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**Exposing the ‘Quiet Trauma’: The Illness Narratives of Jo Spence**

A Thesis Presented

By

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Abstract of the Thesis

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According to trauma theorist E. Ann Kaplan, “quiet traumas” are events that are personal, and that do not effect the larger scheme of things. Jo Spence, a British photographer, processed her quiet traumas-breast cancer and leukemia-through art and brought them into the public sphere, in order for a collective witness and healing experience, with the concept of her works as being of therapeutic value for herself, as well as for viewers. This thesis examines a few of Spence’s photographs in tandem with her critical writings, as well as putting her works into an art historical context, being compared and contrasted to artists who did similar work, such as Hannah Wilke.

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## Acknowledgements

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## **Introduction**

What would you do if you knew you were going to live a painful and miserable life until you eventually die? Jo Spence examined illness, dying and death through her photography. She used her personal battle with breast cancer to better understand these dark, hard yet natural parts of life. Through this process, she questioned the body as property, the politics of the British health system, and her feelings about them. She attempted to answer questions such as: What is breast cancer supposed to look like? How does this disease make me feel? She used her camera as a ‘weapon’ to fight these difficult battles.<sup>1</sup> She also exhibited these works in order for others to view them, creating a type of therapy for both artist and viewer. I posit that Spence's work is a vehicle for what trauma theorist E. Ann Kaplan calls the “quiet trauma”-traumas that are personal, and that have a minimal effect on the scheme of things on a global scale, and that she opens up the quiet trauma into a successful social commentary through creating awareness and having others create new work.<sup>2</sup> The quiet traumas that Spence works on primarily are illness and death.

As these issues are discussed, I will tie in some photographs that strongly exemplify how her works make personal events a matter of social recognition. The photographs are taken from a variety of her projects, but they all deal with various facets

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<sup>1</sup> Patricia Holland, Jo Spence and Simon Watney, *Photography/Politics: Two*, (London: Comedia Publishing Group, 1986); 25.

<sup>2</sup> E. Ann Kaplan, *Trauma Culture*, (New Brunswick: Rutgers University Press, 2002); 1.

of illness, and the feelings stemmed from it. This reading of her works will also be complimented with Spence's own critical and biographical writings. In examining Spence's work, I will show how her processes create an interesting working-through of the previous issues. Comparing her with contemporaries that created similar work is also important for seeing how works like Spence's fits into the art historical canon. I believe that exemplifying Spence's work as both therapy and art in personal and social spheres gives a strong and clear voice to illness, dying and death, which are usually quieted behind clinical jargon, paperwork and negative stigmas.

Jo Spence was born to British working-class parents in 1934, and was a wartime evacuee in the during World War II. In the 1970s, her political and social concerns led her to the field of documentary photography. Her work was emotive and innovative from the start, and her subsequent diagnosis of breast cancer, and later leukemia, added another powerful layer to her work. After diagnosis, most of her work was therapeutic in regards to criticizing the healthcare system, as well as dealing with her own mortality. She passed away in 1992, but her work still travels the world today.

In general, Spence's work is haunting in the sense that her images are stark and raw, often showing her naked body, maimed by breast cancer. All of her images are affective, and depict how various emotions can intertwine within a visual frame. Sara Ahmed discusses Darwin and his view of emotion being primitive in her book *The Cultural Politics of Emotion*. One cannot help how they feel, and these feelings are indeed so primitive that sometimes it takes a while to name them; to figure out why and how they are functioning within one's self.<sup>3</sup> The first emotion that is felt upon viewing one of Spence's works is a jumping off point into analyzing oneself in the context of the

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<sup>3</sup> Sara Ahmed, *The Cultural Politics of Emotion*, (New York: Routledge, 2004); 3



frame in front of them, as well as how one fits into society (or class or gender) individually. These feelings can vary, and the experience can be a positive or negative one that takes the viewer on a tumultuous and emotional journey.

All of Spence's works are in what Avery Gordon calls the *fictive*—“The ensemble of cultural imaginings, affective experiences, animated objects, marginal voices, narrative densities, and eccentric traces of power's presence.”<sup>4</sup> Each work is a creative and fictional scene, but real voices and emotions come through each frame. Spence exemplifies the *fictive* through her experiences being transmitted through this type of photography. Overall, Spence was very invested in “something to be done”—meaning helping the collective ill and dying, through her pieces.<sup>5</sup> Awareness and healing was possible through viewing the work and feeling different emotions due to visual triggers. Because of this type of haunting experience, she takes her personal battles and makes them available to any group for a collective social experience. The haunting that can occur from these images fills the gap that Gordon also says occurs between individual and group. There is also a gap in terms of separating self from illness; to distinguish that one is not *the* illness, but that one *has* an illness. Cancer does not have to be a life imprisonment or a pending death sentence; it does not have to own a life even if it invades a body. Spence also writes on the viewing experience by saying that people invest in this ‘frozen moment edited out of time’, and that it is this ‘contradiction and tension that is so productive.’<sup>6</sup> The

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<sup>4</sup> Avery Gordon, *Ghostly Matters: Haunting and the Sociological Imagination*, (Minneapolis: U of Minneapolis, 2008), 25.

<sup>5</sup> *Ibid*; 183.

<sup>6</sup> Jo Spence, “Phototherapy: Psychic Realism as Healing Art?” In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 176.

photograph can act as a transitional object (via Winnicott) or a stepping stone (Spence) into knowing the self.

In the following passage, Jo Spence discusses her frame of thinking in terms of her working while being ill:

“I now think about photography whilst I am undergoing anything at the hands of others, particularly when I consider myself to be powerless. At the same time as I am trying to work out how to take photographs of what is happening to me, I also know that whatever I am about to photograph isn’t actually what is happening. That it is only the tip of the iceberg, because of censorship and self-censorship, and because you can’t show the structures which produce that situation. Nor can I show that. My perception of it will be different from somebody else also involved in it.”<sup>7</sup>

Spence uses her ‘weapon’ to help process what she is experiencing, and to give herself a small bit of control over a ‘powerless situation’. This is truly an example of visual self-preservation.

Photography helped Spence with retelling her stories, making connections with her memories as well as the relationships she had. Carolyn Kay Steedman writes that a story or narrative should “achieve a coherence and point which are the same for the hearer as the teller.”<sup>8</sup> For Spence, it is a fitting statement for her work. With quiet traumas, it is very likely that hearers (and also viewers) connect with what they see in the image. Spence writes that “photographs can help us to ‘unfreeze’, acknowledge what has previously been resisted and repressed, then let go and move on from the material being worked through.”<sup>9</sup> Her photographs are allegories of feelings and memories from

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<sup>7</sup> Holland, Spence and Watney, *Photography/Politics: Two*, 25

<sup>8</sup> Carolyn Kay Steedman, *Landscape of a Good Woman: A Story of Two Lives*, (New Brunswick: Rutgers U Press, 1987), 132.

<sup>9</sup> Spence, “Phototherapy: Psychic Realism as Healing Art?”, 176.

diagnosis forward, and with each creation there is hope of something being done to make the future easier to deal with. She photographs her scars and different personas as evidence of proof of her emotional experiences. This type of work has grown exponentially over the past eighteen years since Spence's death, with artists like Felix Gonzalez-Torres showing how disease takes away a body through candy sculptures that can be eaten. Also, many art students are now funneling trauma into their videos, sculptures and photographs. Amy Stacey Curtis' book *Women, Trauma and Visual Expression* stems from when she channeled her personal trauma into her artwork, and connects it to other artists inside and on the fringe of the artistic canon. (footnote this?)

Spence believed that there was no complete and true self, and that everyone had "many fragmented selves, each vying for conscious expression, many never acknowledged."<sup>10</sup> The aim of phototherapy is to work on processing the intangible emotions of these different fragments and makes visual manifestations of them. These internal thoughts and feelings are sometimes seen as mundane or 'everyday' in the larger scheme of things. Having the power and opportunity to label, externalize and deal with these thoughts and feelings is important for understanding the fragments of one's self. Combining and overlapping images while in this working-through process can help to bridge the gap between images and feelings, in that there can be a few emotional layers to one experience. Jo Spence also believed that memory was very important to consider while doing phototherapy. When facing these photographs, Annette Kuhn states in the introduction to *Cultural Sniping* that Spence's work "thus refuses to allow memory to keep to its proper, safe place in an imagines and closed-off past-or at most in a present

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<sup>10</sup> Jo Spence, "Excerpts", in *Spare Rib*, as quoted on <http://hosted.aware.easynet.co.uk/jospence/jotext2.htm>

inner life shared, if at all, only with one's closest intimates."<sup>11</sup> The works created shake the past loose into the present for remembrance, processing, externalization, and ideally peace. Photography helped Spence with retelling her stories, making connections with various memories as well as the relationships she had.

Before getting sick, Jo Spence was a documentary photographer, giving commentaries of society in art. Along with Terry Dennett, they created the Photography Workshop in the 1970's. Through unpublished notes on this time period, Dennett writes about postwar Britain and there being a need for reaction against wartime authoritarian society. With the Photography Workshop they were able to bring photography to all kinds of people, and let them experiment in their own surroundings.<sup>12</sup> She was primarily an activist for political and social rights, due to being surrounded by working-class parents and other adults growing up. After being diagnosed with breast cancer in 1982 her activism became personal. She used photography to expose the reality of the medical field being unfair and inhumane. Spence wanted to use her work not only as personal phototherapy but to engage society in being aware of problems within the health industry. In having others respond to her work and possibly create new work, it would keep this discussion going on a public level. In the midst of her illnesses, she said she "wanted to learn "how to turn my illness into something useful."<sup>13</sup> The cancer attempted to take her personage and soul away. She says "Inside the hospital I was reduced to my disease, to

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<sup>11</sup> Spence, *Cultural Sniping*, 19.

<sup>12</sup> Terry Dennett, Personal Communication, April 6, 2010.

<sup>13</sup> Jo Spence, "The Artist and Illness: Cultural Burn-Out/Holistic Health!," In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 212.

the part of my body where it was apparently located...”<sup>14</sup> When Spence was forced inside of her illness by doctors, she needed to break away from that, and photography was her way out. For Judy Weiser, the founder of the Phototherapy Centre, photographs can “serve as natural bridges for accessing, exploring, and communicating about feelings and memories.”<sup>15</sup> The work made from any session is primarily used as intrapersonal communication rather than art, but is a feasible secondary use. The process of creating and talking about the creations are usually more important than what is actually created.

While she had others in mind after creating the work, she had to keep herself and her needs and wants in focus. She writes, “It is important to understand that all work starts from a position of safety and privacy. If it is later deemed to be *useful* for sharing, then any work can be lifted out of the ongoing flow and used in campaigns, for educational purposes, or as ‘artworks’, where they will take on very different meanings depending on the context in which they are used.”<sup>16</sup> Making any of these images public can open up a viewer’s own memories and repressed feelings and be made aware of them in order to be freed of it. This freeness is also important to Spence before she even makes the work public. She writes, “If a trauma I’m representing is fresh and I haven’t had a catharsis or any kind of insight or resolution from the trauma, I am literally putting my trauma on the wall. It isn’t an interpretation: it’s the trauma itself or an extension of it.”<sup>17</sup> Having traumas not processed in the public eye can be dangerous because if people criticize it, one can internalize those criticisms and take it personally.

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<sup>14</sup> Jo Spence, “Body Beautiful” in *Photography/ Politics: Two*, 139.

<sup>15</sup> Judy Weiser, “Phototherapy Homepage,” *The Phototherapy Centre*, <http://www.phototherapy-centre.com/home.htm-also>

<sup>16</sup> Spence, “Phototherapy: Psychic Realism as Healing Art?”, 166.

<sup>17</sup> Spence, “The Artist and Illness”, 214.

Spence reinforces her work when she says, “Clearly as psychoanalysis is the ‘talking cure’ then phototherapy could conceivably be the ‘seeing cure.’ It should become a priority to work to find ways to produce new photographs which can begin to address the silences, absences and disavowals that are continually being dealt with in therapy.”<sup>18</sup> However, there is a paradox surrounding phototherapy. Spence tells of a ‘double bind’ of photographers out there trying to illustrate problems in the world, while also needing validation from it. She simplifies this by saying about her own work: “Please validate me for being critical of your class and your power!”<sup>19</sup> When reflecting on her own methods, she sees herself as “a system of signification which can be recorded,” in which she can be both a mediator and a subject.<sup>20</sup> She also uses the term ‘split subject’ when talking about the various sides to a person, stating, “we can and do inhabit different (and often contradictory) positions within different discourses at different times.”<sup>21</sup> Spence also writes, “I actually want later to be able to go over the experience again and use the photographs as a kind of touchstone to remind me that it is *not* all that happened.”<sup>22</sup> Her ‘touchstone’ could also be known psychoanalytically as a trigger; and as this works for her, it can also work for others. Seeing a breast marked up before mastectomy shows that it is a part of the process, but the viewer knows that there is more than that, the actual

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<sup>18</sup> Jo Spence, “The Politics of Transformation: The Female Gaze” In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 150.

<sup>19</sup> Jo Spence, “‘Could Do Better’...Towards a Personal and Political Theatre of the Self?” In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 159.

<sup>20</sup> Jo Spence, “What did you do in the war, Mummy? Class and gender in the images of women” In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 44.

<sup>21</sup> Spence, “The Politics of Transformation: The Female Gaze”, 147.

<sup>22</sup> Holland, Spence, Watney, *Photography/Politics: Two*, 25.

cutting of flesh and cancerous cells. The following is an excerpt from one of Spence's workbooks, it describes a primary emotion—guilt, and how she processed that:

The story of my life Guilt

Guilt only in relation to the demands and expectations of others— a socialized category ——— fuck socialized expectations is what I say. If the government gives a soldier permission to kill—soldier has no guilt but may even feel proud of the murders he has committed. Giving permission is the key here - I can also give myself permission — and to others if they are convinced that I have the authority to give permission. The Therapist as a permission giver for people who cannot give their own permissions

The concept of permission is key to being able to open up the self and work through the many emotions and thoughts it has. Spence had to give herself permission to start labeling her emotions, to start processing them through photography. As she helped others with phototherapy, she could give them permission to start processing as well.

### **The Works of Jo Spence**

When she was first diagnosed, the doctors suggested a full mastectomy. Spence refused and instead opted for a lumpectomy. “Its most dreaded consequence, short of death, is the mutilation or amputation of part of the body”, says Sontag.<sup>23</sup> Spence had to face this dreaded consequence, and chose the lesser of two evils. A question that Spence grapples with is: Once a body part is removed, is it still yours? Before her lumpectomy, Spence photographs her body before it is changed forever. In *Property of Jo Spence?* (year) She stands stoically, with her top half naked. Her left breast says ‘property of Jo Spence?’ the underside of this breast is also taped up and ready for surgery. She writes

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<sup>23</sup> Susan Sontag, *Illness as Metaphor*, (London: Penguin, 2002), 15.

that it is “a pre-operative talisman to remind me I have rights over my body.”<sup>24</sup> It is interesting that the property tag is on the part of the breast that she will retain. Sontag said that cancer is considered to be de-sexualizing. Cancer of the breast seems to be especially de-sexualizing; the cellular invasion of a part that physically and sexually defines a woman.<sup>25</sup> It is logical to want to hold onto that. Spence’s desire to keep her cancerous part was mostly a “desire not to be a part of medical science.”<sup>26</sup> She wanted to help others through photography rather than a scientist analyzing her cells. Sontag also says, “As long as a particular disease is treated as an evil, invincible predator, not just a disease, most people with cancer will indeed be demoralized by learning what disease they have. The solution is hardly to stop telling cancer patients the truth, but to rectify the conception of the disease, to de-mythicize it.”<sup>27</sup> Since the workings of cancer are unknown and by no means easy to deal with, they are blown out of proportion as a painful death sentence. It takes away sexuality, morality and self-worth. It does not have to be that way.

There are not many images of the actual doctors taking care of Spence, just a few far away while the doctors and interns are making their rounds, making presentations out of ill patients. In my experience as a photographer/caregiver, I almost made sure the professionals were not around in order to focus on documenting the solitary suffering of my parents. When the occasional nurse came by, no one stopped me or questioned my photographing. My parents were also aware of my photographing, and they also didn’t

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<sup>24</sup> Holland, Spence, Watney, *Photography/Politics: Two*, 27.

<sup>25</sup> Sontag, *Illness as Metaphor*, 12.

<sup>26</sup> Holland, Spence, Watney, *Photography/Politics: Two*, 26.

<sup>27</sup> Sontag, *Illness as Metaphor*, 7.



question me because I was just doing it for school, in their eyes. Spence herself did not photograph in front of professionals often, but she did recall feeling as if they were on guard about making mistakes. The camera would make them liable for anything gone wrong.<sup>28</sup>

In the mid to late 80s period Spence was working with Dr. Tim Sheard, a psychotherapist who works with a British cancer charity. He had been a doctor of Jo's, until she decided to collaborate with him through phototherapy<sup>29</sup>. She writes that "the results were very painful, particularly those prints which showed the ways in which my body is not only badly scarred and damaged, but also aging, overweight, and deteriorating...I am also the sum total of all the other fragmentary selves which have come to light in the therapeutic process."<sup>30</sup> *Narratives of Dis-ease-Exiled* (1989) shows Spence standing with a hospital gown open to her naked body. The upper half of her face is cut off in the frame, but the visible area shows her face hidden in half of a white mask-like the scarred phantom of the opera. She has the word MONSTER written in black marker, but it looks gray, as if it was in the process of being scrubbed off. With both breasts exposed, one can see how much of the left breast was cut off during the 1982 lumpectomy. Spence writes, "That's how I experienced myself as a cancer patient: monstrous to other people: How dare you talk about it. I can't bear to hear your pain. I might get cancer!"<sup>31</sup> She felt contagious, and people distanced themselves from her as if

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<sup>28</sup> Holland, Spence, Watney, *Photography/Politics: Two*, 25.

<sup>29</sup> Terry Dennett, Personal Communication, April 6, 2010.

<sup>30</sup> Jo Spence, "Identity and Cultural Production: or deciding to become the subject of our own histories rather than the object of somebody else's" In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 134.

<sup>31</sup> Spence, "The Artist and Illness", 211.

she was. Most people cannot deal with others actively dying—even though coincidentally we are all doing it. It was not only beneficial for her therapeutic health, but also for social health, for people to see how cancer patients really look and feel, and to be aware and sensitive to that. Underneath all of the scars and words and masks, there is a human being under there that deserves to be loved and respected. The lighting in *Exiled* is harsh, casting refined shadows on Spence's left breast. The way she is holding her gown open is likened to drawn back curtains. She is showing a macabre scene in a theatre—perhaps the reason for the mask? She is putting a spotlight on her scars, and how she feels like a freak, in exile because of having cancer.

Within her *Narratives of Dis-ease* series, *Excised* (year) is another striking image. Here Spence is standing in her closed hospital gown, looking down at a dressed teddy bear. The point of view is bird's eye-poised above Spence making her look smaller, more vulnerable. The teddy bear is a symbol of childhood comfort, and perhaps Spence feels that vulnerability and wants someone bigger or stronger to comfort her during a rough patch of the illness. She went from being an exposed monster to closed and vulnerable. She is continuing to show all the fluctuating feelings of having this disease. In some of her notes on the project, Spence writes about creating a 'road map of illness', and this is important to her other aim for the work—for it to reach others. She writes: "others have passed this way who are but who are they didn't leave a map—note I MUST LEAVE A MAP—others will follow me."<sup>32</sup>

*The Picture of Health?* was a phototherapy series done in 1984 to reconcile Spence's health problems. It was a mix of photographs and documents, both narrating

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<sup>32</sup> Terry Dennett, Personal Communication, February 25, 2010.

Spence and her family's health issues. For this series, she worked with Rosy Martin, a woman who was a co-counselor with her in a female counseling program. The photographs critique the 'cancer industry' and how to fight it/them? This also includes how to mix orthodox and alternative treatments, and surviving.<sup>33</sup> In this series, Spence solidifies how hard the struggle is to stay afloat in the land of the living when outsiders only understand either being healthy or near dead, not what happens in between those two poles, the actual struggle.

The work *Infantilization* (1984), from the series shows Spence wearing a baby's bonnet with a pacifier in her mouth. She is wearing a hospital gown, instead of infant clothing. Her face is twisted into a scowl, with the pacifier covering an important part of the expression. Her eyes are wide, with a hint of defiance in them. She felt bullied, passed over like a child as she went through the illness. She was passed through the health system as a number, had no real say about her treatment, and she interpreted this by quieting herself with a pacifier, something that works for defenseless children, but her eyes say she is anything but. While working on this series, she wrote: "I discovered that one of my major defensive strategies was to hide my overwhelming feelings of shame. Shame of my 'ugliness,' of my deformed and injured body, of my inability to carry on 'being successful', shame of my inability to perform while I was ill..."<sup>34</sup>

Sara Ahmed describes shame as an emotion that covers and uncovers. Spence is ashamed of her body, so she hid it. At the same time, it is feeling exposed that also breeds the shameful feelings. In terms of shame, Sontag writes, "cancer is notorious for

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<sup>33</sup> Jo Spence, "Identity and Cultural Production", 132.

<sup>34</sup> Jo Spence, "Could Do Better," In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995),158.

attacking parts of the body (colon, bladder, rectum, breast, cervix, prostate, testicles) that are embarrassing to acknowledge.”<sup>35</sup> She had wanted to “document the procedure of being ‘processed’ through the hands of the medical profession,” and used her camera as a “third eye, almost as a separate part of me which was ever watchful: analytical and critical, yet remaining attached to the emotional and frightening experiences I was undergoing.”<sup>36</sup> Spence was losing her sense of self and needed to reconcile with it apart from the illness. Doing phototherapy was beneficial for Spence, because it validated all of her fluctuating feelings.

In the years that followed this work, Jo Spence was diagnosed with leukemia, another setback in the battle with her body. *The Final Project* (1991-2) was a documentation of her condition, again using phototherapy to deal with death. As she got weaker, she resorted to doing double negative special effects photography, in order to “get to know death.”<sup>37</sup> This disease did more damage to her insides than the outsides, which made dealing with it harder. Spence writes, “I’m dealing with an illness that is almost impossible to represent. I have not the faintest idea how to represent leukemia except for how I feel about it.”<sup>38</sup> Terry Dennett, her collaborator for this last series still lives on, and gives compelling feedback to the work over a decade later: “I can see this project was our unconscious was of dealing with the fact that, after working together for over eighteen years, we would not see each other ever again...We also learned to

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<sup>35</sup> Sontag, *Illness as Metaphor*, 17.

<sup>36</sup> Spence, “Identity and Cultural Production” in *Cultural Sniping*, 130.

<sup>37</sup> Jo Spence, “The Final Project,” In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 222-3.

<sup>38</sup> Spence, “The Artist and Illness,” 215.

consider death as another stage of life. Few of us are afraid of life, so why be afraid of death, which is a normal, natural, and inevitable process?”<sup>39</sup>

The *Death Rituals* diptych of this project focuses on what happens to the body after death. The images depict two people, decayed away to skeletons, one laying in a casket with flowers on one side, and the other laying on a dark surface surrounded by a wreath. The skeletons’ mouths are open, as if one could expect a sound from their lips had they been alive—perhaps a sigh or scream. These are simple tableaux that hide nothing about the eternal quiet of death. Jo Spence had been preparing well for leaving this world with no regrets in 1992. Even though these are the first images without Spence physically in them, the viewer knows that the idea of death is key. Sontag argues that the good death is “the sudden one, best of all if its happens while we’re unconscious or asleep.”<sup>40</sup> If this is so, it is partly because society cannot deal with loss of a loved one in death and it is easier to avoid dealing with it altogether.

In Spence’s *vanitas* scene, it appears that she wants to make the corpse alive in the frame, to give it a personality, through its silent wide-mouthed scream. It seems to represent “not so much the dead as the once living, juxtaposed with the needs of the yet living.”<sup>41</sup> Sarah Webster Goodwin and Elisabeth Bronfen state, “Representations of death necessarily engage questions about power: its locus, its authenticity, its sources, and how it is passed on.”<sup>42</sup> Spence’s main problem in representing dying from leukemia is that

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<sup>39</sup> Tina Takemoto, “Remembering Jo Spence: A Conversation with Terry Dennett,” *Afterimage*, Mar./Apr. 2009, [http://www.entrepreneur.com/tradejournals/article/196399282\\_1.html](http://www.entrepreneur.com/tradejournals/article/196399282_1.html)

<sup>40</sup> Sontag, *Illness as Metaphor*, 8.

<sup>41</sup> Sarah Webster Goodwin and Elisabeth Bronfen, *Death and Representation*, (Baltimore; London: Johns Hopkins University Press, 1993), 7.

<sup>42</sup> *Ibid.*, 4-5.

there were no external traces of the disease; she was dying from the inside out. She could not document any progression of the disease—it was invisible. She was losing some of her power she had while photographing her breast cancer. While we have no control over death, we can make dying more of a present event, and less unknown and scary. We all struggle with these types of feelings and thoughts personally and as a collective. Elizabeth Heyert deals with this notion specifically in her series *The Travelers*. Her subjects were photographed in a Harlem funeral home, post-mortem. She was able to get a sense of them as they once were before they were laid to rest. No matter what their lot in life was—be it a priest or a prostitute, they were photographed with respect and in peace. Although death here is represented literally, it is with serious sentiment behind these sensitive photographs.

Charcot's idea of an 'optical unconscious' has an interesting connection to Spence's work. Charcot took portraits of people suffering of hysteria at the Salpêtrière, and made physical images of internal symptoms and feelings. Conversely, Spence's photographs are allegories of feelings and memories from the past, and she tries to make the outside of herself match her insides. She photographs her scars and personas as evidence of proof of her experiences. Judith Aron Rubin writes that "The feelings of grief, anger, pain, fear, joy, and ecstasy are the tunnel through which we must pass to get to the other side: to self-awareness, understanding, and wholeness."<sup>43</sup> Seeing internal thoughts and feelings externalized through the camera's lens is an effective way of processing and accepting them. Annette Kuhn sums up why Spence's work is effective: "Jo Spence's work is driven by anger at injustice, by abundant compassion, and by a

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<sup>43</sup> Judith Aron Rubin, *Approaches to Art Therapy: Theory and Technique*. (New York: Brunner/Mazel, 1987), 175.

relentless yearning for personal, political and social change.”<sup>44</sup> She was angry about being sick and aging, but wanted to heal herself and possibly heal others. Jo Spence burned herself out on being an activist for cancer and the health world while staying relevant in the art world. She wanted so badly to share her personal findings with everyone but she was really the only one at the time doing this type of work. Therapy made Spence able to “do work that illuminates the process, so you can survive the conflict and try to change things.”<sup>45</sup> When a viewer looks at Spence’s work, different attributes may trigger different people. It may be that she has a scarred and maimed body, or the fact that she is older, sick, alone. It may be objects in the frame, such as a bonnet and pacifier, a mask, a hospital gown. These triggers allow the viewer to ask personal questions about themselves, and connect their answers to the work. Jo Spence’s work perpetuates itself through giving viewers an opportunity to create similar works, processes and feelings.

### **In Terms of the Art World**

Contemporary art is primarily made up of miscellaneous ‘pretty’ objects, with few artworks being based on ideas anymore. In an art historical context, Spence is not the first nor will she be the last of the artists who utilize their traumatic issues in their art. Frida Kahlo painted surrealistic tableaus surrounding her inability to use her body, and her

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<sup>44</sup> Spence, *Cultural Sniping*, 23.

<sup>45</sup> Jo Spence, “Cultural sniper: passing/out Thoughts on split class subjectivity” In *Cultural Sniping: The Art of Transgression* (London; New York: Routledge, 1995), 208.

difficulty in dealing with it. Eva Hesse is another artist that comes to mind, with her creating sculptures despite having brain cancer. Hannah Wilke did photographs of her breast cancer in the same kind of starkness as Spence, and she is better known because of her earlier works that were outside of the illness collective.

Amy Stacey Curtis says, “All art, no matter the media or the content, contains the artist’s life experiences—at least suggestions of who, why, what, where and how.”<sup>46</sup> I connect with Spence and the other artists throughout this process of figuring these questions out through art, specifically through photography. Curtis also says in consideration of the artists she showcases in *Women, Trauma and Visual Expression*, “Many women artists who exhibit imagery communicating their trauma do not feel supported by the general public, nor by the art world.”<sup>47</sup> Perhaps Wilke’s cancer works were more accepted because of her prior feministic photographs also showing her beautiful, then un-cancerous body. As putting trauma into the public sphere is becoming more common, there is still a stigma surrounding the works, in this world of trying to keep a stiff upper lip, and gaining closure as soon as possible with as little repercussions as possible. Curtis continues, “A single person’s independent experience of trauma is amassed upon the whole. Artists who convey trauma (whether personal, cultural, or collective) are a significant part of the collective’s healing”<sup>48</sup> As society is changing, adapting to how trauma affects us, it is important to continue to open up channels of communication among the collective, to work through the issues of pain, fear, loss and shame. In a survey that Curtis took of women artists in terms of their artwork and trauma, she concluded, “Some artists who have experienced trauma choose not to exhibit related

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<sup>46</sup> Amy Stacey Curtis. *Women, Trauma & Visual Expression* (Portland: WTVE, 2005), 22.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid., 219.



imagery because they feel their overall work will not be taken seriously, that the act could be damaging to their careers.”<sup>49</sup>

While Spence and Wilke and other artists were creating these personal pieces- ideas turned into visual representation, performing arts critic Arlene Croce wrote a scathing piece on what she called ‘victim art’.<sup>50</sup> Though her main focus is a Bill T. Jones dance performance surrounding AIDS, she tries to pass off artistic illness narratives as beyond art and more importantly, criticism. Lisa Diedrich raises a good point about Croce’s argument: “Creativity in the face of death is most often a resistance to victimization and martyrdom, rather than, as Croce would have it, a giving in to it” (pg xi)

She calls illness narrative artworks a “messianic travelling medicine show, designed to do some good for sufferers of fatal illnesses, both those in the cast and those thousands more who may be in the audience.”<sup>51</sup> While I’m fairly certain that most artists don’t see themselves as messiahs, Croce is somewhat correct in the makeup of the work, to do good for both artist and viewer. I heavily disagree with Croce’s viewpoint that works like these are beyond criticism. At the core of Jones’ and Wilke’s being, they are primarily artists, and secondarily critics themselves.<sup>52</sup> If they wanted to coddle themselves and their illness, they would do what Croce suggests, that they hide from it, and keep it private. Through putting their stories out there, they are showing they are not victims, that they refuse to be victims, and that others should do the same.

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<sup>49</sup> Ibid., 23.

<sup>50</sup> Arlene Croce, “A Critic at Bay: Discussing the Undiscussable”, in *New Yorker* no. 2, 1994, 55.

<sup>51</sup> Croce, “Discussing the Undiscussable”, 54.

<sup>52</sup> It is important to note that Spence saw herself as a ‘Cultural Worker’ first, and an artist secondarily. Terry Dennett, Personal Communication, 5 May 2010.

It is a personal issue of Croce's that she feels sorry for these artists and can't review someone she feels sorry for or hopeless about.<sup>53</sup> If she could put aside her bias of illness, she could look at these artists as just people, not a disease. Illness narratives can be poorly or tactfully done, with still being emotive. Illness is a process, one that involves well and poor points of being. Spence is not afraid to show both sides of it, the bold and the strong parts of her, as well as the vulnerable and ill.

Croce seems to long for the days of illness and disease being unmentionable, when artists created mere 'pretty' things despite having tuberculosis or other diseases. Through more illnesses and traumatic world events since the 18<sup>th</sup> and 19<sup>th</sup> centuries, these 'private' things have become public, an integrated part of history and bureaucracy. Now, sixteen years after this article was written, perhaps she would be appalled at the bloom of trauma culture and illness narratives.

In 1985, Hannah Wilke told Marvin Jones, "Gorgeous people die as do the stereotypical 'ugly'. Everybody dies." She was aware of her own mortality before her cancer, particularly because of her physical beauty being paraded throughout most of her artwork.<sup>54</sup> After being diagnosed with cancer and dying, the art world was introduced to *Intra-Venus*, a far jump from chewing gum scars on a beautiful body. What unfolded in a posthumous 1993 exhibit were portraits showing tumors, weight gain, real scars and hair loss. Both Spence and Wilke use art history as anchors for their work. Wilke poses like a Renaissance Madonna shrouded with a blue hospital blanket, Spence utilizes her studying under Victor Burgin and her theoretical and historical background to create an archive of the self, personal history to be shared with the world.

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<sup>53</sup> Croce, "Discussing the Undiscussable", 55.

<sup>54</sup> Amelia Jones, "Everybody Dies...Even the Gorgeous", As quoted on <http://www.markzine.com>, 2003, 1.

Amelia Jones introduces the concept of the “counter-cannon” in her article ‘Everybody dies...even the gorgeous’. She posits that Wilke’s work is working itself into a counter-cannon, opposite of what the art world was currently interested in, and also opening a new space for new art to be created in. I believe that Spence and many other artists can also be considered a part of this cannon. Even today, this type of artwork is more prevalent, but definitely not what is seen as important considering what sells and is shown in the art market today.

### **Conclusion**

Critical theorist Jill Bennett asks in *Empathic Vision*, “How do we conceptualize trauma and identify its presence in an artwork?”<sup>55</sup> Spence answered this question by using facial expressions and certain objects in each of her frames, exuding various emotions as well as how she tries to cope with them. Susan Sontag said, “Illness is the night-side of life.”<sup>56</sup> Jo Spence tried not to linger in the night-side too often. Instead, she brought her illness into health, into living actively with disease, and facing death bravely. Sontag also said, “The most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking.”<sup>57</sup> Although there were some times where Spence visually represented her feelings, most of her

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<sup>55</sup> Jill Bennett, *Empathic Vision: Affect, Trauma and Contemporary Art*. (Stanford: Stanford University Press, 2005), 2.

<sup>56</sup> Sontag, *Illness as Metaphor*, 3

<sup>57</sup> *Ibid.*

images where she is naked shows her body just as it is, incomplete, maimed, ill. Even if her methods were not completely up to par with Sontag, she was quite healthy in a psychotherapeutic way, processing things in any way possible in order to be free of them. It is a contribution to the art world as well as trauma studies, to see how far society as a whole has come since the untouchable victim art of the early 1990's.

Vaclav Havel wrote the following about the intellectual, but Spence and Dennett used it in terms of the photographer as their credo for the Photography Workshop: "The intellectual should constantly disturb, should bear witness to the misery of the world, should be provocative by being independent, should rebel against all hidden and open pressure and manipulations, should be the chief doubter of systems, of power and its incantations, should be a witness to their mendacity."<sup>58</sup> To pull up the quiet trauma, to bear witness to it is something that is so important.

Spence's work is interesting to me on a personal level, as I was photographing my ill parents through their illnesses and eventual death. I photographed my parents because I couldn't speak about how I felt-the emotions were literally so primitive I couldn't think about naming them. However, I could photograph them, and putting the photographs on display and watching people react to them made the illness real to me. It allowed me to start labeling my feelings-pain, sadness, and fear. Perhaps some of Spence's work does have the goal to "expand awareness at the risk of shock rather than to confirm the familiar and comfortable."<sup>59</sup>

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<sup>58</sup> Terry Dennett, Personal Communication, April 6, 2010.

<sup>59</sup> Ellen Handler Spitz, *Art and Psyche: A Study in Psychoanalysis and Aesthetics*. (New Haven: Yale University Press, 1985), 3.

In terms of the actual communication that occurs between work and viewer, Professor of Critical Theory and Social Practice John Roberts accurately describes it as “a process of transference between photographer and spectator in which what is being theorized is seen to be lived out on the part of the photographer.”<sup>60</sup> As Spence transferred her experience and feelings about cancer onto film and into print, the viewer brings past or current experiences and feelings and transfers them onto the work, correlating the two. Spence also knew that “such photos are surrounded by vast chains of connotations and buried memories. We need to dredge them up, reconstruct them, even re-invent them, so that they work in *our* interests, rather than remaining the mythologies of others as photographic archetypes.”<sup>61</sup> The reconstructing, the reinventing of everyone’s fragmented selves is why putting the quiet trauma into the public sphere is important. Jo Spence spent her short career separating herself from the illnesses she had. Throughout the works examined here, the viewer gets to see different feelings and facets of Jo, not the cancer. Her works are certainly a road map, that others have followed and will continue to follow along the way to awareness and healing.

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<sup>60</sup> John Roberts. *The Art of Interruption: Realism, Photography, and the Everyday*. (Manchester: Manchester University Press, 1998), 204.

<sup>61</sup> *Ibid.*, 205.

## Bibliography

- Ahmed, Sara. *The Cultural Politics of Emotion*. New York: Routledge, 2004.
- Baer, Ulrich. *Spectral Evidence: The Photography of Trauma*. Cambridge, Mass: MIT Press, 2002.
- Bennett, Jill. *Empathic Vision: Affect, Trauma and Contemporary Art*. Stanford, Calif: Stanford University Press, 2005.
- Croce, Arlene. 1994. "A Critic at Bay: Discussing the Undiscussable". *New Yorker*. No. 2: 54-56.
- Curtis, Amy Stacey. *Women, Trauma & Visual Expression*. Portland, ME: WTVE, 2005.
- Diedrich, Lisa. *Treatments: Language, Politics and the Culture of Illness*. Minneapolis: University of Minnesota Press, 2007.
- Goodwin, Sarah McKim Webster, and Elisabeth Bronfen. *Death and Representation*. Baltimore: Johns Hopkins University Press, 1993.
- Gordon, Avery. *Ghostly Matters: Haunting and the Sociological Imagination*. Minneapolis: University of Minnesota Press, 1997.
- Holland, Patricia, Jo Spence and Simon Watney. *Photography/Politics—Two*. London: Comedia Pub. Group, 1986.
- Jones, Amelia. "Everybody Dies...Even the Gorgeous". As quoted on <http://www.markzine.com>, 2003.
- Kaplan, E. Ann. *Trauma Culture: The Politics of Terror and Loss in Media and Literature*. New Brunswick, N.J.: Rutgers University Press, 2005.
- Kopf, Martina. *Trauma, Narrative and the Art of Witnessing*. Berlin: LIT Verlag, 2008.
- Roberts, John. *The Art of Interruption: Realism, Photography, and the Everyday*. Manchester: Manchester University Press, 1998.
- Rubin, Judith Aron. *Approaches to Art Therapy: Theory and Technique*. New York: Brunner/Mazel, 1987.
- Sontag, Susan. *Illness As Metaphor; AIDS and Its Metaphors*. London: Penguin, 2002.
- Sontag, Susan. *Regarding the Pain of Others*, New York: Farrar, Straus and Giroux, 2003.

- Spence, Jo. *Cultural Sniping: The Art of Transgression*. London: Routledge, 1995.
- Spence, Jo. "Excerpts" in *Spare Rib*, as quoted on <http://hosted.aware.easynet.co.uk/jospence/jotext2.htm> Accessed 11 November 2009.
- Spitz, Ellen Handler. *Art and Psyche: A Study in Psychoanalysis and Aesthetics*. New Haven: Yale University Press, 1985.
- Steedman, Carolyn. *Landscape for a Good Woman: A Story of Two Lives*. New Brunswick, N.J.: Rutgers University Press, 1987.
- Takemoto, Tina. "Remembering Jo Spence: A Conversation with Terry Dennett," *Afterimage*, Mar./Apr. 2009, [http://www.entrepreneur.com/tradejournals/article/196399282\\_1.html](http://www.entrepreneur.com/tradejournals/article/196399282_1.html) Accessed on 12 January 2010.
- Tembeck, Tamar. 2008. "Exposed Wounds: The Photographic Autopathographies of Hannah Wilke and Jo Spence". *RACAR XXXIII*, No. 1-2: 87-101.
- Weiser, Judy. "Phototherapy Homepage," *The Phototherapy Centre*, <http://www.phototherapy-centre.com/home.htm.-also> Accessed on 2 February 2010.