lumb

Introduction

This enquiry came about as a result of Beverley Levy spending a week watching performances and interacting with the artists during an international art event that Michael Lumb curated and performed in.¹ Much of the work prompted Levy – with a background of psychology, sociology and social work - to question whether performance art is therapy and if so, for whom.

The work of performance artists, at times, appears to reach deep into the emotions of the performer, becoming uncomfortable for performer and viewer alike and it is this that has led to spectators asking whether this type of work is therapy and questioning whether the performer derives some kind of benefit from the performance.

The methodology used here deliberately differs from the usual academic approach of art theory focusing on the work itself; rather it focuses on how the work affects both the viewer and the artist. It begins by looking at the intrinsic therapeutic value of art and explores the mental health of a number of performance artists. It looks at subject matter and performance strategies that might elicit a therapeutic value whether deliberately, on the part of the performer, or not. It explores the nature of the therapeutic impact of performance art for the viewer and/or the artist and seeks to establish whether even the most profound work of art may also be therapeutic.

Further, this paper expands on the theory that the artist may be reenacting some aspect of trauma or distress that is an issue for him/her and it may be that through the process of familiarity, or habituation (as it is termed by psychologists) that the emotional impact of the situation may become weakened for the artist. This is instantly an over simplification of a scenario that may apply sometimes, but invariably not. It would be difficult to say which performances were linked to past trauma, or compulsions, and the extent to which repetition of the performance or doing the performance at all was having an impact on the artist. This paper presents the questions, not the answers.

What is therapy?

In a professional context therapy is a contract, between the therapist and the client, whereby some goal directed activity is entered into on the part of the client to bring about a transformation. Within this formal definition the client may identify specific behaviour or a mood that s/he wishes to change, and which the therapist professes to be able to alter.

One of the underlying assumptions of therapy delivered professionally is that the contract will be time bound, in other words the therapy will go on over a specified period of time and some transformation in behaviour or mood will be expected during this time. Needless to say, working with people actually can never be so prescribed, and in reality they frequently elude timescales.

¹ TARDIS international, Ipswich, Suffolk. 3rd to 9th July 2006 curated by GRIP (Emma Johnson and Michael Lumb).

Art Therapy

It is important within the context of this enquiry to clarify that Art Therapy is an entirely different matter from the therapeutic value of art.

“Art therapy is the use of art materials for self-expression and reflection in the presence of a trained art therapist. Clients who are referred to an art therapist need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.”²

It is clear then that the purpose of Art Therapy is solely to derive benefit for the ‘patient-artist’ and that a viewer is completely irrelevant (with the exception of the therapist) as is the intrinsic artistic quality of the work produced and therefore a totally different intention in the production of the ‘work’ from that of the artist.

Why therapeutic? Intrinsic therapeutic value of the arts

In considering therapy, there is an implication that the work produced by the artist prompts a need. For something to be therapeutic there has to be a hiatus that requires therapeutic remedy and it is in this hiatus that much performance art points to a need for therapy. Christine Ross implies that contemporary art points to that need: -

“I argue that depression is more than just a feature of art at the turn of the twenty-first century...It is both a question brought to art and a paradigm in which art actively participates.” (Ross, 2006, p.xv)

Given this need, we must ask ourselves whether art could possibly provide help. Michael Corris has a view on a cure for the sickness of society: -

“When all other social practices come to grief, art will speak the truth.” (Corris, 2006, p2)

In his article on American art post 9/11 he goes on to say: - “All contemporary art ...comes to us first as a kind of public therapy.” This is indeed very optimistic for art and a serious challenge for artists to take on an immense responsibility.

In a much less ambitious, but no less important, way we can approach the question of therapy in terms of the general sense of well-being that can be generated by ‘good’ art in any discipline. Whilst this is not strictly therapy in the medical sense, it can be said to be therapeutic in that it generally lifts the mood, even if the person is already healthy and in good spirits. For many people, the arts in general are a great source of nourishment in their lives and being at a good concert or listening to a favourite CD can be mood altering. A ‘good’ concert leaves the audience feeling refreshed, enervated and most importantly more optimistic than they were before the start of the event: it lifts the spirits. It is for this reason that the arts could be said to have a therapeutic value and at this level it is undeniable that this is the case, whether it is to be found in dance; literature (we talk about a ‘good read’); drama; film; music or fine art.

² The British Association of Art Therapists: web site http://www.baat.org/art_therapy.html

This observation of an aspect of what can be gained from the arts, fits with 'some remedy alternative to the conventional' as described above. Given this view of the arts, there is every reason to assume that the same is the case for performance art. This enquiry seeks to explore and identify the therapeutic value in performance art.

What is performance art?

Performance art is perhaps one of the least understood art forms and the one that is least likely to be easily identified. Some clarity as to the nature of the practice is essential for a common understanding of the medium. Like all other art forms in these Post Modern times, it is a very broad way of working, from an overlap with contemporary theatre and or contemporary dance, to a purist form of time based live work that differs markedly from theatre in a number of ways and it is the latter that this investigation largely engages with. Primarily, we can say that performance art deals with the 'real' rather than the 'acted'. To that extent it explores issues without the performer assuming another identity. Similarly it tends to use objects rather than 'props' which may imply a simulacra. This eschewing of 'simulacra' extends to performed actions which means that any violence (the death of a character in a play for example) is not possible in performance art unless it were to actually happen. The lived-in body is the site of the artwork and in this sense the work that we are looking at relates far more strongly to the now outmoded term, 'Body Art' rather than to the current term, 'Live Art' which tends to include work beyond pure fine art.

In a play, the viewer has sympathy/empathy for the enacted emotions and can be deeply moved but ultimately is conscious that the actor is assuming the role. In performance art, the viewer witnesses the actual, as opposed to acted, emotional state of the performer.

Unlike with therapy, in performance art there is no contract between artist and audience, and no undertaking to alter behaviour or mood in either artist or audience. The audience may become distressed on seeing the performance, but it is a moot point whether this distress serves any longer lasting function.

Rejection by artists to allegations of their work being therapy.

It is usual for the artist to deny that they derive any therapeutic value from performing their work; indeed they are usually affronted by the very idea. The role of an artist is to engage with current debates about the nature of humankind and through these to show the viewer a new way of looking at things. It is for this reason that the artist is usually outraged at the thought that his/her work may be therapeutic: it seems to be a belittling of the importance, power and meaning of their work. It may be that contemporary artists, despite the enormous success of Tate Modern and the popularization of the Turner Prize, through the live television coverage, are insecure and still feel that they have to prove their seriousness. Performance artist Mel Donohoe has raised the question as to whether the very publication of this enquiry could be detrimental towards performance art as a form of art.

Is it not possible that art can operate as both therapy and profundity?

The need to identify with being an artist.

For many people of any profession, there is a need to be identified by that profession which they see as their role and when it is removed, they feel the loss. For the artist this is often perceived by them to be of vital importance. However, the continuance of the role is not necessarily beneficial to them if it is a means of escape, being a kind of role-play rather than the realization of an independent identity.

The sculptor Anish Kapoor is a perfect case in point and he has chosen to share his experience publicly in print. Following 15 years psychoanalysis after art school, he says; -

“Until then I felt that my work defined me, that if I didn’t work I’d somehow fade away, a terrible feeling that if I don’t fulfill this part of me, then I’m nothing.” (Deblonde, 2006, p47)

This would really seem to describe a deep-seated need to be identified and defined by the work, by the label, ‘artist’. However, he would seem to suggest that psychoanalysis allowed him to break away from this feeling to a much healthier situation: -

“Since I finished the psychoanalysis, I really remember that moment where I felt the work is the work, and me is me.” (ibid)

Kapoor is clearly signaling that he believes that preoccupation with the label ‘artist’ is not healthy, and that it is important to be able to differentiate between himself as an independent individual and himself as an artist. At least this is the case for Kapoor. Tracey Emin on the other hand sees art as her saviour and of course she is talking about her own practice rather than art appreciation: -

“It’s only art that has carried me through, given me faith in my own existence.” (Emin, 2005, p201)

It may be that for some artists, when art becomes a compulsive activity it becomes pathological and is not fulfilling. For example compulsive gamblers are said to be running away from a real identity and whilst Emin constantly addresses her troublesome past in her work, it might be that in so doing she is perpetuating a preoccupation with her difficulties rather than addressing them with a trained therapist.

Incidence of mental ill-health in performance artists and the therapeutic value of making (art)work.

It may well be that the tragedy that was the mental health of Vincent Van Gogh is only an exaggerated version of the price of the extreme sensitivity that is necessary in order to be an artist who can truly engage with his/her audience. Evidence suggests that mental ill health is frequently part of the history of artists in general and performance artists in particular, not least the Viennese artist Rudolph Schwarzkogler who, in 1969, died as a result of falling from a window in a mental hospital.³ Indeed, his very mental health problems have led to much confusion in accounts both of some of his actions and of his death. RoseLee Goldberg writes: -

³ In Paul Schimmel’s book, *Out of Actions: between performance and the object, 1949-1979*, the hospital is not acknowledged indicating that this may be yet another myth: - “Rudolf Schwazkogler dies after falling from a window of his apartment.” p364. Malcolm Green, in *Writings of the Vienna Actionists* states: - “the exact

“...his wreckage-like self-mutilations ultimately led to his death...” (Goldberg, 2001, p165)

This would seem to be an unsubstantiated assumption, unless she is referring to one of a number of myths surrounding his death and the mistaken belief that he died as result of one of at least two versions of very extreme and gruesome performances. It is fair though to acknowledge that the mental health of others is a particularly difficult area to be certain about. Francesco Alfano Miglietti writes: -

“...Schwarzkogler ... died ..., a suicide ...in the wake of a serious depressive crisis triggered by a drastic crash diet.” (Miglietti, 2003, p21)

Miglietti discusses the various mythical accounts of his death but his account does not recount his falling from a window. Miglietti continues: -

“...he [Schwarzkogler] achieved an indissoluble relationship between art and life, a life and an art in which pain, anguish and a sense of impotence constituted the dramatic and suffocating dimension of his creations. Art was for Schwarzkogler a ‘purgatory of senses and a detox cure’...”

Here, perhaps, we can see a connection with the life/working life of Van Gogh: for both artists their (art)work was absolutely essential to their well being but could also be said to have brought about their ultimate demise.

Ira Licht, writing in 1975 on ‘Bodyworks’ sees performance art as the: - “most significant artistic development of the 1970s” saying: -

“...the content of the performance is intimately involved with the artist’s psychological condition and personal concerns.” (Licht, quoted in Warr and Jones, 2000, p251)

This would seem to be incontrovertible and would indicate why Schwarzkogler’s subject matter was so extreme (for example, *Action 3: (untitled) Summer 1965* which includes images that appear to be of castration) but it throws no light on whether the practice is therapeutic for the artist. Mariellen Sandford writes: -

“He [Schwarzkogler] withdrew more and more into an internal world, which he finally dissolved by committing suicide.” (Sandford, 1995, p367)

And interestingly she writes: -

“His desire for absolute perfection did not permit him to execute any of his scores.” (ibid)

This strongly suggests that whereas he had a deep need for therapy, he was not able to find it in his work, in fact, on the contrary despite his obsession with his work.

More recently, Bobby Baker in an interview in *The Guardian* (Keating, 2006, p5) reveals that she has suffered from mental health problems and was diagnosed with border line personality

circumstances ... remain unclear. He fell from a window of his flat in Vienna, but it is uncertain whether it was suicide.” n.p. – footnote 100.

disorder in the nineties. Her performance work has often dealt with the humdrum routines of domestic life, for example *Kitchen Show* in which she explores the risk to the housewife of obsessive behaviour for the housebound woman. She says that (art)work is important to her sense of self and has made over 600 drawings: - "... about my experience with mental health problems." She talks of art giving her the confidence to cope with her mental health problems but is concerned that the more she works the more risks she takes. It is clear then that, unlike Kapoor, Baker continues to need her work to define her but it should be noted that her work, unlike that of Kapoor, deals directly with problems that she has faced and unlike that of Schwarzkogler, would seem to be therapeutic.

More recently – and perhaps uniquely - Baker has gone further than exploring her problems through her work, she has taken therapy as the subject matter of a performance. In *How to Live* (2004), Baker explores Cognitive Behavioural Therapy, focusing on the life of a pea, she portrays CBT as a spectacle.

Trauma re-enactment

Therapy deals not only with mental illness but also the legacy of trauma. Trauma reenactment is a much documented aspect of the legacy: -

"Many traumatized people expose themselves, seemingly compulsively, to situations reminiscent of the original trauma. These behavioral reenactments are rarely consciously understood to be related to earlier life experiences." (van der Kolk, 1989, p389)

Could it be that some artists are engaged in trauma reenactment? The extent, to which artists engage in trauma reenactment, whether consciously or unconsciously, can only be guessed at. It seems reasonable to conclude that Jackson Pollock was reenacting his arm, in childhood, dripping with blood and Joseph Beuys' repeated use of fat and felt reenacting his treatment by the Tartars in Russia is well documented. However, we are now uncertain whether Beuys ever experienced what he claimed (as with Schwarzkogler) leaving us uncertain as to what is fact and what is myth. In any event, with all three artists dead, we cannot know what therapeutic value, if any, these reenactments had for them.

Constantly harking back to a troubling event of the past could be said to be unhealthy and melancholic but, as Ross suggests, melancholia is far from unusual in art. She refers to: -

"...the tradition of the melancholic artist, and the troubling of this very tradition by its confrontation with depression." (Ross, 2006, p.xv)

The image of the crucifixion and the holocaust

Whilst some of the more extreme performance artworks may remind us of self harm, art also personalizes wider dominant themes such as those represented by politics or as here, religion. The abiding image that transgressive works may remind us of is the one that has dominated western art and is a focus for meditation for many people: the crucifixion, interestingly referred to by one Jew as 'that awful image of that man'. Whilst this comment may well seem to be insensitive to the feelings of Christians, it is nevertheless undeniable that the image is truly

awful. Taken out of the context of the Christian story and described as a picture of a man with nails through his hands and feet and a gaping hole in his side it sounds totally shocking and could be called repulsive. Susan Sontag writing about war photography in relationship to painting says: -

“The iconography of suffering has a long pedigree”... “It seems that the appetite for pictures showing bodies in pain is as keen, almost, as the desire for ones that show bodies naked.”(Sontag, 2004, p36)

The extent to which we are able to totally divorce ourselves from the true horror of the image of the crucifixion must remain a concern. Considering some of the performance works in the light of this image may well put them in a different complexion especially when we add to the image of the crucifixion the Eucharist; the consumption of the symbolic blood and body of Christ.

It is important to observe that performance art began to develop post the Second World War, and therefore post the holocaust and the horrific images of the atrocities that took place. It has been suggested that art is redundant post the holocaust: what could be more profound, more moving than the images from the death camps? Are the terrible images and our imaginings of the terrors not as indelibly imprinted on our minds as is the image of Christ crucified? With these images in mind, it is hardly surprising to find them almost imitated by some performance artists, indeed, it could be suggested that it would be strange if this were not the case. And yet, horrendous images are not a new idea in art as Sontag points out, particularly drawing our attention to the way in which Goya, through his titles, suggested that we might react to his images of *The Disasters of War* (1810) : -

“The ghoulish cruelties ...are meant to awaken, shock, wound the viewer ... With Goya, a new standard for responsiveness to suffering enters art...One caption declares: One can't look (*No se puede mirar*)...Another says: This is bad (*Esto es malo*)...another retorts: This is worse (*Esto es peor*) ...And another: This is too much! (*Fuerte cosa es!*) ... And another: Why? (*Por qué?*)” (Sontag, 2004, p40)

Transgressive subject matter in performances

If the old maxim that all the work that an artist produces is a self portrait is true, it is interesting to consider what this says about performance art given the large incidence of disturbing subject matter and actions in contemporary practice although perhaps it is the norm. Klibansky, Panowsky and Saxl refer to the artist as: -

“Always risking an excess of black bile but endowed with a predisposition to great accomplishment, the melancholy artist walks a narrow path ‘between two abysses’...” (Klibansky, Panowsky and Saxl quoted in Ross, 2006, p30).

Kuiper, Olinger and Martin refer to artists as having:

“... a personality type characterizing individuals who attempt to maintain a positive view of self by fulfilling unrealistic performance demands through hard-driving, work-directed behaviors.” (Kuiper, Olinger & Martin, referred to in Ross, 2006, p85.)

It seems at times as though the performance artist needs to punish him/herself. Like the adolescent self harmer believing that it is the only way to achieve 'a positive view of self'- albeit short lived. Donohoe speaks of the sense of relief felt by piercing the body that is not only experienced by those who have body piercings but is one of the secrets of the success of acupuncture. Sara Ross, an artist and experienced acupuncturist confirms: -

"In order to answer this, an Eastern viewpoint of the working of the body on a basic level is required-in as much as the pervading substance within the interior of the body, Qi (Chi or energy) is constantly present and circulating within the tissues. Thus the puncturing of the body by an acupuncture needle-whether or not it is in the correct location, on the channel or by means of cutting in self-harm has a similar action of moving the Qi and it is this movement which has the result of precipitating an emotional release and promoting a change within the mental and thus physical state of the person. (i.e. according to Traditional Chinese Medicine, illness is generally derived from an imbalance within the emotional body, thus leading to mental and physical disease)."⁴

Puncturing the body is perhaps best illustrated by the work of Franko B who has become notorious because he inserts catheters into his arms and drains his blood for a 'safe' period of time.⁵ Out of concern for his well-being, he limits the annual number of performances that he makes, but whilst he has considered the physical affect on his body, the psychological affect is a completely different matter and presumably unknown. The physical appearance of the artist is memorable: a large-framed totally hairless body, covered in tattoos with piercings and with a mouth full of gold teeth gives a clue to another aspect of the life of the man. Franko B also works as both a DJ (Disc jockey) and a VJ (Video Jockey), particularly in gay BDSM clubs. It is therefore easy to see how his chosen relaxation activity is an extension of his artwork and *vice versa*. Assuming that relaxation activities are chosen for the pleasure that they bring, we can conclude that the letting of blood has a therapeutic value for Franko B. If the works speak of the fragility of human existence, he does nothing to draw us into a relationship with him; he does not elicit empathy and appears to be experiencing no discomfort at all, indeed, he could be said to be impassive. This then further indicates that he derives some kind of pleasure from the business of blood letting as he presumably does from his visits to BDSM clubs. Other works further explore pain, for example sewing his mouth closed, but again in an impassive way. Franko B has talked of his troubled childhood and it may be that this has resulted in a kind of passive acceptance. Lynn Gardner, in the Guardian writes: -

"When a teenage girl repeatedly cuts herself we think it is time to call the psychiatrists; when Franko B does it we call it art. He turns his body and blood into a canvas and invites us to view it, not as a freak-show but as an object, a living painting, in all its vulnerable, ugly beauty." (Gardner, 2001, p13)

As Ross has asserted, artists are often by nature melancholic and it is interesting to note how Julia Kristeva talks about it in her book *Black Sun: Depression and Melancholia*. She talks of living melancholia (which she describes as a loss of someone or something) as a 'wound.' (Kristeva, 1989, p5) Whether the incidences of wounding in performance art are manifestations

⁴ Email, S. Ross to Lumb, 29.12.06.

⁵ For example *Still Life*, Colchester Arts Centre, 2006.

of a loss bringing about melancholia is a private matter but in the context of other signs of depression, it could well be the case. Kristeva goes on to talk of: -

“... the speech of the depressed – repetitive and monotonous.” (Kristeva, 1989, p33)

As we go on to discuss, most performances are mute and many engage in repetitive and monotonous actions. Elsewhere, Kristeva talks of:

“...an unveiling of the abject: an elaboration, a discharge...” (Kristeva quoted in Harrison & Wood, 1992, p1016)

This could well be applied to Franko B discharging his blood. The question remains however as to what affect it has on him and why he feels the need to do it, particularly as it is an extension of the rest of his life. We know that it is not only the puncturing of the body which has an emotional affect on the body (as we have already established) but also the shedding of blood as Sara Ross confirms.⁶ Whilst most artists work on subject matter that is deeply personal to them or of abounding interest, in the case of Franko B, it is as though his performances are simply a continuation of his private life rather than a separate practice.

In much the same way, Ron Athey's practice also relates strongly to his homosexuality. Whilst Franko B's formative years were spent in Roman Catholic Italy, Athey, from California was actively brought-up in the hysteria of the fundamentalist Pentecostal church in which his father was a preacher. Both artists to differing degrees and in different ways were surrounded by ritual and images of the crucifixion. Whilst Franko B's spilt blood can be read as the spilt blood of the Christ of his background, Athey does not forefront blood, rather, he inserts things into his body. Whilst Franko B appears to suffer little or no discomfort from the letting of blood, Athey (also heavily tattooed) takes a very different approach: -

“...I am an extreme performance artist ...I work on pain, suffering”. (Athey quoted in Miglietti, 2003, p45).

Athey makes reference to his deeply religious background: -

“In my work I feel the need to continue to act out this religious comedy through my characters, ...” (ibid).

This he has done both symbolically, for example by inserting twenty-five syringes into his arm and literally in his work; *Saint Sebastian Removed from the Stake*. (1997) We can ponder as to whether or not we should draw conclusions about parallels with activities in his extreme private life.⁷ His insertions of large objects into his anus during performances strongly suggests a parallel and that an element of pleasure for him is to be gained whilst he confronts the viewer – who may be horrified – with the habits of certain sections of society. However, for Athey there is more to his work than simply sharing his experiences and making people aware of other aspects

⁶ “Blood letting is a procedure of acupuncture, where a few drops of blood are drained from the body thus having a calming effect on the patient.” (Email, S. Ross to Lumb, 29.12.06.)

⁷ “I was a heroin addict for seven years, involved in destructive sexual practices: I contracted HIV and hepatitis C.” (Miglietti, 2003, p242)

of life, he deliberately critiques his experience of both the church and society. His blatant disporting of his naked body, again can be traced back to a reaction to his Christian up-bringing in that it relates strongly to the shaming of the body imposed by Christianity: -

“I try not to think most of the West has fallen victim to a sense of guilt concerning the body which derives from Christianity.” (Athey quoted in Miglietti, 2003, p240).

He goes on to comment on the way in which he perceives that the spectator responds: -

“Every spectator penetrates in to my own space with his or her personal history, their understanding of art, their images and their psychology. The responses vary, from expressions of pain to moral disgust to visual appreciation.” (ibid).

Undoubtedly, the reaction of the viewer will relate to their personal experience, but also to their state of mind at the time that they see the performance hence it may be that a work has a particular resonance for a spectator who is in a receptive state and is able to gain succour from a specific work.

Bob Flanagan was no doubt the most extreme artist working in a masochistic way as is horrendously exemplified by his nailing his penis to a stool.⁸ Flanagan was a self declared practicing masochist who experienced intense pain from cystic fibrosis which he suffered from throughout his life and which was to kill him in 1996. Amelia Jones writes: -

“... his self inflicted bodily transgressions had to do specifically with externalizing his pain and projecting it onto his observers with dominatrix Sheree Rose’s help through brutal acts of S/M.” (Jones, 1998, p229).

It is therefore clear that for Flanagan there was a definite benefit to be gained from his performances although one might ask why he needed them to be witnessed. Again we can turn to religion for a possible reason - the public image of worshiping in church, publicly declaring *mea culpa*.

“For Reik, masochism requires a witness and Christian masochism is the most extravagantly *exhibitionist* of all perversions, all of which have an exhibitionist element...” (Reik quoted in Jones, 1998, p327)

Flanagan addresses the question:-

“I got to experience Catholic guilt and confession, the Stations of the Cross, and the saintliness of suffering. I think I related my suffering and illness to the suffering of Jesus on the cross the idea that suffering in some way was holy” (Flanagan quoted in Rose, 1998, p326).

No doubt the experience of watching one of his performances would have been intensely harrowing but would perhaps have been saved from being considered self indulgent by his accompanying his masochistic acts with talking about his illness and relation to pain.

⁸ *You always hurt the one you love*, 1991, O.S.M. San Francisco.

Not all performance artists who experience physical pain in their actions share the enjoyment of the act that Franko B, Athey and Flanagan have done. Chris Burden appears to have explored pain purely in order to make performances, more in the manner of scientific experiments. Among a number of difficult works is *Shoot* (1971) in which he had a friend, who was a crack marksman, shoot him through the arm with a rifle. Later, in 1974, *Trans-fixed* involved him in lying in the crucifixion pose, with his hands nailed to the roof of a Volkswagen – one more example of a, in this case very clear, reference to the horrors of Christian imagery. Whilst it is certain that masochism was essential to Flanagan, it would seem that for Burden, these pieces can be seen as a masculine response to exploring the body as subject matter. Undeniably the works demonstrate a macho response, perhaps a response that is a result of masculine conditioning in the mid 20th century, in contrast to the approach of women performance artists to pain that we discuss later.

Performances that involve pain do not always focus on the pain itself as can be seen in the ritualistic suspension works of Stelarc in which he is suspended with 18 hooks attached to his body. At first site the spectator is confronted with the imagined pain of the work but as Stelarc has stated, there is difficulty in the pieces but that is not what they are about. As one becomes aware of the care with which the precise positioning of the hooks results in the body being lifted perfectly evenly, the extraordinary image of a naked body flying over a street becomes the more compelling image than awareness of the discomfort.⁹

Women and pain in performance

Female performance artists tend to enact their own pain in an entirely different way to the posturing self-harming of the most extreme male performance artists. The late French performance artist Gina Pane¹⁰ took an altogether gentler approach, for example climbing a ladder in bare feet with the rungs embedded with razor blades;¹¹ inserting rose thorns in her arm and cutting the surface of her skin with a razor blade.¹² These actions are small in gesture and understated in contrast to the more overt and macho works by male performance artists. It may well be that the relationship that women have with blood from their monthly menstruation means that pain and bleeding are so much a regular part of their lives that they have no need to explore it through their art except in what could be called a more lyrical way. Whilst they may choose to produce blood as part of their work, as in the case of Pane, it is in reference to their own natural bleeding. The performances of these women seem to elicit empathy rather than the revulsion which the more extreme males have produced.

Polish performance artist Ewa Swidzinska in her work *Salt and Water* (2006) deliberately put herself through considerable discomfort by drinking heavily salted water, an action which was brought to an abrupt climax by her breaking the bottle of salted water as her white shift slipped down to reveal the majority of her naked body, thereby seemingly to doubly expose her vulnerability. The many possible interpretations of the actions and images make the fact that the work coincided with the break-up of her marriage unsurprising. The question for us here is

⁹ For example *Street Suspension*, East Eleventh Street, New York. 1984.

¹⁰ 1939 – 1990.

¹¹ *Escalade non-anesthesie*, 1971.

¹² *Azione Sentimentale (Action)* Galleria Diagramma, Milan 1973.

whether she derived any benefit from the performance, whether there was a sense of catharsis, a feeling of release from her sadness, or whether it was a part of her on-going process of grieving.

Bosnian artist Marina Abramović has frequently explored difficulties, discomforts and hardships in her work, not least with *Rhythm O* (1974)¹³ - in which she submitted herself to whatever her audience chose to do with her - but her performances reach out to people in that she expresses emotional engagement with what she is putting herself through. In *Rhythm O*, Abramović was cut and had a loaded gun held to her head (admittedly she had provided the knife and gun among many other objects). That these things could have happened is a dreadful indictment of human nature which was to some extent redeemed by the performance being stopped by concerned spectators. Understandably Abramović ended the performance crying. Perhaps there is no better example than *Cleaning the Mirror* (1995) in which she: -

“... scrubbed endlessly at massive cowbones ...Increasingly bloody and distraught ...the artist s(a)nk uncontrollably into deep sadness ...” (Goldberg, 1998, p114)

The metaphor for the ethnic cleansing in Bosnia worked powerfully for the viewer and whilst Abramović was clearly deeply upset at the thought of what had happened to her mother country, this is quite a different experience from the very personal one that Franko B enacts in front of us, different for both the artist and for the viewer. With Abramović, we can engage, empathize and even experience her pain whilst with Franko B we can only watch and experience his apparent detachment. This is not however, to say that there is therapy for either Abramović or any of her spectators.

Orlan on the other hand can be seen to be confrontational and extreme in her exploration of cosmetic surgery, by undergoing operations on various parts of her body including her face.¹⁴ Whilst Orlan's work is shocking and brutal, it nevertheless mimics something that many affluent people do as a matter of course, presumably purely for the end product, rather than for masochistic pleasure. Predominantly cosmetic surgery is a female experience and the adoption by increasing numbers of males can be viewed as a feminising of men. Miglietti believes that Orlan:-

“...challenges the anaesthetized psychic mechanisms of the spectators.” (Miglietti, 2003, p174).

Even in the contemporary world in which we witness all too closely on our television screens the horrors that people are inflicting on each other around the world, Orlan's images of the skin being lifted on her face are too strong for many of us, even considering that it is an experience that many people long to go through – or at least they are prepared to in order to achieve the end result. Whilst Orlan's images are just as confrontational as those of extreme male artists, it is difficult to imagine that hers could bring her any pleasure; she believes that it is her duty as an artist: -

¹³ Studio Morra, Naples Italy.

¹⁴ For example *Opération Réussie*, Paris, 8 December 1991.

“Artists do not work on violence, but rather on the fact of violating those who look at their artworks. The prime function of the artist consists of reopening discussions, disturbing the gaze, the way of thinking, the ‘prêt-a-penser’. The artist is also a chronicler of his or her own time,...” (Orlan quoted in Miglietti, 2003, p175)

In Orlan’s work, the operation is not an end in itself, the work is not just about the horrors of cosmetic surgery, it explores the ways in which we are free to change our visual appearance.

Engagement with the audience

In all art forms it is essential to engage the audience, to capture their interest and to retain it for the duration of the work. Ross comments on this in terms of depression: -

“- not only what but also how art represents, how it addresses the viewer, how it says something about the subjective ramifications of depression, how it questions aesthetics and science in its apparent depressiveness.” (Ross, 2006, p.xviii)

This raises a number of issues that need to be examined and, importantly, she goes on to note the lack of verbal communication in most performance art, seeing it as a function of depression:-

“...a certain trajectory of contemporary art, one that has brought into the forefront of aesthetics what must be called a series of depressive enactments – an acting out of states of depression encompassing boredom, stillness, communicational rupture...” “Contemporary art ... performs the manifold rules of disengagement of depressed subjectivity: the withdrawal into the self, self-absorption ...” (Ross, 2006, p.xv)

The theatre, traditionally, in order to underpin the suspension of disbelief in the artificiality of the situation distances itself by totally ignoring the audience, inviting a voyeuristic situation. However, plays are always text based unlike the commonly mute performance artwork. The cast of a play engage with the audience at the end by taking a bow and the audience engages with the cast by applauding. This is in marked contrast to the performance artist who frequently distances him/herself by not only remaining mute throughout the performance but even eschews a curtain call, either remaining *in situ* until the spectators have gone (usually without clapping), or removes him/herself from view. The lack of applause can be read as an indication of reverence, much like the experience of a beautiful religious service which is not acknowledged with applause. This very reverence is often encouraged by ritualistic approaches to the construction of the performance. Historically, mute performances can be seen to be logical as performance art has evolved from, the inevitable muteness of, paintings and sculptures. Oliver Grau talks about distancing in terms of painting:-

“The screen convention of the frame that once served to separate reality from fiction is no longer operational.” “...a fragile core element of art comes under threat: the observer’s act of distancing that is a prerequisite for any critical reflection.” (Grau, quoted in Ross, 2006, p133)

Whilst we are not here discussing painting, performance art is however an extreme example of art that has totally shed its ‘frame’ but, rather than reaching out to its audience verbally, paradoxically seeks to engage through the apparent distancing technique of muteness.

Silence acts in some senses as a confrontational distancing because the silence of the performer mimics the convention of the proscenium arch and curtain of the theatre and recalls the muteness of the painting which engages solely through a necessarily mute image. Performance art invites a silence in the spectators, creating a tension which focuses on the muteness of the performer who is often suffering discomfort and yet clearly rejects assistance, signaled by the convention of the performance itself.

At times, performance artists will explore silence in other forms, for example by using prolonged stillness as a strategy for communication. Again, this can clearly be read as being dysfunctional. The work of Vanessa Beecroft epitomizes this stillness. Many of her performances involve a number – perhaps 20 – naked thin women, (she does not take part herself) usually looking very similar, with identical make-up and wigs and perhaps wearing high heels. *VB46* is a case in point.¹⁵ Typically, her performances last for two and a half hours and her ‘models’ are instructed not to engage visually with the spectators. Whilst the potential for the question of the ‘male gaze’ and the often apparent issues surrounding food and body image are all too apparent, the strategy of muteness and ignoring not only the spectators but in Beecroft’s case each other is a different issue. Again though, the very strategy used by Beecroft prevents any engagement with the women in front of us and would therefore seem to deny any therapeutic value for us although Ross talks of: -

“not only the pain of the performer but also the pain involved in the viewer’s very act of looking.”
(Ross, 2006, p53)

For the performers, the difficulties involved in wearing high heels, standing for hours and boredom deny any possibility of therapy, not least because the authorship of the work is not theirs. For the ‘author’ (artist) the subject has an important resonance because she has suffered from eating disorders that so often are implied in the bodies of her performers. It seems unlikely that the work has any therapeutic value for Beecroft although it must be observed that she continually witnesses the reenactment of her trauma.

Repeated actions and durational work

Whilst repeated action can bring about a meditative quality to work which could be seen to relate to Buddhist practice, it is difficult to ignore the fact that many durational pieces are anything but meditative in the usual sense of the word and are heavily overshadowed by the Protestant Work Ethic, so prevalent in the make-up of the West. Indeed, the whole mythology of the artist is of someone who is driven to work obsessively.

The role of an artist has been much discussed with the responsibility towards the spectator usually seen as to provide revelation or as Bell Hooks puts it: -

“[A]rt is necessarily a terrain of defamiliarization: it may take what we see/know and make us look at it in a new way.” (Hooks, quoted in Ross, 2006, p4)

¹⁵ *VB46* (2001) Gagosian Gallery, Los Angeles, U.S.A.

Although art, operating in the world can only comment on familiar currency, it can, by presenting it in an unfamiliar way bring about new understandings. Repetition is one of the strategies that has been used by performance artist in order to achieve this.

Repetition, often in the form of ritualized action, is a mainstay of much performance work: endurance work – durational performances - are a staple and frequent aspect of the work of many performance artists in which a task is often repeated over and over again. Ross refers to this as being indicative of depression: -

“- in the slowing down, near immobility, opacity, and looped repetition of the image, by which a loss of sense of time and relation to the other endows the relationship between the viewer and representation.” ” ... the deployment of new subjects...shaped by rules of disengagement, subjects mobilized by the repeated task yet concomitant fatigue of being a self without others.” (Ross, 2006, p.xv)

“...individuals putting a huge effort into actions that don't produce anything other than predictable repetition. This contrast is important: the effort is both huge and unproductive, and it is the very unproductivity of the repeated effort that condemns the individuals to isolation. The loop structure or cramped framework of the image contributes to this remoteness.” (Ross, 2006, p.xvi)

Ross raises a number of issues here. Ann Hamilton, in her performance, *Malediction*, (1992) spent hours each day over a period of four weeks, making impressions of the roof of her mouth with dough which could easily be read as an expression of depression. However, Hamilton was exploring the drudge of production line work and as such needed to make repeated actions in order to express her subject fully. It would be legitimate to ask why she felt that she needed to put herself through such a mind numbing task over such a long period of time and would be possible to conclude that only a depressive could have endured it and, what is more, in some kind of masochistic way. A depressive however would not have the motivation to complete such a gargantuan task. Whether Hamilton derived any therapeutic value from the comfort of mindless repetition is to be wondered at and perhaps should be considered with regard to her decision to prolong the work to such an extent which may suggest that she derived some comfort from it at least. Although for Hamilton of course it was a totally voluntary act, whilst for the factory workers it should be remembered that they were obliged to take a much needed job.

Mel Donohoe's recent work *Nailed* (2006) consisted of her nailing her hair to a door frame and floor, gradually cutting away at her hair, using blades kept ready in her mouth. Although this work had no real element of danger, it could be said to have been transgressive, or at the very least, to act completely outside current conventions of personal appearance. The repetitive action, over a period of some two hours, of attaching a fixer to her hair, nailing it to the frame and eventually cutting it off so as to free herself to reach another part of the frame or floor with other strands of her hair, recalls the often comfort-inducing rhythmic actions of people with mental health problems and yet she does not see it as therapeutic. Donohoe writes that, in therapy, she has

“... been instructed to alter my attitudes towards events, experiences and my perception, and this is something I do in performance (alter peoples distorted attitudes and perceptions) but I certainly wouldn't consider this to be therapy for me or the viewers.”¹⁶

Whilst Donohoe cannot know for certain how her spectators react to her work (except where they tell her, but even then, it is not safe to be certain that they are being candid), she is clear that although she has needed therapy herself in the past, she finds no therapeutic value in the performing of her works.

Therapy for the viewer

The strength of performance art lies in the impact of its everyday lived in reality, albeit that it is out of context, the spectator becomes implicated and affected merely by his or her presence. The uniqueness of performance art is the permission given to the viewer, indeed, the requirement, to observe, stare at a human being in close proximity. This mute engagement offers the chance for human connection and through that connection, a sense of identification with the struggle of humanity to empathize and perhaps experience a sense of transferred catharsis. Laura Mulvey has written about scopophilia – the pleasure in looking; - particularly she has looked at the fascination with the human form. In this case she is writing about the cinema in which the image is clearly and formally framed by the edges of the projected image, distancing us from the reality. She writes of Freud associating scopophilia with; -

“...taking other people as objects, subjecting them to a controlling and curious gaze.” (Mulvey quoted in Harrison & Wood, 1992, p966)

Clearly permission is given to gaze at the actor, be s/he in a play or film but not without the convention that frames and distances that is not present in performance art. In the same essay, Mulvey goes on to talk of how the viewer can identify with the idealised ‘movie star’, ‘his screen surrogate’. Identification is also possible in the theatre, but even more so when in close proximity to a performance artwork because of the usual informality of the physical relationship of the viewer to the performer, with the viewers rarely seated and frequently able to choose where to place themselves in relationship and proximity to the performer. This freedom of movement also enables the spectator to modify the impact of the performance on them according to where they place themselves in relationship to the action, unlike in the theatre or cinema where the only possibility is to cover the eyes and/or ears when something unpleasant happens as there is no freedom to move away from what confronts them.

Conclusion

It seems that images of pain and suffering are an enduring subject matter of art, whether it be of religious suffering or of war. Performance artists, who are also exploring pain, take the experience of painting and sculpture one stage further by inviting the spectator to witness personalized actual pain (ritualized into an artwork) not only live but usually as close as they wish to get to experience the event. Historically it makes sense that some performance artists would wish to explore this kind of subject matter. The willing spectator presumably watches as

¹⁶ Email, Donohoe to Lumb 06.08.06.

s/he would look at a crucifixion painting or images of war in an attempt to understand human suffering.

To deny that there are therapeutic aspects to performance art is clearly untenable. However, the shift that needs to be made is not so much to accept this undeniable fact but to realize and accept that it does not mean a diminution of the artistic importance of the work.

Few artists are genuinely indifferent to the reactions of their spectators and most performance artists desire that the spectator be moved by the work. Ross comments:-

“...art can be productive even if it succeeds merely in moving us.” (Ross, 2006, p.xxv)

This can be seen as referring to the more generalized benefits of a ‘good artistic experience’ as described above, although stopping short of being more specifically therapeutic.

BIBLIOGRAPHY

BOOKS

Emin, Tracey. *Strangeland*. (London: Hodder and Stroughton, 2005)

Goldberg, RoseLee. *Performance Live Art since the 60s*. (London: Thames and Hudson, 1998)

Goldberg, RoseLee. *Performance Art From Futurism to the Present*. (London: Thames and Hudson, 1979; 1988; 2001)

Green, Malcolm (ed) *Writings of the Vienna Actionists* (London: Atlas Press 1999)

Harrison, Charles & Wood, Paul (eds.) *Art in Theory: 1900 – 1990* (Oxford: Blackwell, 1992)

Jones, Amelia. *Body Art Performing the Subject*. (Minneapolis, USA: University of Minnesota Press, 1998.)

Kristeva, Julia. *Black Sun: Depression and Melancholia*, trans. Leon S. Roudiez (New York: Columbia University Press, 1989.)

Miglietti, Francesca Alfano, *Extreme Bodies The Use and Abuse of the Body in Art* (Milano, Itlay 2003)

Ross, Christine. *The Aesthetics of Disengagement: Contemporary Art and Depression*. (Minneapolis, USA: University of Minnesota Press, 2006.)

Sandford, Mariellen R. (ed) *Happenings and Other Acts*. (London: Routledge 1995)

Schimmel, Paul. *Out of Actions: between performance and the object, 1949-1979*. (London: Thames and Hudson, 1998.)

Sontag, Susan. *Regarding the Pain of Others*. (London: Penguin 2004)

Vergine, Lea. *Body Art and Performance The Body as Language*. (Milano, Itlay 2000)

Warr, Tracey and Jones, Amelia. *The Artist's Body*. (London: Phaidon Press, 2000)

NEWSPAPER & JOURNAL ARTICLES

Corris, Michael. *America Rising*, Art Monthly, November 2006. pp1-3.

Deblonde, Gautier. *Into the Deep*, The Guardian weekend, September 23 2006. p47

Gardner, Lyn. *Bloody peculiar Franko B: artist or masochist?* The Guardian Supplement 01.05.01 p13.

Keating, Matt. *Drawing from experience*, Work: Saturday Guardian, 12.08.06. p5.

van der Kolk, B. A. *The compulsion to repeat the trauma: re-enactment, revictimization, and masochism*. Psychiatric Clinics of North America 1989;12(2). p389.
(<http://www.cirp.org/library/psych/vanderkolk/>)

WEB SITES

http://www.baat.org/art_therapy.html