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Lie Back and Take It: BDSM, Biomedicine and the Hospital Bed in the work of Bob Flanagan and Sheree Rose

Abstract

This article considers the position of the patient in a hospital bed and the ways in which artists with severe illnesses have utilised this. The hospital bed allows biomedicine full control and access to the body and renders the sick person as patient. Lying in bed becomes a position of passiveness, submission and vulnerability. In this article I explore the ways in which artists have worked with the duration of the hospital bed in order to re-imagine this endurance as a worthwhile activity towards self-ownership. The article discusses a number of works but focuses on Bob Flanagan and Sheree Rose's 1992-1995 retrospective *Visiting Hours* (Santa Monica Museum of Art in 1992; New Museum of Modern Art, New York in 1994; and Boston Centre for Fine Art in 1995) in which the gallery is turned into a hospital displaying all of their visual and video art works and includes the artists themselves. I argue that their work denies the sick body as victim and resists the contextualising of the body as simply a machine. Flanagan/Rose are able to transform the position of patient from one of passivity and victimhood to a position in which agency exists and is performed.

Introduction

My desire to write this article started several years ago. I was in hospital. As someone with cystic fibrosis I spend quite a lot of time in hospitals. I had been admitted for a two-week period after contracting MRSA. I was in the specialist cystic fibrosis unit at Wythenshawe Hospital in Manchester and although I didn't feel particularly unwell I was confined to my room. The nature of cystic fibrosis means that any infection is easily passed between sufferers and so each patient is given a room that they must not leave. Time seems to function differently within this space. There is very little to do in the small white walled space of the hospital room and sitting in the centre of the space is the bed. The hospital bed has become an emblem of illness. The image of the dying person lying in bed is a familiar one in popular culture. In the hospital room I began to think about my position as a patient and the ways in which I submit to the authority of medical knowledge in order to treat my body, something that I had been addressing in my own practice. But in the context of the hospital room the position as passive body is even more keenly felt. I began to think about a number of performance practices in which artists utilise the hospital space as a place of performance. This article was born out of an interest in the ways in which patients might re-frame or re-claim their experience in hospital beds as politically meaningful. How might artists whose movement and activity is restricted by illness utilise their position as art practice?

This article focuses on the work of Bob Flanagan and Sheree Rose. Rose met Flanagan in 1980 at a Halloween party. Rose was dressed as Jayne Mansfield and Flanagan a zombie from *Dawn of the Dead*. In the art practices of Flanagan and Rose, personal life experience and their relationship are a significant challenge to the dominant cultural discourses surrounding the distinctions between art and life.

They began a life together which would disrupt the boundaries between art and life. They lived in a full time BDSM¹ relationship in which Flanagan, the submissive partner, did all the household chores and served Rose. Flanagan, like me, suffered from cystic fibrosis and eventually died from the disease in 1996 at the age of 43, making him one of the longest living survivors at the time.

In 1992 Flanagan/Rose embarked on what was to become, perhaps, their most famous and widely discussed project. *Visiting Hours* was shown at Santa Monica Museum of Art (1992), the New Museum of Modern Art (1994) and the Museum of Fine Arts in Boston (1995). Linda Kaufman explains that *Visiting Hours*:

[T]ransforms the museum into a pediatric hospital ward, complete with a waiting room filled with toys, medical X rays of Flanagan's lungs, and video monitors of his naked, bound body. In one chamber, the visitor comes upon Flanagan himself, propped up in a hospital bed, his home away from home (Kaufman, 1998: 21).

The exhibition functioned as a retrospective of their work. The objects in the hospital referred to by Kaufman were pieces of artwork from the back catalogue of Flanagan/Rose, as well as editions created specifically for the exhibition. These included Flanagan's own version of the popular 1990's US children's toy the *Visible Man* in which the original figure with transparent skin showing its organs is modified to include a penis as well as sperm, faeces and mucus oozing from the orifices of the doll.

A child's toy box was filled with a mixture of children's and SM toys. Flanagan's own cage had a place in the gallery and included a soft toy in bondage chained inside as well as *The Gurney of Nails*, which, reminiscent of a bed of nails, was a metal gurney covered in nails.² These objects sat alongside artworks such as *Video Scaffold* (1991), a scaffold of televisions arranged in the shape of a cross with one monitor for each hand and foot, one for the head, one for the chest and one for the genitals. The screens showed the specific body parts undergoing SM style torture and climaxed in the head of Flanagan's penis being nailed to a plank of wood. *The Wall of Pain* (1982) is a wall made of 1800 images of Flanagan's face. The photographs document a process in which Rose hit Flanagan with fifty implements. Using a shutter-release cable, Rose took an image of Flanagan's face as he was struck. There are 36 photographs taken of his face for each of the 50 objects.

Along the gallery walls the text from Flanagan's famous poem *Why?* is written³. The exhibition functions in a very particular way to bring together Flanagan/Rose's visual and video art works from their collaboration. It is important to consider this exhibition within the context of Flanagan's health conditions: a retrospective in a makeshift hospital in the final years of his life when he was spending increasing amounts of time living in the actual hospital. I will consider this in more detail throughout this

¹ BDSM is an abbreviation that allows for a variety of terms to overlap: Bondage, Discipline (BD), Dominance, Submission (DS), Sadism, Masochism (SM)

² The cage was also used in my 2013 collaboration with Rose *Do with Me as You Will*, performed in a dungeon in LA, in which I was kept in the cage for twenty four hours other than periodically being taken out for different tasks.

³ *Why?* is discussed in detail by McRuer (2006) and Kauffman (1998) and is included in Juno and Vale (1993)

article as I discuss the endurance of art and life and the ways in which projects such as *Visiting Hours* works blur distinctions between the two.

Before moving on to discuss *Visiting Hours* further and considering the ways in which it functioned to subvert the position of patienthood through the embodying of that very position it is important to outline the philosophy of health, illness and contemporary medicine. I draw upon a particular perspective in medical sociology which has become known as the social deviance paradigm. This 'paradigmatic approach accommodates disparate moral and political stances on disability and chronic illness' (Thomas, 2007: 15). In his 1951 publication *The Social System* Talcott Parsons outlined a theory he had been developing since the late 1930s and is still considered one of the most important texts within the field today. Parsons' theories are constantly revisited, critiqued, defended and revised by sociologists. The text draws attention to 'medicine as a professional institution engaged in the social control and rectification of a form of deviance and disequilibrium in society: illness' (Thomas, 2007: 16). Parsons' theory rests on the notion that 'healthy' people were able to fulfill societal obligations, such as work, whereas sick people were not and thus sickness functions as a form of social deviance as 'their incapacity undermines the social structure' (Thomas, 2007: 17). He outlined what he saw as the sick role. This, as he understood it, was a 'legitimate status allowing for the suspension of the ill person's normal social roles' (Thomas, 2007: 17). Parsons argues that if someone is ill their social deviance is accepted if they take on the sick role. Parsons notes that 'the sick role is also an institutionalized role, which [...] involves a *relative* legitimacy, that is so long as there is an implied "agreement" to "pay the price" in accepting certain disabilities and the obligation to get well' (1951: 211; italics in original). This is a position which has certain obligations attached to it but, in turn, would allow the sick person legitimacy.

It is difficult to talk of sickness without speaking of health. As Jonathan Metzl notes health 'is a term replete with value judgements, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being' (Metzl, 2010: 2). More significantly Metzl suggests that health 'is a desired state, but it is also a prescribed state and an ideological position' (Metzl, 2010: 2). Health is, by its very nature, defined in relation to ill-health or sickness. The concepts of health and sickness are contingent upon each other to exist. Parsons understands health as a normativising rhetoric. This rhetoric allows sickness to be considered as deviance. In this study I argue for the position of the sick within a contemporary ideology of health in which normative practices are defined only by the implementation of binaries: health/illness, normative/non-normative for instance. Sick becomes the binary of health and health is understood through its position as the absolute opposite to sickness. The work of the French philosopher Michel Foucault is central to understanding this. Foucault proposes that health can be understood as a discourse of power (1973). Throughout this article, then, I consider the possibility of resistance within concepts of sickness. In what ways might being conceived of as deviant (sick) allow for political resistance? And how might this position enable the articulation of a different ideology in which life is not predicated upon a desired state of health? How might we understand the relationship between health and illness in a non-binary manner? Through a discussion of Flanagan/Rose I intend to reflect on contemporary identity politics of the sick body through a discussion of the patient and the ways in which this has been performed. In order to do this I will first set out the philosophy behind contemporary biomedicine.

The Philosophy of Contemporary Biomedicine

Throughout this article I employ the term 'biomedicine', which has been used increasingly since 1985 to describe scientific and non-traditional medical practices. It was 'born out of awareness on the part of certain anthropologists of medicine of the existence of other large-scale systematic medicines such as Indian Ayurvedic and Chinese medicine' (Lee, 2012: 70). Its use in this paper signals the specific context of medical practices within Europe and the US and does not include alternative or traditional practices.

In her investigation into the philosophy of biomedicine, Keekok Lee proposes that science in general medicine and biomedicine in particular is within an ontological volte-face: that the world and everything within it, including the human body, is a machine. Lee suggests that this ontological volte-face has an 'ideological goal, which is, to use science (and later its induced technology) to control nature.' (Lee, 2012: 35). Lee goes on to compare the role of biomedicine to that of engineering; a view echoed by medical sociologist David Morris who notes that: 'Contemporary medicine tends to conceptualize and treat diseases as mere disruptions to objective mechanisms of the biological body—as "plumbing problems"—rather than illnesses lived by someone' (Morris, 2008: 16). This philosophical position taken by biomedicine has had a major impact on the ways in which the body is viewed, treated and represented within contemporary culture.

The body as machine can be traced as far back as the visual artwork of Leonardo da Vinci (1452-1519). Leonardo's art depicted the human body as a mechanical device in order to understand the principles of motion. The physician Santorio Santorio (1561-1636) 'championed the view that the body was like a clock with its interlocking parts, the workings of which were determined by their shapes and positions. In other words, he held that the fundamental properties of the body and its functions were mathematical ones, such as number, position and form' (Lee, 2012: 31). Perhaps the most significant historical example comes from the philosopher Julien Offray de la Mettrie (1709-1751). In 1748 de la Mettrie commented that: 'The human body is a machine which winds its own springs [...]. [E]verything depends on the way our machine is running [...]. Let us then conclude boldly that man is a machine, and that in the whole universe there is but a single substance differently modified' (de la Mettrie, 1748, 93-128). The famous image of the human form housing cogs and machines is by the artist and gynaecologist Fritz Kahn. *El Hombre Como Palacio Industrial* translates roughly to *Man as Palace of Industry* (c.1930). Kahn suggests that 'The true miracle lies in the fact that the human body is not only the most high-performance and robust machine, but also the finest and most complicated of all machines' (Kahn, 1926). It is significant that Kahn was both an artist and a professional medical practitioner. Kahn's art was used to demonstrate what Lee has described as the philosophical foundations of medicine. Here Kahn's political ideology as a mainstream medical practitioner is confirmed through his art practice.

This modernist view of the body as a machine, I argue, reduces the body to mere matter, organic or technologised. The body in this thought process is either functioning or broken. There is no consideration of the complicated nature of human existence and the embodied experience of life, which is particularly problematic in relation to the lives of those with chronic illness or disability. Medical anthropologist Katharine Young suggests that: 'Medicine inscribes the body into a discourse of

objectivity', describing the process of rendering the body an object, as separate to the self, in medicine as disembodiment (Young, 1997: 1). This process of disembodiment is legitimated because of biomedicine's construction as an epistemic authority and, as I have demonstrated, this is central to the philosophical foundations of biomedicine.

Young demonstrates the possibility of the modernist rhetoric of the body-as-machine objectified within biomedicine to render the body in Cartesian terms. René Descartes himself added to the theory of the body-as-machine stating in his *Treatise on Man* (written 1629-1633 and published posthumously in 1662) that:

I assume the body is nothing else than a statue or machine, which God forms expressly to make it as much as possible like us, so that not only does he give it externally the color and shape of all our members, but also he puts within it all the parts necessary to make it walk, eat, breathe, and ultimately imitate all those of our functions that may be imagined to proceed from matter and to depend only on the arrangement of organs (Descartes, 1662: 41).

Descartes' contribution to this influential rhetoric helps to demonstrate the connection between the Cartesian body and body-as-machine as a theory governing biomedical discourse. The biomedical body becomes problematic if we take into consideration the criticism of Descartes. In his sixth meditation, Descartes suggests that although the mind and body are related they are distinct entities. The criticism of this has been wide ranging. I want to focus on the work of phenomenologist and sufferer of cystic fibrosis Jehangir Saleh. Saleh considers Cartesian mind/body dualism in relation to experiences of illness. I want to outline Saleh's critique of Descartes before returning to consider its implications for my study of the body-as-machine.

If, as Descartes claims, the body is not intrinsic to the self, that is, if it is an object that the self happens to be attached to, then it is difficult to do justice to the testimony of patients living through an illness, for experientially, a disruption to the body is a disruption to the self [...] What is needed is a conception of the body in which the body is not merely an object in the world but that through which the self is bound up with the world (Saleh, 2010: 4).

Saleh concludes that the body in biomedicine is trapped within a discourse of Cartesianism and I suggest this is because biomedicine renders the body-as-machine, a Cartesian rhetoric.

The performance of the medicalised body, as machine, has historically been key in guaranteeing the medical practitioner's position as the epistemic authority over the body. This form of performance finds its beginnings in the historical anatomy theatre of the renaissance. This allows for the theoretical justification of the body-as-machine rhetoric, in which bodies are bereft of self or identity outside of the nature of their biological 'problems'. In her work on the historical anatomy theatre and performance, Maaïke Bleeker suggests that:

Anatomy performs constative acts that produce knowledge by means of a public demonstration of "how it is" with the body. This demonstration is

what Mieke Bal (1996) has termed a “gesture of exposing” that involves the authority of a person who knows (epistemic authority), who points to bodies and seemingly says “look, that is how it is”. These constative acts are constructed according to logic that finds its theatrical expression in the *mise en scene* of the historical anatomy theatre, as well as in the composition of the painted anatomy lessons by Rembrandt Van Rijn, among others (Bleeker, 2008: 15).

The performance of constative acts by medicine has determined the body as mere biological matter, an anatomical text that is readable to those who hold the epistemic authority. Young usefully articulates the problems of this conception of the body, stating that: ‘The difficulty with the physical object hypothesis is not the materiality of the body but the resistance of its materiality to a putatively immaterial self. This dispossesses me from my corporeal self, as if I were different from my body’ (Young, 1997: 8). Young characterises the medical encounter as one that reconfigures the body’s ontological status during what she describes as a realm shift, from the realm of the ordinary to the realm of medicine. The shift marks a transformation in the way the body is constituted: from embodied experience to a disembodied split between material body and the corporeal self.

The Hospital Bed

The hospital bed is the place that demonstrates biomedicine’s view of the body more clearly than any other. I shall now return to Flanagan/Rose’s *Visiting Hours* in order to focus on one particular part of the exhibition: the inclusion of Flanagan and Rose in the exhibition space. Their practice had always been *bodily*. It was always concerned with the physical, fleshy materiality of Flanagan, a body that was constantly reminded of its physical existence in the world because of embodied experiences of sickness and pain. Throughout the exhibition, for six hours a day, Flanagan was presented as a work of art. He sat in a hospital bed in this makeshift hospital and people were able to sit with him. Periodically he would be hoisted by his ankles, by Rose, from the bed and hang upside down from the ceiling above everyone in the gallery. Because of the state of Flanagan’s health at the time, the hospital room installed in the gallery was fully functional. It operated very much as a traditional hospital room might. It functioned both aesthetically and medically. Kauffman suggests that in his moving into the museum as makeshift hospital:

Flanagan deconstructs the cherished concept of the human by staging the elemental, alimantal body. He simultaneously deconstructs the concept of the museum, irrevocably transforming the pristine, inviolate art space with the messy debris of everyday life, sex, and illness: intravenous tubes, bedpans, food, and the ubiquitous oxygen tank nearby (Kauffman, 1998: 35).

I would add that Flanagan/Rose also deconstructed the very notion of the hospital. The clinical white space of the gallery and that of the hospital become one and the same, each challenging the expectations of the other and constantly denying any fixed reading of Flanagan’s position within it as either artist or patient. Flanagan spent six hours a day in his gallery/hospital, rendering his life an artistic practice by presenting himself as both art object and patient or object of the medical gaze.

The LA based artist Dominic Quaglioizzi's 2013 exhibition *The Hospital Show* functioned as something of a response to Flanagan/Rose's 1992-95 *Visiting Hours*. Quaglioizzi was born in 1983 and also suffers from cystic fibrosis. Like Flanagan, Quaglioizzi creates work in a variety of media including performance, paint, video, drawing and installation. *The Hospital Show* is a prime example of the ways in which he, too, would present his visual art alongside his own body within the gallery space. Quaglioizzi's website describes the basis of the exhibition:

The Hospital Show is new works by Dominic Quaglioizzi made exclusively while inpatient (Artist In Residence) at Keck Hospital of USC. The new works range from drawings, paintings, limited edition prints and video art. He explores notions of health and wellbeing through visual, formal, and color arrangements. There are also drawings of people pissing and shitting.

Over the past 5 days, Dominic Quaglioizzi has been making new works with limited materials, but an abundance of time. There have been some art materials, some medical stuff, some proper drug use, many minutes of thinking, looking, waiting, drawing, some coughing, hot nurses, doctors, flowers. Just come and see some art.

The Hospital Show explores the boundaries of what an alternative art space can be. All work is available for free by in-kind trades. Participate in some art. Bring a small work for trade. Get a painting or limited edition hand signed print. It's on a Wednesday night, and visiting hours don't end til 10PM! (Quaglioizzi, 20/09/2014).

As the press release describes, all of the work was made by Quaglioizzi during his stay in the hospital using the small amount of art materials he had taken with him to the hospital and objects appropriated as art materials from the hospital. The exhibition took place in Quaglioizzi's small hospital room. His crudely drawn images of small human figures excreting excessive amounts of bodily fluids, such as shit, piss, phlegm and tears, were awkwardly displayed on the walls around the medical equipment and charts. It was impossible to ignore the fact that this was a hospital room and Quaglioizzi was a patient. In the en-suite bathroom a photographic image of Quaglioizzi, bent double, sat on the toilet, with his oxygen supply next to him, was projected on the wall next to the toilet. Biscuits and drinks were available to visitors and the exhibition ran during the normal visiting hours operating at the hospital. Quaglioizzi, himself, sat in his bed, wearing a hospital gown and sporting tubes running from an oxygen supply to his nose. Like Flanagan, Quaglioizzi demonstrates the importance of his own, live, body within his art practice. Placed in amongst his artworks, Quaglioizzi greeted and spoke to the spectators; it is as if each of the viewers was, in fact, a visitor.

Quaglioizzi highlights the hospital as an alternative art space; similarly Flanagan/Rose considered *Visiting Hours* as a site-specific installation. The two works subverted the expectations of the spaces they were presented in: an exhibition in a hospital room and a hospital in a gallery. In both cases the artists play explicitly with the relationship between the aesthetic and the medical. In these two examples life and art combine in a way that renders them one and the same. In *Theory of the Avant-Garde* (1984) Peter Burger suggests that all avant-garde art in

some way brings together art and life. He speaks of the critical intention of the historical avant-garde as being the 'sublation of art into the praxis of life' (Bürger, 1974: 44). Building upon Bürger's genre defining argument, Richard Murphy proposes two major ways in which this sublation may function. Murphy makes a distinction between what he terms 'idealist' avant-garde and the 'cynical' avant-garde. He proposes that they are both concerned with the relationship between art and life. In the rhetoric associated with the idealist avant-garde:

Art may serve as an ideal model for life: it can offer a prototype of harmony and order, a utopian pattern for the way in which the chaotic, violent or tragic aspects of life may be "mastered" by the form of the work of art, so that in this way the mundane world is "sublimated" or raised up to the sublime and ideal level of the aesthetic sphere. This is the goal characterizing the "idealist" wing of the avant-garde (Murphy, 1999: 34).

Murphy associates the notion of art as an 'ideal model for life' (Murphy, 1999: 34) with the avant-garde of the early twentieth century which had the aim of 'reducing the distance between art and life [...] by the elevation of the worldly to the ideal sphere of art' (Murphy, 1999: 37). Flanagan/Rose's *Visiting Hours* and Quagliozi's *The Hospital Show* do not, however, match this view of the relationship between art and life. For them, life is not elevated in anyway. Rather the viewer witnesses the actual sufferance of the sick body. Murphy goes on to insist 'in contrast to Burger, that the historical avant-garde of the early twentieth century is defined precisely by its attack on this previously progressive function of sublation and by its attempt to reverse the direction by which art and life are brought together' (Murphy, 1999: 37). Murphy sees this as the second possible relationship between art and life within the avant-garde. He continues:

Alternatively art and life can be brought together by a shift in the opposite direction: by what I would call a "cynical" sublation of art and life bringing art down to the banal level of reality, fragmenting artistic form, dismantling the syntax of poetic language and destroying any lingering sense of aesthetic harmony and of organic structuring, so that the work of art leaves the realm of ideal and harmonious forms, and descends to the disjointed world of modernity (Murphy, 1999: 34).

However, in some ways *Visiting Hours* and *The Hospital Show* both seem indebted to the historical lineage of avant-gardism from the early twentieth century. For Quagliozi art is brought into the hospital space, not as an aesthetic decision but rather as a matter of necessity. Similarly, Flanagan's move into the gallery-as-hospital presents his life as an artwork. In both instances life and art are indistinguishable. Perhaps these performances of extended duration perform the "'cynical" sublation of art and life' in the most direct manner (Murphy, 1999: 34). Both Flanagan and Quagliozi bring 'art down to the banal level of reality' (Murphy, 1999: 34). In these two instances the bodies of the two sick artists, Flanagan and Quagliozi, present their endurance to the visitors by framing their life as a work of art and endurance as a significant part of this life. As Flanagan notes: being 'in a hospital bed is an endurance test' (Flanagan in Juno and Vale, 1993: 83).

The hospital bed is an emblem of endurance. It is a place that signifies sickness more than any other. The image of people 'wasting away in hospital beds' is a

popular one within mainstream culture (Kuppers, 2007: 200). The hospital bed allows biomedicine full control and access to the body and renders the sick person as a patient. Lying in bed becomes a position of passiveness, submission and vulnerability. Within the bed the patient is 'designated a passive and uncritical role in the consultative relationship, his [or her] main function being to endure and wait' (Jewson, 1976: 235). This double notion of enduring and waiting is significant here. The sick person turned patient is enduring sickness, perhaps a critical stage, within the hospital bed. The sick person is rendered a patient, a role that is far from active. The sick person waits. S/he waits for treatment, for recovery or even for death. In framing their patient-hood as art, by inviting visitors to be beside their hospital beds, Flanagan/Rose and Quaglioizzi draw explicit attention to both the experience of sickness and the ways in which our bodies are subjugated in the name of health. By presenting their body/life/experience as art work they are able to reclaim the hospital bed as a site of personal-political agency turning 'submission into power, they use submission as a politically subversive tool on their bodies' (Claid, 2006: 171).

Flanagan and Rose took control of the conditions in which Flanagan's hospitalisation took place. His submission to biomedicine was presented as secondary to his submission to Rose. Throughout his time in the gallery-come-hospital Flanagan's feet were attached to a pulley mechanism. At various points during the exhibition Rose was able to suspend Flanagan upside down from the ceiling above the art in the room. Like the rest of the gallery, and Flanagan/Rose's life together, medicine and BDSM share the same space. BDSM is presented as equal in the sustaining of Flanagan's existence, it functions as a medicine of sorts: a personal-physiological resistance to illness. 'The Ascension' as it was named seems both to act as a warning of Flanagan's inevitable death, drawing upon Catholic belief in ascension, and to function as something to wait for. This moment offers a piercing example of the dis-easing possibility of sick life-as-art. Until this point Flanagan lay in the bed and spoke with spectators who functioned as visitors to his hospital room. But this is a sick hospital (in more ways than usual). In order to access Flanagan they are confronted with his visual art works that point towards his lifestyle as deviant, shattering taboos around the sick body and the nature of existence for those of us who have a chronic illness. The ultimate moment of dis-ease here is caused when Flanagan's sick body is lifted from the bed by his ankles high above the visitors and the makeshift hospital. I imagine what it must be like to be deep in conversation with Flanagan when suddenly his legs are raised up and he begins to ascend, his hospital gown falling off as he does. Hanging, naked, upside down from the ceiling Flanagan's body is almost lifeless and reminiscent of a piece of meat hanging in the slaughterhouse. The only sign of life is his coughing. The sign of life is also the sign of illness. The cough, here, reminds us that Flanagan is still alive but it simultaneously reminds us of the severity of his life as one that is rapidly moving towards death.

I would like to offer two possible readings of this moment of intervention into the order of the hospital space. First, Flanagan's waiting in the bed can be read as waiting for death with the ascension as a physical enactment of it. But perhaps more significantly if we consider this in relation to Flanagan/Rose's life-as-art practice more generally, Flanagan's endurance of waiting in the hospital bed is towards the sexual fulfilment of the intervention of SM into his medicalised existence. In 1949 psychoanalyst Theodor Reik outlined four basic characteristics of masochism: Fantasy (the imagined), suspense (waiting for this), the demonstrative (the way in

which the suffering, humiliation or embarrassment is exhibited) and, not essential, the provocative (the demand for punishment in order to enjoy forbidden pleasure) (Reik, 1949). Flanagan's waiting enacts Reik's components of suspense with the ascension functioning as the fantasy and eventually as the demonstration itself.⁴ It is interesting to note that the word 'suspense' can be traced back to the Latin word 'suspensus' which means to be hovering, doubtful or suspended. The suspension of Flanagan's body then fulfils the demonstrative but also acts as the physical embodying of the suspense of waiting. The hospital bed becomes imbued with the possibility of sickness, not just illness but also as deviant sexual lifestyle. In the demonstration of this complex transformation from a form of passive submission within biomedicine to a form of submission as a matter of lifestyle choice Flanagan conflates medicine and SM. In doing so he highlights himself as sick and claims this as a position with political potential. As passive submission turned to erotic suspense Flanagan was able to redefine the role of the patient, imagining his endurance as a worthwhile activity towards self-ownership.

Thinking back to my stay in hospital during which I conceived of this article, I remember the intense lack of agency over my own materiality. Flanagan/Rose's *Visiting Hours* appropriates and re-embodies the very activity that removes personal and political agency, but in the doing of this they are able to re-constitute the terms upon which it is experienced. The monotonous space of the hospital room becomes imbued with pleasure and constantly reminds us that sickness is not simply a matter of a broken machine in need of fixing. Paradoxically the position of vulnerable, unknowing patient becomes one of potential human agency.

References

- Bleeker, Maaïke. (2008) 'Introduction' in Bleeker Maaïke (ed) *Anatomy Live: Performance and the Operating Theatre*. Amsterdam: Amsterdam University Press, pp.11-22.
- Burger, Peter. (1984) *Theory of the Avant-Garde*, Manchester: Manchester University Press.
- Claid, Emilyn. (2006) *Yes? No! Maybe...: Seductive Ambiguity in Dance*, Oxford and New York: Routledge.
- De le Mettrie. (1748) *L'Homme Machine*, trans. Gertrude Bussey and M. Calkins, La Salle, IL: The Open Court Publishing Co (1961).
- Descartes, Rene. (2000) *Philosophical Essays and Correspondence* ed. Roger Ariew. Indianapolis: Hackett Publishers.
- Flanagan, Bob (2000). *The Pain Journal*, Los Angeles: Semiotext(e) / Smart Art Press
- Foucault, Michel. (1973) *The Birth of the Clinic*, London: Routledge.

⁴ For a full discussion of Reik's components of masochism in relation to performance see O'Dell, 1998.

Foucault, Michel. (1998) *The History of Sexuality Volume 1: The Will to Knowledge*, London: Penguin. Originally published as *La Volonté de Savoir*, France: Editions Gallimard, 1976.

Foucault, Michel. (1975) *Discipline and Punish: The Birth of the Prison*, London: Penguin Books.

Juno, A and Vale, V. (1993) *Bob Flanagan: Supermasochist*, San Francisco: RE/Search.

Kahn, Fritz. (1926) 'Man, The Most Complicated Machine' in *Berliner Illustrierte Zeitung* 44: 1467-1468.

Kauffman, Linda. (1998) *Bad Girls and Sick Boys*, Los Angeles: University of California Press.

Jewson, N.D. (1976) 'The Disappearance of the Sick-Man from Medical Cosmology, 1770-1870', *Sociology* 10/2: 225-244

Kuppers, Petra. (2007) *The Scar of Visibility: Medical Performances and Contemporary Art*, Minneapolis: University of Minnesota Press.

Lee, Keekok. (2012) *The Philosophical Foundations of Modern Medicine*, Basingstoke and New York: Palgrave Macmillan.

Lupton, Deborah. (1994) *Medicine as Culture: Illness, Disease and the Body in Western Societies*, London: Sage Publications Ltd.

Metzl, Jonathan. (2010) 'Introduction: Why "Against health"?' in Jonathan Metzl and Anna Kirkland (eds) *Against Health: How Health Became the New Morality*, New York: New York University Press, pp.1-14.

Morris, David. (2008) 'Diabetes, Chronic Illness and the Bodily Roots of Ecstatic Temporality', in *Human Studies: A Journal for Philosophy and the Social Sciences*, Volume 31, No 4, pp. 399-421, December 2008.

Murphy, Richard. (1998) *Theorizing the Avant-Garde: Modernism, Expressionism, and the Problem of Postmodernity*, Cambridge: Cambridge University Press.

Quagliozi, Dominic. (2013) 'Press Release The Hospital Show' *artistdominic.com*. Viewed: 20/09/14. URL: <http://artistdominic.com/The-Hospital-Show>.

Reik, Theodor. (1949) 'Masochism in Modern Man' in *Of Love and Lust: On the Psychoanalysis of Romantic and Sexual Emotions*. Reprint, New York: Farrar, Straus & Giroux, 1984, pp.195-366.

Young, Katharine. (1997) *Presence in the Flesh: The Body in Medicine*. Massachusetts: Harvard University Press.

Biography

Martin O'Brien is an artist and scholar whose performance and research draws upon his experience of suffering from cystic fibrosis. His work is concerned with physical endurance, disgust, long durations and pain based practices in order to address a

politics of the sick body. He has performed throughout the world, both solo and in collaboration with the pioneering performance artist Shereee Rose. He has published widely in journals and books and is co-editor of a special edition of Performance Research On Medicine. He is lecturer in performance at Queen Mary University of London.