

CHAPTER 11

Anger, Art and Medicine: Working with Orland

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As a junior doctor who had been forced to leave the profession by the unreasonable demands of the UK's National Health Service (NHS), I was an angry young woman. Looking for some means of expressing this outrage, I came across a picture of an artist whose work matched the strength of my own rage and despair. It was an image of a French performance artist called Orland, who was staging her own surgical operations. I first met her at a conference 'Seduced and Abandoned: The Body in the Virtual World', held at the Institute of Contemporary Arts in London.

Orland's work was already seen as controversial in the art world. She had just completed her seventh, eighth and ninth performance-operations in New York with a female cosmetic surgeon, Dr Marjorie Cramer. Orland's multimedia auto-portraits, with their technicoloured representations of body dissections, shocked aesthetes but they also managed to capture my curiosity. I was particularly fascinated by Orland's subversion of the medical establishment.

Skin is deceiving . . . in life, one only has one's skin . . . there is a bad exchange in human relations because one is never what one has . . . I never have the skin of what I am. There is no exception to the rule because I am never what I have. (Eugénie Lemoine-Luccioni, cited in Orland, 88)

During her conference talk, Orland showed a video of her work. Surgeons were running around in designer garments, while performance artists and a deaf-and-dumb linguist made hand gestures behind her. In the midst of this medical chaos Orland somberly read from philosophical texts and answered faxed questions. The result was both

comic and grotesque; it resembled a circus but with the added fascination of being able to witness the artist surrender to pain, medical error or death. But it was not the blood, open wounds or facial swelling that bonded me to Orland, but rather the perverse picture of a future operating theatre she painted.

It was 1992 and the NHS was under increasing pressure to change. The health system was expected to become 'more efficient'. In practical terms, this meant that more private work would be carried out in public hospitals. We were often required to provide medical cover for private patients in addition to our NHS duties.

Orland's portrait was shocking because she had opened the door to a world where medical care could be specifically customized to meet a single patient's every need, provided the funding was secured. Rather than constitute a utopian environment, her idea of clinical individuality was peculiar, idiosyncratic and psychotic. There was no established order there; the clinicians and theatre staff bowed to the whims of the patient/diva. During this perverse spectacle multiple media protruded, recording and communicating its explicit narrative. Later the patient/artist edited the sound recording and images as an artistic video. She also processed the swabs, gauzes and pieces of flesh that had been extracted and mounted them behind thick panes of glass as 'reliquaries' that she had given up for her 'art'.

Meanwhile the audience and art critics were preoccupied with psychoanalysing the theatrical gore. Newspaper and journal articles tended to focus on the details of the operation, describing what Orland was having done to her body: liposuction, implants or hairline raising. However, in the outrage provoked by her systematic surgical reinvention, Orland had accomplished a *coup d'état* of the surgical theatre. Orland wanted flowers in the operating theatre, she got them! Orland wanted photographers to be taken, no problem! Orland wanted to wear lipstick, of course! Orland wanted music of a particular kind to be played and her wish was granted!

Most triumphantly of all, Orland had persuaded the surgeon to make her face and her body change to suit her own particular design. To ensure that she had been fully understood, she had even brought along her own computer-generated picture. This operation/performance was the beginning of a new phenomenon in medicine: designer anatomy.

What had happened to the sterile surgical environment, the solemn ceremony of opening the body and the hierarchical 'respect' that was paid to both staff and patient in the operational procedure? The decorum of medical practice had suddenly become a burlesque side-show, comic, hilarious and irreverent, to everyone involved. How long would it be before our medical insurance policies guaranteed us a particular ambience in the operating theatre to speed our recovery? Would some future houseman be bleeped to register a complaint about the aesthetics of the recovery room?

I sat on my hands to stop myself from interrupting the translated French of Orlan's speech, but could not keep still in my seat. I was excited and terrified by the implications of her work.

I have given my body to Art. — *J'ai donné mon corps à l'art.* (Orlan, 92)

Perhaps the idea that this outrageous experiment was being executed in the name of something other than the 'public good' was sufficiently subversive an act against the institutions of medicine for me to volunteer my 'services' to Orlan. When I followed the blue-and-white-haired woman into the foyer and left her my card, it was my emotional intelligence and not my intellect that was on autopilot.

Orlan was initially aloof and cautious. As I persisted in my communications, she began to respond to my invitations to help her with medically related contacts and ideas. One day I came home to an answerphone message left in Franglais, in which she asked me to help her in planning and promoting her work in Britain. I was only too happy to be involved but I felt I needed to understand more about where her work was leading.

Orlan told me that she was the only artist making 'Carnal Art', which she defined as a form of classical self-portraiture but realized through the technology of our time. With modern advances in anaesthesia and surgical technique, she was able to use her flesh as a canvas. She authoritatively declared that she intended to provoke questions about the status of the body in our society. Carnal Art was not just about surgery but also about other advanced techniques in medicine and biology that raised questions related to future gener-

ations, such as genetic manipulation. I was supposed to help her in 'researching' possible bio-technological projects that she could then translate into her art.

Orlan worked long hours, travelled extensively to festivals and taught at a college of fine art in Dijon. Her life was complex, chaotic and demanding. Consequently, she was efficient, direct and often tired. When Orlan was tired, she spoke in French, and so I learned to improve my basic O-level grasp of the subject. At first I tried to say things that were far too complicated for my vocabulary, but gradually I began to simplify my sentences and realize that not everything in English has an equivalent in French. We spent more time together, agreed on various projects and started to collaborate.

I began to re-imagine myself in a medical clinic, taking a 'medical history', conducting an examination and reaching some hypothesis on the basis of which Orlan's 'outcome' could be evaluated. For example, I concluded the 'bosses' or 'horns' that she had inserted on her forehead made from the largest possible cheek implants could be considered from the perspective of the ancient clinical practice of phrenology. This was a way of reading the 'mind', made popular by Sir Francis Gall, and it involved feeling the skull for specific contours. The patterns of the humps and bumps on the person's head were thought to be indicative of their intelligence. I found it rather amusing that Orlan's artificial excess of bumps implied that she was a woman of advanced intelligence. I then thought of the same features in the context of an alien character, Mia from *Space 1999*. In this film, Mia had a band of 'bosses' in her forehead and could transform herself into any living creature in the galaxy by catching the image in her eye. Orlan's implants alluded to the possibility of her real transformation into someone with an 'alien' anatomy, or at least signified that she desired to undergo an identity change of this kind.

Orlan and I were constantly in touch via email, faxes and telephone conversations, planning and promoting her work. She was particularly interested in travelling to Britain, as she was keen to be recognized by the increasingly prestigious British art scene.

Orlan planned to have one final operation before the new millennium. This, she told me, would be an enormous nose, the largest that could possibly be made for her face, and she suspected that the best

surgeons would be in Japan. I squirmed at the idea. I had seen noses broken and cartilages realigned many times, and the result left patients with spectacular bruising. Orlan had a cute 'button' nose and was frequently asked if she had had it 'bobbed' in one of her prior operations. She found this ironic and amusing. Even though I had become used to the extreme demands that Orlan envisaged as far as her appearance went, I wondered how far this operation could be taken in the real world.

There was only one way to find out. Orlan, Professor Moss (an eminent orthodontic surgeon), Professor Alfred Linney (expert in facial aesthetics), John Wyver (who specialized in arts and technology programmes) and I sat down at a Chinese restaurant to discuss the results of a three-dimensional scan of Orlan's face. During this meeting of 'medical minds and technological excellence', the subject of discussion was the possible alterations to an original virtual model of Orlan's face in which the nasal bridge had been extended by a whole 5 millimetres.

'It is not enough!' declared Orlan through her monosodium glutamate-laden chopsticks; 'I want the most enormous nose possible for me please, like this!' For one horrible moment I thought she was going to demonstrate the whole procedure using her chopsticks as blunt surgical instruments. Instead, she pointed to a place about an inch beyond the tip of her nose.

Professor Moss went pale. He was deeply concerned about the technical implications of her request. 'Promise me, Rachel,' he said, taking me to one side as we marched down Haymarket, 'that you'll advise her most strongly not to have it done. She will be left with continuous bleeding from her nose; recurrent infections, thin skin and voice change. Besides, I don't know anyone in this country that would touch this project, from a professional perspective. The risk to their reputation would just be too great!'

I had seen Orlan a couple of times when she had had infections around her silicone implants. Her cheek appeared tense and red, she was swallowing handfuls of antibiotics and her muscles were paralysed on that side. I imagined this extended to her nose — banded and swollen — and to her puffy, tired eyes. It was not just the operations that would take their toll on her body but the whole healing process.

How would she breathe? More importantly, she had mentioned several times that she identified more closely with her voice than her face. Now it seemed that would change too. Did everything have to be sacrificed for art?

Professor Moss shook his head and then smiled. 'Before I met her, I assumed she was mad. Now, after talking with her this evening, I think she is clinically sane but what she is doing to herself is crazy! I wish her luck!' I did not tell him that Orlan insisted that all of us did crazy things without necessarily being crazy ourselves. Athletes push their bodies to the limit, and yachtsmen and yachswomen risk their lives to sail around the world, but this particular project had the unique potential to become a chronic affliction. Despite her intellectual intentions, Orlan was just an ordinary person, possessing a body that was designed to age, fail and die just like the rest of us.

A few words on pain. I try to make this work as unmasochistic as possible, but there is a price to pay: the anaesthetic shots are not pleasant. . . . After the operations, it is sometimes uncomfortable, sometimes painful. I therefore take analgesics. (Orlan, 92)

As someone who had trained to accept a whole variety of different bodies, faces and personalities as being essential to the human race, I did not care about the exact shape or size of her nose. Whether Orlan was a classical beauty or a 'grotesque' would not change my high opinion of her. But I was really concerned about her health if she decided to pursue this particular project. Enlarging the nose would involve months of preparation in skin stretching, grafts of bone and tissue, and extensive remodelling, literally 'cutting off her nose to spite her face'! I began to doubt her chances of healing fully without succumbing to bone infections or sepsis.

This was no longer a 'cosmetic' procedure as such; it was radical plastic surgery, more intrusive, prolonged and dangerous. I would have to reinforce Professor Moss's advice. Her project design had crossed the line of the 'superficial' parts of her anatomy and entered into the unpredictable deep body spaces.

I went home feeling uneasy. I realized that there was a point where I would not assist in her transformation. As I had come to know more

about Orlan as a person, I could no longer see her as a mere 'metaphor' for my own anger against the medical establishment and the political chaos of the NHS. She was someone I cared about. Artistic and scientific rhetoric appeared to be crude post-mortem excuses for thinly disguised self-harm. The best thing for Orlan's health would be to abandon the idea of an enormous nose, but her artistic and personal success depended on the project. Something was going to have to give, so I sat on the fence, waiting for a higher authority to decide for me.'

'I have given my body to Art.' After my death it will not therefore be given to science, but to a museum. It will be the centrepiece of a video installation. (Orlan, 92)

EDITOR'S NOTE

1. As Kate Ince explains in her monograph *Orlan: Millennial Female* (Oxford and New York: Berg, 2000), it now seems unlikely that this concluding operation, which would involve the construction of a gigantic elongated nose, will actually take place. 'As an end-point to "Reincarnation", the construction of a phallopnic nose would have marked a reneging on the open-ended, experimental identity work which has characterised Orlan's surgical project from the outset. . . . Her change of plan illustrates the double bind of her relationship to phallocentrically organised visual images, which initially acknowledged the representational framework of the phallocentric symbolic order, but has resisted its inscription on her flesh' (77; see also 110).

WORKS CITED

- Orlan. 'Conference.' *This Is My Body . . . This Is My Software*. Ed. Duncan McCorquodale. London: Black Dog Publishing, 1996. 82–93.

PART 4

Aesthetics and Ethics: Technological Perspectives