

Mary Poovey, in her polemic "The Abortion Question and the Death of Man," identifies "coherence" as a crucial problem in discourse on abortion: the more we insist on the difference between the mother and the fetus, the more we give in to this zero-sum logic. She argues that the subject of abortion intervenes in humanist discourse because the very state of pregnancy defies the demand to cohere in the form of a unitary subject. Drawing from Judith Butler's writing on the regulatory practices of gender, Poovey writes, "Coherence . . . is a property that belongs to our ideas about gender and to many of the institutionalizations of those ideas. [It is] *not* a property of the human subject."²⁵ Coherence develops according to one's cooperation with those institutions, according to one's successful interpellation by those ideological systems. Subjective coherence is a discursive effect. (To oversimplify this point: the more I write "I" and write as if this described a stable persona, and the more I resist the urge to contradict myself, the more you take this use of the first-person pronoun to refer to the author of this book. This collaboration creates the conditions of possibility for the production of authorial coherence.) The fictive nature of subjective coherence, of the idea that we are bounded, autonomous individuals whose liberty is expressed independent of other people and our environment, is belied by pregnancy and abortion. For you actually can't have it both ways: you can't treat the fetus and the mother as persons in this way without making pregnancy itself into a war of position. "In the mouths of antiabortionists," Poovey writes, "'choice,' 'privacy,' and 'rights' invert effortlessly into their opposites, precisely because, regardless of who uses them, these terms belong to a single set of metaphysical assumptions." The metaphysics of substance that currently underwrites legal advocacy for the liberalization of access to abortion is, Poovey argues, "an inadequate basis for all the arguments thus far advanced for the right to legal abortions." She explains, "The individualism implied by the metaphysics of substance is a dead end appeal for supporting abortion on demand for two reasons: first, because the appeal to individual rights *in the absence of an interrogation of the metaphysical assumptions behind the idea of rights* leads almost inevitably to a proliferation of those considered to have rights—in other words, to a defense of fetal personhood; second, because appeals to this metaphysics obscures that both the metaphysics and legal persons are always imbricated in the system of social relations, which, given the existence of social differences, are also inevitably politicized."²⁶

Feminist political arguments for abortion must, Poovey argues, move away from a discourse of individual rights and from the notions of privacy and embodied personhood that currently ground liberal and conservative

stands on abortion. Such a politics "would emphasize not the ways in which subjects are isolatable, autonomous, centered individuals, but the ways in which each person has conflicting interests and complex ties to other, apparently autonomous individuals with similar (and different) needs and interests."²⁷ Some of the most powerful critiques of liberal humanism come from this area of feminist scholarship.

It may feel like I've drifted far from Shvartz's project, but this rehearsal of the complexity of the topic of abortion is necessary to understanding the work. If we do not look beyond the feelings people have about the work, we miss the very concrete challenge that pregnancy, reproduction, and the decision not to reproduce pose to our ways of thinking about the self and others. That is Shvartz's topic, and it is the best context for understanding her refusal to speak about the performance. By withdrawing her personal story from the public, she created a situation that forced into view an ideological alignment between those who appear to be political opposites, and she also exposed the investments of a range of institutional systems in her body as both a creative and a reproductive organism. Shvartz's work is hard because her project cannot be understood by critical tactics seeking to gain mastery over the text by learning, once and for all, what "really" happened and how she felt about it.

In withdrawing herself so totally from public discourse on the work, she also raises the possibility that she felt nothing. And this makes the rest of us do all the feeling instead.

Theater of Cruelty: Thomas Eakins, *The Gross Clinic* (1875)

Although this book is centered on contemporary art, the dynamics I am describing, in which the challenge of certain works is entwined with their emotional economy, is not exclusive to the present. In turning to the past we gain some traction on how the difficulty of some works has been managed, revalued, and absorbed into art history. Thomas Eakins's *The Gross Clinic* (1875) is perhaps the most unlikely candidate in the whole of American art history to emerge as an emblem of civic pride (fig. 8). It is large, dark, and gory. The painting's dramatic effects are generated by the horrifying juxtaposition of the patient's body—naked, vulnerable, sliced open—against the calm, reasoned, patriarchal authority displayed by Dr. Gross. Blood glistens on his scalpel. His assistants pry open the flesh of the nameless person on the table. The wound yawns open, like a mouth. The surgical theater is crowded; the surgical table is surrounded. The atmosphere is claustrophobic, nightmarish. At the center of the drama, Dr. Gross and his students use their surgical



FIGURE 8. Thomas Eakins, *Portrait of Dr. Samuel Gross (The Gross Clinic)*, 1875. Oil on canvas, 8 ft. × 6 ft., 6 in. Philadelphia Museum of Art: Gift of the Alumni Association to Jefferson Medical College in 1878 and purchased by the Pennsylvania Academy of the Fine Arts and the Philadelphia Museum of Art in 2007 with the generous support of more than 3,600 donors, 2007.

tools to pry open and peer into the patient's flesh with a cold curiosity. They are masters of their emotion and masters of the body. The difficulty of *The Gross Clinic* is one of proximity and invasion: medical hands that have no feeling cut into the body with their instruments; that body is presented to us as an object of scrutiny and interest, the anesthetized body whose own incapacity for feeling gives permission to those who crowd around it to do as they will. The painting juxtaposes an extraordinary vulnerability with extraordinary power. As if in reaction to this, the lone woman in the surgical theater is overcome with horror. The painting's emotional drama is concentrated in her gesture: hands thrown over her eyes, body twisting away from the frightening wound at the center of everyone's attention. As I have pointed out elsewhere in my writing about this painting, in the distance between the cold, rational demeanor of Dr. Gross and his students (many of whom appear to be bored) and the nearly hysterical woman we have an indication of how important emotion is to this painting and to the discourse of art historical seriousness that develops out of its integration into the canon.²⁸ The painting isn't merely difficult; it is about difficulty and about mastering one's limits as a viewer. These limits are represented as emotional and are marked as feminine in the figure of a woman so overcome with feeling that she turns away from the action. The fact that from her vantage point she can't see the cut, the gaping wound, or the blood underscores her function as a surrogate for the spectator unable to meet painting's challenge—and heightens too our sense that she is less an embodiment of the problem of seeing than an embodiment of the problem of feeling.²⁹ *The Gross Clinic* imagines that conquering emotion is good for you, as if looking at the work without feeling will make you stronger.³⁰

Sort of. Yes, the painting seems to celebrate Dr. Gross as heroic patriarch, master of his emotional universe, but it also quite clearly presents us with a complex and disturbing image of castrating violence. Yes, Dr. Gross cuts into the body to heal it, but the *painting* gives us that cut for other reasons. It seems to take the occasion of the serious portrait of the rational man of science in order to present us with the image of a traumatic cut into the body, the image of a body completely vulnerable and powerless. His mastery is expressed as the clinical practice of violence.

In a reflection of its difficulty, *The Gross Clinic* has a strange disciplinary location. Eakins himself is far from an uncontroversial figure. As has been well documented, he alienated friends and family with his social bullying and sexually provocative and often abusive behavior.³¹ He was a social patriarch, blamed for his niece's suicide, and forced out of his teaching position at

the Pennsylvania Academy of Fine Arts by the rumors surrounding this and other events. He was a very difficult person who painted some very difficult paintings. And *The Gross Clinic* is arguably his *most* challenging work. Until recently the painting never enjoyed much by way of celebrity outside the circle of scholars, conservationists, and critics who work on this period in American art history.³² Eakins's rowers, for example, are much easier to love. The cover image for the catalogue accompanying the Philadelphia Museum of Art's Eakins exhibition (2001) featured the rather peaceful *Starting Out after the Rail* (1874), in which a man is sitting at rest in a rowboat on the Schuylkill River. Newspaper reviews of the exhibit featured images from this series, even though *The Gross Clinic* is generally accepted as his first major work and his masterpiece.³³

Nevertheless *The Gross Clinic* took the spotlight in 2006 when Alice Walton (heir to the Walmart fortune) tried to buy it from Philadelphia's Jefferson Medical College, which had housed the painting since the 1870s.³⁴ It was this event that pushed Eakins's masterpiece into the public arena. Samuel Gross taught at the school, which, as it happens, is right around the corner from the Pennsylvania Academy of Fine Arts, where Eakins taught. The painting had never been on the market; local art institutions tried several times to purchase it but had been turned down. The college gave Philadelphia institutions forty-five days to raise the money to buy the painting, else it planned to allow Walton to purchase it. The price was \$68 million, a record for an American artwork from this period. Incredibly, local institutions met the deadline, and it is now jointly owned by the Philadelphia Museum of Art and the Pennsylvania Academy of Fine Art. With these events Eakins has reemerged in the public arena as a painter of note.

The two institutions anchored their campaign in an argument for the special place of this painting in Philadelphia's cultural history. In terms of its status in art history, it is the most significant artwork produced by a Philadelphia painter and one of the most important paintings by an American artist of any period. These arts institutions enlisted the city's mayor, state and national senators, and the governor of Pennsylvania in their efforts to keep the painting in Philadelphia. Most of these politicians, like most Philadelphians and even a lot of art historians, had never seen the painting before. *The Gross Clinic* was then housed in a den-like salon in a private gallery at the medical college.³⁵ The story of Walton's offer and the city's campaign to fight it off made headlines across the country and dominated local papers for a season. Visitors poured into the college's salon and guards were stationed around the painting.

One year later, the painting's fate settled. I went to the Pennsylvania Academy of Fine Arts to moderate a discussion with scholars about our work on the artist. *The Gross Clinic* was displayed in a large, well-lit gallery on the floor above us. Checking into our rooms in Philadelphia hotels, many of us were amazed to find the painting staring at us from the front page of the ubiquitous local city guide. Welcome to Philadelphia! Home of brotherly love and surgical gore!

For me, one of the most interesting aspects of *The Gross Clinic*'s difficulty is how it remains unresolved, even as the painting is accepted as an undisputed masterpiece. A lot of the works that we associate with artistic innovation are difficult, but that difficulty usually resolves itself over time as we, in a sense, catch up with its intervention. *Guernica* (1937), Picasso's monumental painting addressing the bombing of the Basque town during the Spanish Civil War, is, in many respects, easier. At least there the figures are stylized, the violence displaced onto form, as if war demanded a reorganization of how we see. We are spared realism's brutal literalism; the painting points toward a traumatic event that exceeds technologies of representation. *Guernica* doesn't try to deceive us into thinking it is meant to be a realistic portrait of the massacre. Instead it attempts to give us a sense of the effects of trauma on the painter's eye, on, in fact, the subjectivity of war's witnesses. Its formal elements seem to cooperate with its content, at least on the surface; it is as if a historical wound has made itself felt on the artist's vision. *The Gross Clinic*, on the other hand, pulls the viewer in different directions at once. It feels in conflict with itself. The painting presents itself as a portrait of a surgeon at work, but the emotional register of the painting is too intense and dispersed across too many figures for the painting to read as "about" Dr. Gross. It is sadistic, hysterical, and suffocating. Its subject matter is at odds with the viewer's comfort zone—and not only that of the nineteenth-century spectator.³⁶ It hardly represents a welcoming image by twenty-first-century standards either. Somehow the violence of the wound—or rather, the violence of Eakins's representation of the wound—spins out across the canvas, exceeding what the painting would seem to require. This is what makes the painting in and of itself *wounding*. Its first critics saw the painting as brutal and excessive, and they were right. It is.

None of this, however, figured in the controversy stirred up in 2006 by the sale of the painting, except to signal how much Eakins was ahead of his time. The appropriateness of *The Gross Clinic*'s form, tone, and content is no longer considered scandalous. Time and decades of aggressive management of the controversy surrounding Eakins by curators and critics have won the

artist something like the protected status in criticism that the mayor very nearly won for the painting itself in law. His status is the direct result of the personal investment of a community of people with the institutional authority to generate a context within which its difficulty might be understood.³⁷

Let me explain: Eakins never enjoyed what one might call success. He never made a living from his work. Some of his portraits, in fact, were lost because the friends and family who sat for him couldn't bear to hang his notoriously unflattering images above the mantle, and so they struck them in the attic, behind the couch, or under the bed. Even some of those close to him, even some of those who helped support him were ambivalent about his work. So, as one might imagine, while he was alive critical reception of his painting was not great. He mastered the art of the rejected commission. He was far from anonymous and he had ardent admirers, but he was also far from accepted. As one learns more about Eakins as a person, one can imagine that some of this was because he was constitutionally incapable of what we'd call networking: over time, fewer and fewer of his colleagues were disposed to do him any favors. He could be an aggressive asshole or a ferociously loyal friend. Recent biographies suggest that he continued painting out of the same stubborn defiance that shaped his bad behavior.

After his death in 1916, the circle formed by Susan Eakins (his wife), devoted friends, and former students laid the foundation for decades of myth making. Slowly the Eakins story was rewritten: he was a man ahead of his time, he was a maverick, a distinctly American artist whose achievements came from hard work and opposition to the restrictive European traditions that had dominated painting in the nineteenth century. He was America's first great painter, and, in his mix of bravado, machismo, and workman-like devotion to his art, his legend offered the template for what continues to be defining characteristics of the figure of the male American artist.³⁸ Eakins's visibility and the newly awarded emblematic status of *The Gross Clinic* as a painting that represents Philadelphia's cultural achievements are the direct result of a campaign of people who shared a devotion to the artist. The archetypal foundation of critical discourse on Eakins is, in other words, the direct result of the affection of people who knew him and believed in his work and of their relationship to art institutions empowered to generate and reproduce a discourse on the value of that work.

Somewhere along the line, the difficulty of the painting was overtaken by discourse on its importance. The violence of the image has been absorbed into a story about the image's seriousness. For example, Eakins's art historical identity as a realist painter—as, in fact, the father of realism in American

painting—is grounded in a story about his commitment to a mathematical precision and a scientific approach to the body. *The Gross Clinic* appears to imagine art as a technical practice that opposes the sentimental traditions that dominated popular nineteenth-century American culture and continues to shape American culture to this day. This has had good and bad effects: the identification of Eakins with professionalism and science has helped articulate a field of scholarship, but it also set up an unofficial code of conduct by which a community of scholars agreed to keep quiet about a range of topics (e.g., the scandals of his personal relationships with women students and the overt homoeroticism of much of his work). Those of us writing about controversial topics—such as Eakins's complex sexual behavior, the increasing importance of his work over the course of the twentieth century to the visual articulation of a homoerotic vocabulary, the androgyny of some of his paintings of women, and the uneasy juxtaposition of his realist vision with scenes of sexualized violence—have largely (and happily) worked on the margins of the field.

It is not uncommon for the scandal of works to fade over time. Manet's *Olympia* (1865), Goya's *The Third of May 1808* (1814), Duchamp's *Nude Descending a Staircase* (1912) and *Fountain* (1917) all made people angry once and long ago ceased to do so.³⁹ In order to understand and appreciate these works, one must understand their historical contexts. Works like *Fountain*, or Warhol's paintings of Campbell's soup cans, were at one time difficult for their viewers because they were hard to accept as art. But now they are relatively harmless—meaning they don't upset people as they once did because their revolutionary turns (toward the ready-made, the assertion of the institutional framework of exhibition as that which makes art recognizable as such) have been absorbed into contemporary art discourse and practice.

The Gross Clinic's difficulty is not like that of these other works. Eakins's work never enjoyed the kind of institutional framework that ironically comes with membership to an oppositional movement like the avant-gardism of the early twentieth century.⁴⁰ An avant-garde artist like Duchamp scandalized people with his urinals and bottle-racks but was also recognized for revolutionizing and expanding our understanding of the category of art; in the latter half of the century he had become fully canonical.⁴¹ Unlike those kinds of works, which make people scratch their heads over what can be counted as a painting or a sculpture, *The Gross Clinic's* difficulty can't be explained by its relationship to institutional articulations of what counts as art. If it was excised to the medical portion of the Philadelphia Centennial exhibition, this is not because people didn't see it as a painting; it is because they thought

the subject matter was shocking. It has enormous complexity. But it does not dissolve in paint in the way that Manet's and Goya's canvases sometimes do. Its fidelity is to the representational and narrative project.⁴²

By asserting that the difficulty of this painting remains even as it becomes well known and accepted as a masterpiece, I do not mean to suggest that the difficulty it presents is timeless or universal, but rather that the institutional apparatus that surrounds the painting (museums, scholars, and critics, city and state government and university officials) has given us a way to accept its difficulty: the assumption is that the painting's difficulty is good for us. That framework shapes how we see it and shapes how we feel about what we see. For me, this has also served to mask the contemporaneity of this painting and its strong resemblance to some of the most controversial artworks of our own period.

The realism of *The Gross Clinic* is bound up in the management of the body's vulnerability and in the rendering of that management as a deeply gendered struggle over feeling and affect. The painting's realism is grounded in a conquering of affect—not of affect itself, but of one affective category in particular: sentimentality, embodied by that cringing woman. The high seriousness of the painting—mirrored by the posture of its nominal subject, the rational man of science, the surgeon Samuel Gross—is articulated against and through vulnerable bodies with troubling relationships to gender: the patient displayed *a tergo*, anonymous, unconscious, and bleeding from a vaginal wound on the thigh; and the maternal, feminized body that feels too much. It was this woman's presence that most scandalized the painting's nineteenth-century audiences; one contemporary reviewer described her as "horror in the shape of a woman." (That phrase has struck with me since I first read it a dozen years ago.) She added a "melodramatic" presence; she seemed literally out of place, there only to amplify the horror of the cut, which, however, she can't see—not because her hands cover her eyes but because the cut is displayed so aggressively toward us, the viewers of the painting. The dramatics of her posture, the theatricality of her pose draws attention to that of the surgeons, for his restraint is no less a theatrical production than the female hysteria against which it is defined. As we move between the major points of identification offered by the painting, our eyes circle that cut: not a wound the surgeon heals but a wound the surgeon *creates* within the framework of healing. The difficulty of the painting is bodied forth by the bloody wound on the patient's thigh, by the hysterical female who won't look it, by the rational man who has created it. It rests in the story created by that cut; it rests in the story that produces that cut.

Eakins aligns our drive to know the painting, to decode and identify its various elements with the act of cutting into the body, with the production of knowledge, of scientific discourse through the subjection of the body to the knife. This painting flirts with and exploits the difference between con-tingent and more intractable forms of difficulty. Eakins doesn't call into question what a painting *is* as much as he calls into question what a painting *does*. We are confronted with an epistemological challenge aimed directly at us: it seems to ask us *why* we are there, and what it is that we want from it. It asks us to consider exactly what we want to know and how far we are willing to go for it. This is an artwork in which "ethical and aesthetic moments become inseparable."⁴³

Disciplinary models for the art historical development of painting leave little room for thinking about the difficulty of a work like *The Gross Clinic*. The comparativist in me sees the difference between Eakins's practice and that of modernist painters like Cézanne as analogous with the difference between writers like Henry James and, say, Baudelaire or Gertrude Stein. James obsessively graphed entangled geometries of psychological perspective into his prose; many of his most interesting novels were total failures commercially, and the difficulty of his writing has hardly diminished over time. He was stubborn and complicated, utterly devoted to a writing practice that challenges his readers even as it also delights them. James's writing, however, is narrative; Stein's is experimental, working at the outer limits of narrative structures in much the same way that Picasso mined the frontiers of figurative painting. But whereas in literary studies the differences between James and Stein are not seen as evolutionary (in which James's writing would be cast as more simple, more transparent, more naïve than other brands of literary modernism), and whereas in literary studies, if you work on Stein or Baudelaire you probably know a lot about James and *vice versa*, in art history, Eakins is positioned on the other side of modernism's diaturnal break. You would, for example, be unlikely to encounter Eakins and Cézanne or Picasso in the same art history class. In art history, modernism operates as a profound disciplinary boundary: the modernist painter's turn against narrative, against the figure works at least on the level of curriculum as a total break.

This has served to mask the difficulty and interestingness of Eakins's work (and that of other canonical American painters from this period as well, such as Winslow Homer). This is to say that the ways we understand visual art are deeply informed by the critical premium placed on the challenges specific to

modernist art—challenges to the viewer's sense of the pictorial plane, to the question of what a painting is, what sculpture is, what art is (all ontological forms of difficulty, which revolve around what Art "is"), and, most important for the kinds of problems I am describing here, challenges to the presence of narrative in painting. Art historical modernism is in no small part defined by the refusal of narrative—by the attempt to purge all things that feel novelistic or fictive from the two-dimensional plane. There is an implicit agreement that an artist like Eakins, who works within a narrative structure (painting recognizable figures in particular settings, suggesting specific biographies, myths, etc.), is less sophisticated about the way representation works, less specifically visual (in that the painting seems to want us to see *through* it), and less interesting to critics thinking about formal issues in visual art.

This is partly because the difficulty of this kind of artwork has little to do with its relationship to the discursive world of Art—to art museums, art criticism, and the art market. The difficulty of work like *The Gross Clinic* is produced through its engagement with the challenges of social being itself, something these works take up in the narratives they spin and in the way they absorb their audiences into those narratives. Diarmuid Costello and Dominic Willsdon describe such practices as interested in the rhetorical function of art insofar as they exhibit "a concern with *how* the mode or manner in which the work treats its content, and the point of view from which it is addressed, disposes its viewers to see the world."⁴⁴ And so contemporary political theory has as much to offer an analysis of the difficulty of *The Gross Clinic* as does art history. Take Judith Butler's writing about "the social vulnerability of the body": "Each of us is constituted politically in part by virtue of the social vulnerability of our bodies—as site of desire and physical vulnerability, as a site of a publicity at once assertive and exposed. Loss and vulnerability seem to follow from our being socially constituted bodies, attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure."⁴⁵ The political management of the "social vulnerability of our bodies" provides the mise-en-scène for most of the works I describe in this book, including Shvarts's project. *The Gross Clinic* works as a portrait of social vulnerability in its terrible juxtaposition of power and subjection, but also—and more disturbingly—in the way that it stages the formation of social networks around the body's subjection to power. When we narrate the painting's power in terms of its accuracy, or when we treat the portrait as a straightforward celebration of Gross's scientific accomplishments, we diminish its difficulty as a statement about the violence that often accompanies the project of knowledge production—especially when that knowledge

is wrested from the body. Within the institutional framework given us by Eakins, the "proper" point of identification for this work is not the body under the knife, nor is it the woman who can't look. It is not even the surgeon and his colleagues. This painting places us with the spectators in the dark, nearly invisible, who are learning from this spectacle. They mirror our position en masse. And when we look at the painting through their eyes, we participate in the violation it depicts.

Surveying those students, I wonder what they feel, or indeed if they feel anything. Their disinterest (be it the disinterest of clinical attention or the sleepy disaffection of the bored student) contrasts profoundly with the material figure of investment, a woman so overcome with sympathetic pain that her body appears to withdraw from the whole scene, as a reflex. *The Gross Clinic* imagines thinking and feeling as incommensurate; the two are cleaved from each other. Emotion appears on this canvas as a feminine spirit unleashed by a surgical wound.

Touchy Subject: Ron Athey, *Incorruptible Flesh: Dissociative Sparkle* (2006)

The Gross Clinic is a helpful counterpoint for thinking about the difficulty of Ron Athey's work. *Incorruptible Flesh: Dissociative Sparkle* was performed at Artist's Space in New York on 1 May 2006 (figs. 9–10; plate 1). In the juxtaposition of *The Gross Clinic* and this solo performance, we see a shared interest in the social vulnerability of the body, but their dynamics couldn't be more different. In his work, Athey lies on his back on a metal table made from scaffolding. (It looks like an elevated lawn chair.) His body rests against the fat metal rods of his platform for six hours. Built into the table is a pivoting rod, onto which Athey attached a baseball bat, upon which he has impaled himself. He is naked and covered in bronzing lotion and Vaseline. Hooks pierce multiple points in his face and are attached to leather strings to pull his skin back, turning his face into a painful (but also comic) mask. His scrotum is filled with fluid—turning his genitals into a watery, pink, feminine mass.⁴⁶ In her writing on the artist, Amelia Jones observes that Athey explores in his performances an "ethics of embodiment" that begins with the "dehabitation of the body," loosening the male body in particular from the codes of the patriarchal norm to insist on its permeability, its pliability, its fragility. Mary Richards similarly describes Athey as an amphyhalic artist who re-presents his body as penetrable, leaking, and vulnerable.⁴⁷ And, truly, in this performance Athey is greased up, engorged, and violated.