

MAN'S DARK INTERIOR: SURREALISM, VISCERA AND THE ANATOMICAL IMAGINARY

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Introduction

BORN OF THE sociocultural effervescence that swept through Europe in the years following the First World War, Surrealism represented a profound disillusionment towards the established intellectual order that it held responsible for the dehumanising and violent depths to which civilisation had so recently sunk.¹ Decrying the inadequacy of postwar philosophies and politics to deal with the new, brutalised world of the interwar period, the Surrealists loudly championed a revolution of perception by replacing the certainties of prewar thought with the unpredictable discontinuities of non-Euclidean geometry, the base materialism of Georges Bataille and, most especially, the dark visions of the human psyche that emerged through Freudian psychoanalysis.²

This reproof of the postwar status quo found particularly acute expression in graphic imagery of bodily evisceration. Metaphors conveying the scientific analysis of death, corporeal dismemberment and visceral abjection recur obsessively within the Surrealist lexicon: as much bodily ciphers of psychological interiority as representations of the profoundly dehumanising trauma of the First World War and its mechanised mutilation of bodies.³ Henri Michaux, for example, spoke vividly of a 'great secret' stashed away within the 'crockpot [of the] stomach' in an allusion both to the violent catalytic reactions taking place within the belly's crucible and to the sense of unknowability, mystery and concealment that accompanied philosophical reflection on the body's visceral regions.⁴ Elsewhere, the somatising links between innards and psyche were expounded by the writer and artist, Antonin Artaud, who identified within the body's core an insurrectionary form of visceral abjectness that – in times of physical sickness or psychic trauma – threatened to engulf or otherwise consume the languid, somatic façade of the self in a black wave of feculent putrescence.⁵ His drawings – such as *Poupou rabou . . .* (1945) – emblematised this impression of corporeal insurgency by disassembling all sense of bodily narrative through a graphic burlesque of visceral disjuncture (Figure 20.1).⁶

The fragmentary, non-linear understanding of the body that such an image elicits emphasises how Surrealism can offer new perspectives on corporeal narrativity that

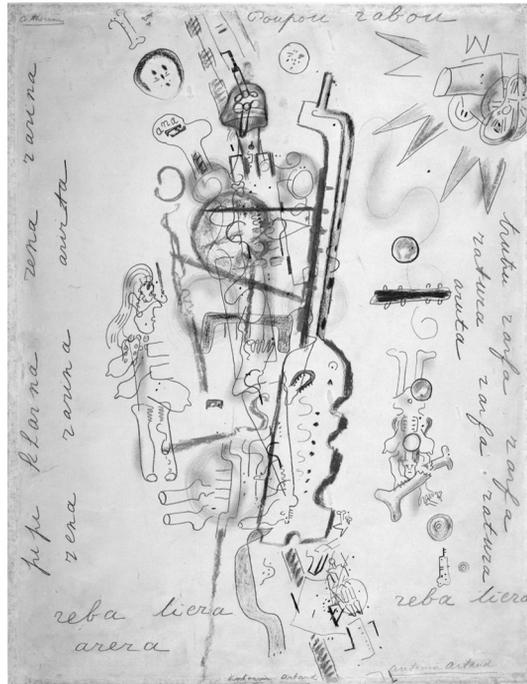


Figure 20.1 Antonin Artaud, *Poupou rabou*, 1945. Photograph © Centre Pompidou, MNAM-CCI, Dist RMN-Grand Palais/Adam Rzepka.

accord with contemporary reappraisals of the role narrative traditionally performs in the medical humanities.⁷ That much of this decentring of corporeal narrative occurs within Surrealism as a response to perceived or imagined psychosomatic discomfort (as a metaphorical embodiment of wartime trauma but also – and especially, in the case of Artaud – very real psychological disorder) equally proffers a psychophysiological viewpoint on the iconography of pain from which the medical humanities can obtain insight. As such, by taking interior sensibility as its starting point, this chapter provides a counterpoint to recent work on the physiognomic expression of pain,⁸ only here discomfort is explored psychophysiologicaly as an internal cipher of emotional disturbance and corporeal sensitivity: a weatherglass of gastrointestinal and visceral sensation. Needless to say, pleasure (pain's agreeable counterfoil) plays a part in this story, complicating the psychodynamics of sexuality and corporeal sensibility within the body as they were envisaged in the 1920s, 1930s and 1940s.

Corporeal interiority is a theme that resonates loudly with much recent work in the medical humanities, which has emphasised the 'corporeal turn' of modern historiography and the embeddedness of the body within the discursive parameters of a wide range of cultural praxes and regimes of knowledge.⁹ As Rachael Allen notes in her own contribution to this volume, the anatomised body affords the medical humanities an opportunity for critical reflection on society's moral imperatives and the ethics

that condition ‘our common experiences as living bodies and beings’.¹⁰ This chapter, then, will investigate an interwar shift within neuropathology and psychiatry towards a more psychodynamic model of selfhood and how this influenced wider sociocultural attitudes towards the body. It will examine, in particular, how the viscera were seen as the crucible of the subconscious. Such revisionist corporeal thinking will be positioned in opposition to contemporaneous hygienist theory, which recommended complete bodily control over the viscera and sanctioned a mechanistic form of physical regimen. Surrealism’s critical engagement with the schools of psychophysiology and psychoanalysis will thus be shown as a type of philosophical revolt that confronted rationalist faith in psychosomatic coherency through hypothesising a radically abject and decentred conception of selfhood that originated within the viscera. This will be subsequently examined in relation to the graphic work of Artaud and his interest in the abject, decentering qualities of corporeal interiority. The chapter will conclude with a discussion of how the study of Surrealism and art history more generally can offer new pathways for the medical humanities, estranging and defamiliarising conventional scholarly frameworks through productively combining different disciplinary perspectives while also attending to the deeper epistemological structures that can be unearthed by analysing non-verbal modes of expression.

Psychophysiology and Surrealism

A post-Freudian school of neuropsychiatry, psychophysiology had developed through the work of the Viennese neuropathologist, Paul Schilder. Initially close to Freud, during the 1920s Schilder became interested in the biological foundations of self-knowledge and in 1935 published *The Image of the Body* – an interdisciplinary text that fused biology, psychoanalysis, neurology and psychology.¹¹ The problem to which he applied himself was that of the psyche’s corporeal self-representation – how individuals constructed an image of their physical selves in the world:

The image of the human body is the image of our own body which we shape in our mind; to put it another way, the manner in which our body appears to ourselves. Of the sensations which are given to us, we can see certain groups on the surface of the body; we have tactile, thermic and painful impressions; other sensations stem from the muscles and their sheaths [. . .]; the sensations which come to us from the enervation of the muscles; the sensations finally which reach us from the viscera [. . .]. By these sensations, we have the direct way in which there is a unity of the body. This unity is perceived, but it is more than a perception.¹²

In France, the most prominent exponent of the psychophysiological approach was the neuropsychiatrist, Jean Lhermitte. *The Image of our Body* (1939) drew explicitly upon Schilder’s earlier work, although Lhermitte’s focus on sensory perception signalled a closeness to phenomenology:¹³

How could we [he asked] act upon the external world if we were not in possession of a plan of our attitudes and position in space, if we did not possess in our mind the

idea of our body. Thus one would not doubt that our activity is built on a psychophysiological foundation, which is none other than the image of our corporeal self.¹⁴

Naturally, psychophysiology had a close kinship with phenomenology. The postwar phenomenologist Maurice Merleau-Ponty, for example, admitted his debt to Lhermitte and Schilder on several occasions and, in both disciplines, corporeal experience unmistakably foregrounds psychological self-knowledge.¹⁵ While Richard Schusterman maintains that Merleau-Ponty 'hardly wants to listen to what the body seems to say about itself in terms of its conscious somatic sensations, such as explicit kinaesthetic or proprioceptive feelings',¹⁶ Merleau-Ponty nevertheless specifically drew upon neuropsychiatric work in physiology as an anti-reductionistic contrivance: 'Thus, to the question we were asking, modern physiology gives a very clear reply: the psychophysical event can no longer be conceived after the model of Cartesian physiology and as the juxtaposition of a process in itself and a *cogitatio*.'¹⁷ Divergence between psychophysiology and phenomenology is, however, prefigured in the latter's attentiveness to somatic experience as part of a wider philosophical investigation of self-perception as opposed to psychophysiology's explicit grounding of selfhood within the parameters of neuropathology.¹⁸

The themes of spatial location, self-perception and body image that obsessed Schilder and Lhermitte would find particular expression in the physician and Surrealist writer Pierre Mabile's 1936 treatise, *The Construction of Man*. Mabile hypothesised that the body was regulated by psychophysiological rules that were based upon a quaternary subdivision of the human anatomy. He apportioned the body into an 'osteo-muscular mass', a 'visceral mass', a 'cephalic extremity' and a 'genital extremity'. Of these it was the osteo-muscular mass and the viscera that operated in psychodynamic divergence to each other.¹⁹ Organised around the spine, the skin-clad frame of the osteo-muscular mass structured the body along a tubiform template, a sensitive medium of conscious communication that functioned in opposition to the maelstrom of subconscious energies that swirled within the visceral system:

Thanks to the peripheral system, all the possibilities of [external] relations establish themselves [. . .]. It is there that consciousness puts up its scaffolding. Through it we gain knowledge of the world and by the limits that it grants us, of ourselves. [Our] intellectual, sensory [and] rational existence derive from this organisation. Contrastingly, the vital phenomena – the group of tendencies, desires and revulsions – are inherent to the operation of the viscera. In them resides our deep and subconscious reality.²⁰

Allied to the post-Freudian corporeal theories of Schilder and Lhermitte, Mabile's understanding of the viscera as the crucible of psychophysiological function echoed aspects of the late nineteenth-century experimental neurophysiology of Etienne-Jules Marey and Charles François-Franck, which had recognised the expenditure of bodily energy as part of a fluxional thermodynamic process.²¹ Distillation of energy was deemed fundamental to this thermodynamic model as physiologists questioned the processes that governed corporeal energy supply by investigating gaseous and faecal

composition. Leading to a calorific theory of energy, this hypothesis appealed to mechanists, who saw it as proof of the body's biomechanical nature as a 'heat machine'.²² The reductionist implications of this approach became clear as biomedicine focused increasingly on analysing the operation of the component parts of the visceral system.²³ Needless to say, Mabile's position represented a complete disavowal of this type of scientific rationalism.²⁴ Instead, he posited an anti-reductionist schema whose incorporation of psychophysiological principles mirrored those irrational values that Surrealism championed in Freudian psychoanalysis.²⁵ As we will see, this radically psychodynamic understanding of corporeal selfhood patently rejected mechanistic approaches to mind-body dualism in ways that undermined contemporaneous hygienist perceptions of the body as a consciously malleable entity.

The Hygienist Body and the Visceral Unconscious

A wartime health handbook by the hygienist writer Charles Fernet expounded that the living body was effectively an economy of exchange in which nutrients were converted into energy and organic material by the viscera:

Life is only supported by a continuous exchange of matter between the living being and the external world: it is a maelstrom in which elements of the being ceaselessly renew themselves, via a process of destruction and regeneration that takes place every instant; to put it another way, the substance of the living body is subject to a continual movement of composition and decomposition which constitutes nutrition; the organism only maintains the condition that it borrows from the matter of the exterior world and to which it returns this matter after having made use of it.²⁶

A comparison can be made between Fernet's model of the alimentary system and Mabile's envisagement of the gastrointestinal tract as a vessel in which digestive forces converted nutrients into energy through absorptive and assimilative processes. At each stage of digestion, imbibed material progressively lost its shape, releasing energy until it finally became inert. Whilst this sluggish, organic filtrate was destined for excretion, within the 'interior circuit' of the body a contrary, 'ascending' motion took place, which swept up any purified matter, forcing it to 'leave its old forms' so as to 'acquire a new form, specific to the individual, and to become its flesh'.²⁷

Hygienist mantra stressed a close connection between external appearance and the vital function of the internal organs. A 1933 article by C.-C. Pagès explained how renal filtration could be boosted by heightening, through exercise, the body's cardiovascular flow. Due to the kidney's role in purifying blood, renal health was deemed integral to personal well-being, internally supporting the hard-edged carapace of musculature that was so desired by the bodybuilding confraternity.²⁸ Indeed, the types of exercise recommended by hygienists to improve blood circulation and the preservation of internal organs seemed designed to result in precisely the vigorous, Classical body that was promoted as a remedy to modernity's ills: 'To obtain the maximum of [cardiovascular] work with the minimum of effort and especially exhaustion one must insist upon large

medium-sized weights, and to lift them using the bodily postures *most favourable to the functioning of the viscera*.²⁹

Fear of the viscera spilling out and destroying the integrity of the body's muscular panoply troubled the hygienist imagination, as it jeopardised the strength of a psyche that ordered itself along principles of corporeal control. As Edmond Desbonnet stated, hygienist exercise had as its goal a corporeal 'equilibrium [that was] as much *mental as muscular*'.³⁰ One article cautioned watchfulness in the preservation of the entrails' muscular sheath: 'The viscera [of the] stomach [and] intestines are supported [. . .] by the muscle tone of the abdominal wall, which forms, in a normal subject, a padded cushion upon which we stand vigil.' Any lapse in vigilance could allow the body's visceral pressures to exceed the limits of the abdominal wall's tensile capacity, causing the abdominal muscles to slacken and 'the viscera in question to fall': a breach of somatic boundaries that led to an insalubrious host of hypertrophied body-types, which resulted from poor gastrointestinal and visceral maintenance (such as the distended, fluid-filled bellies stemming from 'ascites', 'abdominal tumours [and] repeated pregnancies').³¹

Above all, the hygienist body represented the conquest of willpower over unthinking corporeal matter. Inasmuch as physical educationalists admitted to a link between physiology, mental life and overall bodily health, it was the *conscious* mind that exerted its shaping will over the clay of the body, the hard-edged musculature of the athletic corpus signifying a hygienic, well-ordered mentality that had tamed the vortex of visceral impulses that swirled within the body's interior, imperilling, at any moment, the psychosomatic orderliness of the physique. Pierre Chevillet, an advocate of a hygienist regime, explained to readers that:

Externally suppressed by the force of social conventions, the emotional storm bursts in the organs. If their anatomy is robust, this tempest will not destroy their physiology. If [their] histological structure cannot resist the moral shockwaves, [their] health will collapse [. . .]. Organs, without sufficiently developed muscles, will not have the energy to resist mental reactions.³²

In his exploration of the psychological image of the human body, Schilder emphasised the way in which fluctuating gastrointestinal sensations coexisted alongside other visceral impressions, flummoxing any conscious sense of corporeal intelligibility by replacing it with an amorphous quagmire of psychosexual sensibility. Indeed, what enhanced the symbolic value of the entrails was the spatial proximity of the organs within the abdomen; a psycho-anatomical quirk that created a type of sensory confusion in which pleasure or discomfort could be transferred, unknowingly, from one organ to another:

It appears that all our internal sensations are also localized in [a] sensitive zone several centimetres under the surface of the body. The sensation of [bodily] satisfaction and well-being has several foliated extensions in the region of the stomach. Stomach pains originate from [the] same point, that which links itself up to the anus, when there is the sensation of indigestion.³³

Schilder believed that this anatomical hypersensitivity heightened the sexual importance of the genitalia within certain pathological mentalities who overdetermined the eidetic significance of the viscera when responding to the flux of fluid pressures. For Mabille, such concerns corresponded with the larger, psychosomatic sense in which the entrails were the 'interior, unconscious, core [of the body], stemming from visceral function [which] acts like an energy transformer. It forms the currents termed tendencies, needs, desires, disgusts, intolerances.'³⁴ This internal dynamism was expressed and interpreted by the corporeal superstructure that clothed the ebb and flow of the emotions 'in ideas, in images, in concepts. Thanks to this re-dressing, they enter into contact with the universe of men and things.'³⁵

Inasmuch as psychophysiology appeared to accord with the hygienist view that the body's peripheral frame provided a 'stable and supple edifice' upon which the self could find intelligible expression, it none the less poured cold water on the idea that corporeal management alone could rectify overly sensitive viscera or physically mould the psyche to the body's muscular exigencies. In contrast to Chevillet's imposition of a willpower over the emotionality of the viscera, Mabille saw the body's deep interior as the durable seat of the 'true, unconscious' self, a region that was fundamentally a 'foreign environment: part air, part contents of the digestive tract': the dominion of 'the most primordial vital processes' and, implicitly, a bodily realm that lay beyond the remit of conscious control.³⁶ As we will see, the sense of psychosomatic estrangement that resulted from such a psychophysiological reading of selfhood – in which the self bobbed unsteadily upon the body's visceral tides – appealed particularly to those Surrealist writers and artists who took umbrage at hygienist claims that the body could be self-consciously fashioned into the corporeal paradigm of a well-integrated ego.

Surrealism, Base Materialism and Visceral Abjection

Conceived as a festering cauldron of unconscious desires, endocrine flows and sanguineous currents, the visceral system proffered a fulminous alternative to the hygienist image of the body. To the Surrealists especially, the lubricity of the body's subcutaneous provinces – in which hormones, appetites and digestive juices freely waxed and waned – volunteered a challenge to the hygienist claim that all bodies, correctly managed, could acquire the polished, well-toned appearance of an antique cuirass. The Surrealist philosopher, Georges Bataille, pictured such unpredictable, serous exudations as desublimatory filaments that dragged the imagination, unwillingly, down into the darker depths of human existence, where humanity's reified self-image was engulfed by the turbulent, somatic waters of involuntary sensations and instinctive dynamisms:

The vicissitudes of organs, the profusions of stomachs, larynxes, and brains traversing innumerable animal species and individuals carries the imagination along in an ebb and flow it does not willingly follow, due to a hatred of the still painfully perceptive frenzy of the bloody palpitations of the body. Man willingly imagines himself

to be like the god Neptune, stilling his own waves, with majesty; nevertheless, the bellowing waves of the viscera, in more or less incessant inflation and upheaval, brusquely put an end to his dignity.³⁷

The amorphous character of the viscera thus endangered humanity's sense of bodily identity as it undermined the ego's fastidiously engineered psychological coherency, threatening to overrun the boundaries of selfhood with the sanguinary liquids, expectorated fluids and excreted substances that, due to their *hidden* or *jettisoned* nature, existed *outside* of the self, at the threshold of psychosomatic meaning where the sublimity of the 'I' was sustained through that which it subconsciously *denied*, that which it *opposed*.³⁸ This oppositional dichotomy, set between the intestinal and endocrine reality of the entrails and the fictive, self-assured character of the psyche, owed its first conceptualisation to Freud, who, in a foreshadowing of Bataille's ignoble speculations, saw the mind as beholden to competing impulses, any imbalance of which – especially in terms of the psychosomatic effects of *displeasure* – led to a rupturing of psychical decorum. Unbearable tensions emerged in the psychical apparatus due to a surfeit of disagreeable psychological stimuli, which the mind attempted to rebalance by increasing its mental store of *pleasure*.³⁹ Occasionally, excessively powerful forces of mental agitation penetrated the psyche's protective mechanism, provoking 'a massive disturbance in the organism's energy system' that resulted in traumatic neurosis.⁴⁰ While these harrowing excitations occasionally stemmed from external sources, the most dangerous kind emerged from those unconscious, secreted dominions within the *soma* itself, against which the hapless ego had little in the way of defensive machinery:

The fact that the stimulus-receiving cortical layer lacks any shield protecting it against excitations from within must presumably mean that these stimuli acquire greater economic importance, and often give rise to economic dysfunctions, which are equitable with traumatic neuroses. The most abundant sources of such excitation from within are the organism's so-called drives, which represent all those manifestations of energy that originate in the inner depths of the body and are transmitted to the psychic apparatus [. . .].⁴¹

These inner drives held the psyche in bewildering thrall to excitatory consistency; the child or neurotic patient was compelled endlessly to repeat actions or recall memories of both a pleasing and unpleasant nature, so much so that a 'daemonic compulsion' towards repetition appeared to be a central part of the psyche's instinctual makeup. To explain this pathological urge, Freud hypothesised a universal attribute of involuntary drives, which, he maintained, embodied the quintessence of organic life itself: 'A drive might accordingly be seen as *a powerful tendency inherent in every living organism to restore a prior state*, which prior state the organism was compelled to relinquish due to the disruptive influence of external forces.'⁴² This organic inertia not only was conservative but also gave the lie to the notion that it was life's goal to accomplish evolutionary progress:

If we may reasonably suppose [. . .] that every living thing dies – reverts to the inorganic – for *intrinsic* reasons, then we can only say that *the goal of all life is death*, or to express it retrospectively: *the inanimate existed before the animate*.⁴³

Yet, if the flame of life was originally kindled in the dull embers of inanimate material – and it was to this deathlike state that all life, ultimately, sought to return – it countermanded this thanatic impulse through the production of germ cells, which worked ‘in opposition to the death of living matter, and [succeeded] in giving it what in our eyes must seem like potential immortality’ by sanctioning the perpetuation of the genetic stock through procreation.⁴⁴ In Freud’s eyes, the vital ‘woof’ of the life-drive, Eros, thus ran counter to the necrotic ‘warp’ of the death-drive, Thanatos:

It amounts to a kind of fluctuating rhythm within the life of organisms: one group of drives goes storming ahead in order to attain the ultimate goal of life at the earliest possible moment [the inorganic], another goes rushing back at a certain point along the way in order to do part of it all over again and thus prolong the journey.⁴⁵

Buffeted by the crosswinds of Eros and Thanatos, the state of incessant flux to which the ego was subject flowed most forcibly from the corporeal forces that swept through the body’s visceral undercarriage and which impressed deeply upon the psyche the agony and the ecstasy of life’s embodied duality.⁴⁶ In Freud’s opinion, consciousness of selfhood’s corporeality thus originated – in a foreshadowing of Bataille’s desublimatory meditations – as much from pain and ‘the bloody palpitations of the body’ as it did from the peaceable, regulatory operation of the blood stream, organs and epidermal membranes:

Pain [plays] a role in this, and the manner in which we gain a new awareness of our organs when we suffer painful illnesses is perhaps paradigmatic for the way in which we arrive at our notion of our own body.⁴⁷

For Bataille, corporeal sensibility served as an astringent reminder of the potency of the life-drives (and their thanatic *Doppelgänger*, the death-drive) and of the ultimate ignobility of humankind. A calloused toe was hence capable of recapturing humanity’s ‘*obscure baseness*’, its grotesque appearance giving ‘a very shrill expression of the disorder of the human body, that product of the violent discord of the organs’.⁴⁸ This vision of a morbidly debased body expressly snubbed the idealist pretensions of materialist philosophers who, all too often, favoured pigeon-holing objects according to purely formalist criteria, choosing the positivist ‘conformity of dead matter’ over the heterogeneous, unruly vagaries of physical reality.⁴⁹ The bankruptcy of traditional notions of materialism stemmed not only from their naïveté but also from their reluctance to account for new analytical methods emerging from psychology and psychoanalysis: ‘Thus it is from Freud, among others [. . .] that a representation of matter must be taken.’⁵⁰

Matter – when Bataille conceives of it, dwelling within the body’s interior as so much corporeal egress – is precisely that which enables a thorough discrediting of the customary materialist position as it divulges, in somatic terms, the illogicality of a

binary viewpoint based upon the philosophical 'division of the universe into subterranean hell and perfectly pure heaven'.⁵¹ Essential to life's vital principles yet, none the less, morally vilified for their lowly character within the body's metaphysical hierarchy, the entrails were hence not simply anatomical embodiments of Bataille's conception of *base materialism* – that which disrupted all philosophical categories through generating 'a back and forth movement from the refuse to the ideal, and from the ideal to the refuse' – but also, due to their shapeless and vicissitudinous nature, the personification of his anti-classificatory concept 'formless'. Simply put, the formless was that which defied all attempts at classification; it was the epistemologically limbic, the semantically fluid, that which occupied the shadowy hinterland of scientific groupings, suborning the identity of things:⁵² 'To affirm [. . .] that the universe resembles nothing at all and is only *formless*, amounts to saying that the universe is something akin to a spider or a gob of spittle.'⁵³ As we will see, Bataille's theories of formlessness and base materialism hold particular resonance for Artaud's graphic images of the human body in which selfhood is unpicked and interrogated through a visual language of corporeal evisceration and narratological decentring.

Artaud and the Autoscopic Eye

Nothing better exemplifies the disordering potential of the formless than the body's liquescent interior, laden with gelatinous, sludge-filled organs. Once stripped of its shaping flesh, the corpus becomes a ghastly, structureless echo of its previous self: a formless, suppurating negative to the shapely, skin-clad effigy of its positive incarnation. Whereas, for Freud, the intelligible self is a stable, conscious entity composed of the 'coherent organization of the psychic processes present within each individual', manifesting itself externally as the '*projection* of a surface',⁵⁴ its constancy is undermined – in the words of Julia Kristeva – by the unspeakable horror of the body's interior:

If it be true that the abject simultaneously beseeches and pulverizes the subject, one can understand that it is experienced at the peak of its strength when that subject, weary of the fruitless attempts to identify with something on the outside, finds the impossible within; when it finds that the impossible constitutes its very *being*, that it *is* none other than abject.⁵⁵

For Artaud such philosophical concerns formed the conceptual backbone of his artistic practice. Incarcerated in a psychiatric institution for much of the 1940s, he produced a series of drawings that forcefully disassembled the anatomical configurations of the human body so as to question its privileged status as a reified object in the cultural imagination.⁵⁶ In this task, Artaud believed himself to be the herald of a new type of body that, as Ros Murray has suggested, offered an 'antidote to repressive representative forms that preserve the external image of a complete and undamaged body of the author or artist, maintained at a safe distance from the work'.⁵⁷ If, to paraphrase Paul Macneill, 'provocative art' practice can act as a critique of predominant medical paradigms by

throwing into question ubiquitous suppositions regarding medicine and the body,⁵⁸ then Artaud's surreally inflected illustration of corporeal interiority epitomises this interrogative potentiality by confronting long-established mechanistic bodily principles through a visual language of psychodynamic disintegrity that is drawn from the pathological casebooks of psychophysiology.

Centre-stage in Artaud's violatory depictions of the body is the impression of its base materiality. Exudatory inner structures – rendered in garish, pencilled-in technical colour – shine through insubstantial corporeal forms: peculiar, fleshful organs that dissipate the miasmal fog of the body's outer tissues by the dark light of their abject digestive, reproductive and purgative processes. In one undated sketch – *The Hanged Woman* – the soma is portrayed as parchment-thin: a gauzy envelope within which a tubular, girder-like form appears to defecate, all the while framed by radiating lines of an emphatically excremental brown (Figure 20.2).

Surrounded by a blood-red halo, this gastrointestinal organ assumes the position of a surrogate icon: an idol of perversity, whose ornate, penetralian temple stands in purposeful opposition to the see-through, empty canopy of the body's upper regions. A text, contemporaneously penned by Artaud, provides an appropriately scatological interpretation of this tapering duct, which sluices egesta from the body's sarcous pipework:⁵⁹ 'Within the instrument [. . .], this central tube of expulsion, this skeletal rib where things [slip] like a stone falls, the telescope, unresolved, here, by this cloud-filled gulf, melds.'⁶⁰

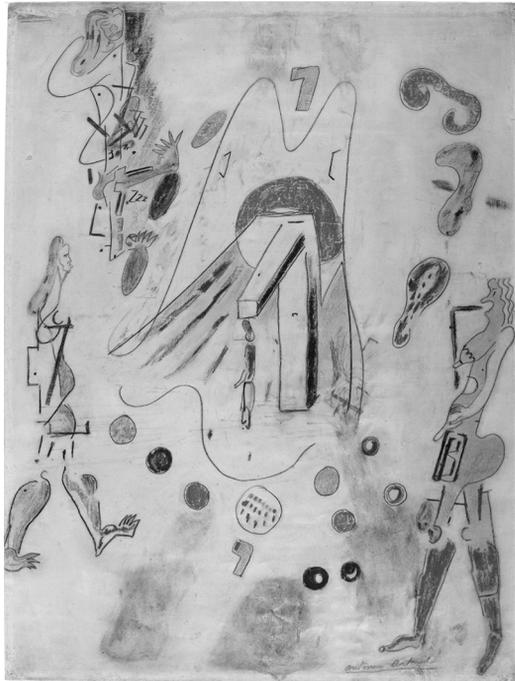


Figure 20.2 Antonin Artaud, *The Hanged Woman*, undated. Photograph © Centre Pompidou, MNAM-CCI, Dist RMN-Grand Palais/Georges Meguerditchian.

The autoscopic undercurrents of Artaud's commentary echo the pathological case studies of psychophysiology; the all-seeing, scopophilic fantasy of an eye – sitting squarely within the viscera – which fragments the body's integrity even as the beholder anguishes over its precipitous dissolution. For example, in *The Image of our Body*, Lhermitte wrote of 'autoscopy' as a psychological predisposition to envisage the body from *within*, sufferers of this immiserating condition being able to describe, in hysterical detail, the shape and structure of their internal organs: the lungs, liver, stomach, intestine, kidneys, heart and so on.⁶¹ 'Sometimes the vision is interior,' observed Lhermitte, 'sometimes it exteriorises itself':

The subject claims to have something akin to an eye in the stomach [. . .], another sees his viscera as though in a mirror, still another claims to examine himself by means of [his] translucency. But the majority of subjects agree on the point that they appear to watch and see their body *from the inside*.⁶²

Lhermitte's neuropsychiatric terminology resonates with Artaud's autoscopic imagery.⁶³ Organs topple from diaphanous bodies, shred apart by Artaud's pathological gaze, only to be left, pendulously suspended, in mid-air. In *Couti – The Anatomy* (1945), a chamfered vessel – part alimentary tract, part procreative system – casts off wormy, intestinal forms: fistulous dejecta, which function as symbolic, externalised impressions of a pathogenic, interior reality (Figure 20.3).

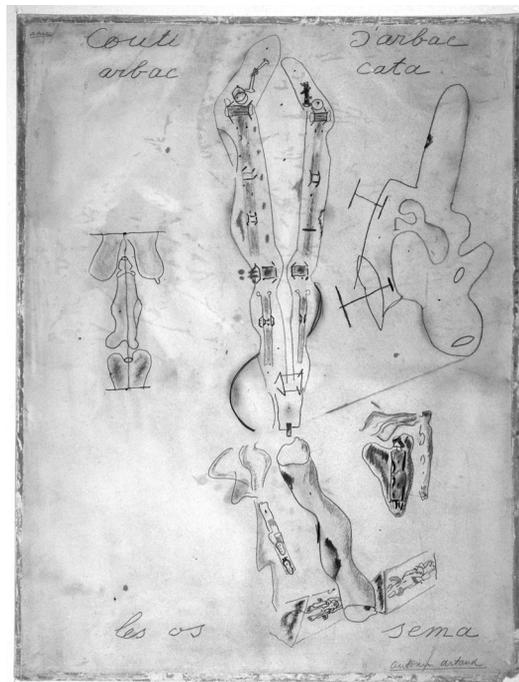


Figure 20.3 Antonin Artaud, *Couti – The Anatomy*, c. 1945. Photograph © Centre Pompidou, MNAM-CCI, Dist RMN-Grand Palais/Christian Bahier/Philippe Migat.

Tellingly, the psychologically redolent theme of a hypermetropic inner eye, replacing ocular vision, recurs repeatedly in Artaud's commentaries on his drawings. Astigmatic and greyly clouded with age, the ophthalmic organ appears as perceptually degenerate, misshaped and subjugated by the psychosomatic exigencies of the body's anatomy:

I mean that we have corneal opacity so that our actual ocular vision is *deformed*, suppressed, oppressed, regressed and suffocated by certain malpractices on the principle of our skull, as in the dental architecture of our being, from the coccyx at the base of the vertebra, to the seat of the jaw's forceps sustaining the brain.⁶⁴

Contrastingly, it is the perspicacious sight of the autoscopic eye that enables Artaud to transcribe his experiences of bodily sensation effectively. A pencil sketch of a spread-eagled stickman provides occasion for Artaud to picture body parts bereft of their anchorages – lungs rendered schematically as free-floating boxes, a sundered vein zigzagging frenetically across a voided whiteness – experiential ciphers of corporeal interiority (Figure 20.4). In this case, Artaud's commentary is particularly insightful:

A man falls into nothingness and, in falling, steals from another man the breath-boxes of his lungs [. . .]. Vein, a single vein and not two, and around the vein the white page, a vein dragged from an awareness, fabric of a single bat of an eyelash

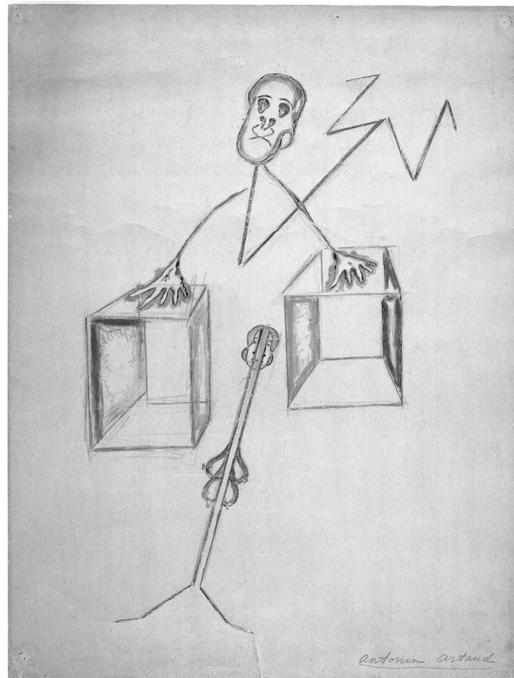


Figure 20.4 Antonin Artaud, *Death and Man*, c. April 1946. Photograph © Centre Pompidou, MNAM-CCI, Dist RMN-Grand Palais/Philippe Migeat.

[. . .]. In looking at [this drawing] closer, I would like one to find in this space of retinal detachment, this sensation that is practically a detachment of the retina that I had in shedding the skeleton at the top of the page, like a stand-in for *an* eye. The skeleton up high without the page with its stand-in *in* my eye.⁶⁵

Respiratory organs as air-filled crates, tubiferous gastric passages, skeletal structures as surrogate eyes: the imagistic, diagrammatical character of Artaud's viscerous insights approximates closely Lhermitte's description of the visionary language of the autoscopic imagination:

Not being anatomists and, consequently, provisioned with a technical language adapted to the expression of their visions, victims of internal autoscopic generally use comparisons to conceptualize their impressions: Muscles and tendons are ropes [. . .] the ovary is a little sack [filled] with grain [. . .], the vagina is a large pipe [. . .], the bronchial tubes are branches of coral.⁶⁶

Expressively rich, it is hardly surprising that Lhermitte identifies such autoscopic descriptions as evidence of a poetic imagination pathogenically overburdened by the phenomenological inconstancy of somatic consciousness. Autoscopic vocabulary, in this way, 'unveils the internal structure of the body, the muscles, the skeleton, the internal image of our fleshy body'.⁶⁷

As a process of psychological disclosure, Artaud's autoscopic prescience divulges the body's sanguineous interior in ways that meaningfully overlap with Lhermitte's speculations on the revelatory power of visceral imagery. Bodies split asunder with organs prodigiously ribboning, pictures such as *The Sexual Awkwardness of God* (1946) purposefully disclose the entrails as symbols of corporeal decay; in the words of the writer Michel Leiris, the sight of viscera, 'terrible for some people, [thus] causes us to take one further step in the direction of intensifying our human consciousness' (Figure 20.5).⁶⁸

Here, the antagonistic crosscurrents of Eros and Thanatos fragment the embodied fabric of the artist's ego, unravelling the corporeality of the viscera in a primal fantasy of death and rebirth.⁶⁹ Of this sketch Artaud wrote:

The death of all which waits while God makes his nonsense at the level of his stomach the instruments which he does not know how to use. Themselves clumsily drawn, for the eye which observes them falls [. . .]. Without a soul on this bed lays my body which finally after life believes itself to be a child [. . .]⁷⁰

Considered as impotent tools revealed by the autoscopic gaze, the 'god's' eviscerated sexual organs thus become eidetic ciphers of the abjection into which the pathological subject has sunk;⁷¹ they express the formless horror of the viscera, its essential deathliness even as it embodies life's most vital processes. Here, then, the unshapen nature of the entrails, their base materiality – visually expressed by the seeping, shadowy fragments that play across the open belly of the god – communicates a powerful sense of Bataille's anti-idealist corporeal materialism. Amorphous yet vital, Artaud's visceral imagery discloses the psychophysiological instability of an ego riven by the revelation

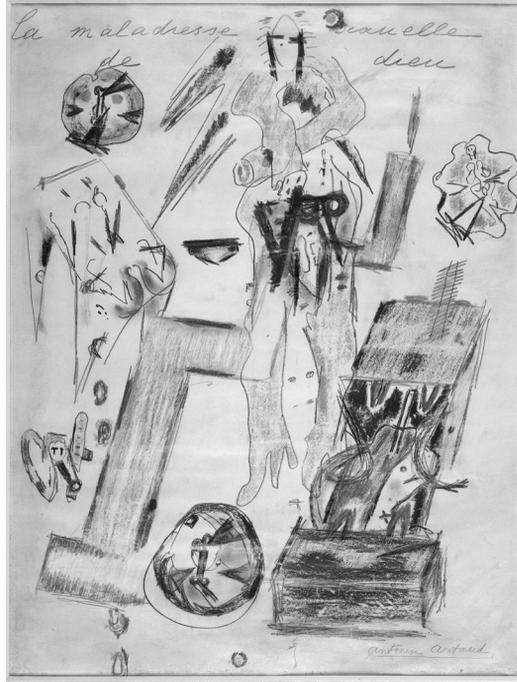


Figure 20.5 Antonin Artaud, *The Sexual Awkwardness of God*, c. 1946. Photograph © Centre Pompidou, MNAM-CCI, Dist RMN-Grand Palais/Adam Rzepka.

that both its point of origin and future reside within the festering morass of the body's dark interior. Under the baleful gaze of the autoscopic eye, selfhood is seen to recognise its own sense of corporeal abjection: the horror 'that does not separate inside from outside but draws them the one into the other indefinitely. Artaud is the inescapable witness of that torture – of that truth.'⁷²

Visceral alterity, of the sort imaged by Artaud's graphic scrawls, thus operates as a kind of disavowal of the hygienist (and, correspondingly, materialistic) body as, within its parameters, the *soma's* psychosomatic integrity is pulled apart at the seams.⁷³ For it is here, in the Stygian dusk of the entrails, that the deliquesced frontiers of the self express their psychical otherness and physical estrangement from the mind's conscious self-image. A fluid, psychodynamic comprehension of the body in this way emerged in Surrealist art and philosophy as a mechanism through which conventional sociomedical notions of selfhood could be questioned, contested and disassembled.

Conclusion

Paul Macneill suggests that one 'of the more compelling arguments for a role for the humanities in medicine is to provide critical reflection on assumptions and predominant "taken-for-granted" metaphors of medicine and the healthcare professions more generally'.⁷⁴ To this we can add the role 'provocative art' can play in

de-familiarising current historiographic and medico-scientific methods of looking and explaining. As we have seen, marrying together art history and the history of medicine can bring about radically new ways of thinking about the historiographies of both disciplines by shedding fresh light on the sociomedical conventions that govern our understanding of the relationship between body and mind. If, for example, a mechanistic conception of the body-as-machine continues to dominate current medical knowledge,⁷⁵ then Surrealism provides an authoritative counter-narrative to this reductionist metaphor by showing how a mechanistic vision of the body – prevalent in hygienist circles – was opposed by a new psychophysiological model that questioned psychosomatic integrity through a psychodynamic theory of selfhood.

As Rachael Allen contends, interdisciplinary work in the medical humanities is a form of knowledge exchange where ideas and interests ‘overlap and intersect’, and disciplinary entanglement offers practitioners creative alternatives to well-worn disciplinary paradigms.⁷⁶ If the main objective of the medical humanities is, as Ludmilla Jordanova has argued, to act as a conceptual bridge between medicine and other disciplines, then the lessons that medical history – which traditionally has paid ‘little or no attention to visual culture’ – can receive from art history are manifold.⁷⁷ Unquestionably, as medical practice implicitly requires visual skills to be applied to the representation and interpretation of the human body (not least in terms of apprehending anatomical illustration, X-ray imagery and so on), interdisciplinary collaboration between the visual arts and medicine is vital for understanding the operation of visual phenomena within biomedicine and its histories.⁷⁸ In this task, Surrealism’s incorporation of medical imagery into its visual and verbal lexicon offers the medical humanities precisely the sort of disciplinary intertwining that will ‘radically expand and destabilise understandings and perceptions of the body’.⁷⁹ Mabile himself called for this type of multi-disciplinarity as an antidote to the scientific reductionism of his day:

[If] we seek to sensitively grasp the character of our interior [he noted] [and] the nature of our emotional relations we are led into the domain of Art. ‘Artistic’ expression differs only from other forms of thought by a less conscious and more spontaneous process [of working]; [Art] has its own means of understanding and appreciating the Universe.⁸⁰

Critical assessments of the role narrative performs within the medical humanities tender a position from which Surrealism, in particular, can proffer startlingly new interpretative standpoints.⁸¹ Scholarship that favours narrative as a linear, embodied, temporal and subjectively empowering discourse is, for example, powerfully countermanded by Artaud’s turbulent imagery of psychosomatic disintegration. Certainly, if narrative ‘comes apart at the extremes’,⁸² especially in moments of pain, then Artaud’s preoccupation with corporeal disassembly evinces a discontinuous discursive structure that resonates strongly with contemporary work in the medical humanities that challenges the restrictions imposed by normative understandings of narrative structure. Framed by Artaud’s own experience

of mental illness, his drawings resist conventional narratives of illness and corporeal selfhood by transforming the body into a site of both socio-institutional subjugation and revolt that forms, and is formed by, its visceral representation.⁸³ This sense of narratological disruption is sustained through the facture of the images themselves, their rough-and-ready aesthetic, their multimedia nature and dense overworking of anatomical forms. For Jacques Derrida, Artaud's expressive struggle (the way in which language and material, *corpus* and word interweave and exceed the limits of established narrative within the drawings) is inherently chimerical, a destabilising mingling of form 'with everything it is not'.⁸⁴ Here, then, Artaud's psychologically charged vision of psychosomatic evisceration finds expression through a medium that denies narratological coherency and straightforward iconographic readability. In their place a non- or *pre*-verbal language of graphic alterity is figured that undermines the structure of rational thought by representing that which is linguistically inexpressible: the haptic, the material, the optical and, above all, the visceral.⁸⁵ It is the ability to critically examine the meanings of this kind of non-verbal discourse that art history therefore offers the medical humanities and which, at a time when the discursive margins of experiential narrative within medicine and healthcare are being rapidly redrawn, has never been more important.

Acknowledgements

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Further Reading

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- Jacques Derrida and Paule Thévenin, *The Secret Art of Antonin Artaud*, trans. Mary Ann Caws (Cambridge, MA, and London: MIT Press, [1986] 1998).
- Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, [1980] 1982).
- Jean Lhermitte, *L'Image de notre corps* (Paris: Editions L'Harmattan, [1939] 1998).
- Amy Lyford, *Surrealist Masculinities: Gender Anxiety and the Aesthetics of Post-World War I Reconstruction in France* (Berkeley and London: University of California Press, 2007).
- Paul Macneill, 'The Arts and Medicine: A Challenging Relationship', *Medical Humanities* 37 (2011), pp. 85–90.
- Ros Murray, *Antonin Artaud: The Scum of the Soul* (Basingstoke and New York: Palgrave Macmillan, 2014).
- Joan Tumblety, *Remaking the Male Body: Masculinity and the Uses of Physical Culture in Interwar and Vichy France* (Oxford: Oxford University Press, 2012).

Notes

1. See Dawn Ades, *Dada and Surrealism Reviewed* (London: Arts Council of Great Britain, 1978), pp. 161–2.
2. See Sidra Stich, *Anxious Visions: Surrealist Art* (New York: Abbeville Press, 1990), p. 11. On the role of non-Euclidean geometry in Surrealism, see Gavin Parkinson, *Surrealism, Art and Modern Science* (New Haven, CT, and London: Yale University Press, 2008). On the influence of psychoanalysis on Surrealism, see David Lomas, *The Haunted Self: Surrealism, Psychoanalysis, Subjectivity* (New Haven, CT, and London: Yale University Press, 2000).
3. Amy Lyford, *Surrealist Masculinities: Gender Anxiety and the Aesthetics of Post-World War I Reconstruction in France* (Berkeley and London: University of California Press, 2007), esp. pp. 3–11. See also Deanna Petherbridge, *The Quick and the Dead: Artists and Anatomy* (London: South Bank Centre, 1997), p. 58, and Lomas, *The Haunted Self*, pp. 30–3.
4. Henri Michaux, 'Le Grand Combat', *L'Espace du dedans* (Paris: Gallimard, [1927] 1966), p. 14.
5. On Artaud and abjection, see Julia Kristeva, *Powers of Horror*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982), pp. 25–6.
6. For an introduction to Artaud's drawings, see Paule Thévenin, 'The Search for a Lost World', in Jacques Derrida and Paule Thévenin (eds), *The Secret Art of Antonin Artaud*, trans. Mary Ann Caws (Cambridge, MA, and London: MIT Press, [1986] 1998), pp. 22–9.
7. See, for example, Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities', *Medical Humanities* 37 (2011), pp. 73–8.
8. See Suzannah Biernoff, 'Picturing Pain', in this volume, pp. 163–84.
9. See Ivan Crozier, 'Introduction', in I. Crozier (ed.), *A Cultural History of the Human Body in the Modern Age*, vol. 6 (London and New York: Bloomsbury, 2010), pp. 1–4.
10. Rachael Allen, 'The Body Beyond the Anatomy Lab: (Re)addressing Arts Methodologies for the Critical Medical Humanities', in this volume, p. 187.
11. François Gantheret, 'Avant-propos', in Paul Schilder, *L'Image du corps*, trans. François Gantheret (Paris: Gallimard, [1935] 1968), pp. 8–9.
12. Schilder, *L'Image du corps*, p. 35.
13. See Jacques Chazaud, unpaginated 'Préface', in Jean Lhermitte, *L'Image de notre corps* (Paris: L'Harmattan, [1939] 1998).
14. Lhermitte, *L'Image de notre corps*, p. 11.
15. On Lhermitte's influence on Merleau-Ponty, see Albert Rabil, *Merleau-Ponty: Existentialist of the Social World* (New York and London: Columbia University Press, 1967), p. 28. Merleau-Ponty references Lhermitte and Schilder several times in *The Phenomenology of Perception*.
16. Richard Schusterman, 'The Silent, Limping Body of Philosophy', in Taylor Carman and Mark B. N. Hansen (eds), *The Cambridge Companion to Merleau-Ponty* (Cambridge: Cambridge University Press, 2005), p. 151.
17. Maurice Merleau-Ponty, *The Phenomenology of Perception* (New York and Oxford: Routledge, [1945] 2002), p. 102.
18. For an introduction to the philosophical diversity of phenomenology, see Taylor Carman and Mark B. N. Hansen, 'Introduction', in Carman and Hansen, *The Cambridge Companion to Merleau-Ponty*, pp. 1–23.
19. *Ibid.*, p. 26.
20. *Ibid.*, p. 31.

21. See Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (Berkeley: University of California, 1992), pp. 66–8.
22. *Ibid.*, pp. 126–7.
23. See Ian Miller, *A Modern History of the Stomach: Gastric Illness, Medicine and British Society, 1800-1950* (London: Pickering & Chatto, 2011), p. 107.
24. See, for example, his comments on the two-dimensional nature of analysis (Pierre Mabile, *La Construction de l'homme* (Paris: Jean Flory, 1936), pp. 15, 17).
25. See, for example, André Breton's anti-rationalist endorsement of psychoanalysis in the *Manifesto of Surrealism* (Breton, 'Manifesto of Surrealism', in Breton, *Manifestoes of Surrealism*, trans. Richard Seaver and Helen R. Lane (Ann Arbor: University of Michigan, [1924] 1972), pp. 9–10). Mabile's work can also be positioned within the broader epistemological framework of the holistic spirit that developed in medicine as an integrationist response to the reductionist excesses of mechanistic physiology. On this topic see Charles E. Rosenberg, 'Holism in Twentieth-Century Medicine', in Christopher Lawrence and George Weisz (eds), *Greater than the Parts: Holism in Biomedicine, 1920–1950* (Oxford: Oxford University Press, 1998), pp. 335–55.
26. Charles Fernet, *Les Vertus hygiéniques* (Paris: Masson, 1914), pp. 37–8.
27. Mabile, *La Construction de l'homme*, pp. 74–5.
28. Joan Tumblety, *Remaking the Male Body: Masculinity and the Uses of Physical Culture in Interwar and Vichy France* (Oxford: Oxford University Press, 2012), pp. 33–6.
29. C.-C. Pagès, 'De la culture physique dans les maladies du rein', *Supplément de la culture physique* (June–July 1933), p. 7; my emphasis.
30. Edmond Desbonnet, 'Le XXe Siècle va devenir le siècle de la culture physique', *La Culture physique* 451 (1927), p. 324.
31. André Vintre, 'La Gymnastique des organes: la gymnastique du foie', *La Culture physique* 451 (1927), p. 325.
32. Pierre Chevillet, 'La Philosophie culturiste pratique et messieurs les culturistes', *La Culture physique* 518 (1933), p. 175.
33. Schilder, *L'Image du corps*, pp. 109–10.
34. Mabile, *La Construction de l'homme*, p. 34.
35. *Ibid.*, p. 35.
36. *Ibid.*, pp. 32, 82.
37. Georges Bataille, 'The Big Toe', in Bataille, *Visions of Excess: Selected Writings, 1927–1939*, trans. Allan Stoekl (Minneapolis: University of Minnesota Press, [1929] 1985), p. 22.
38. On abjection, see Kristeva, *Powers of Horror*, pp. 1–2.
39. Sigmund Freud, 'Beyond the Pleasure Principle' (1920), in Freud, *Beyond the Pleasure Principle and other Writings*, trans. John Reddick (London: Penguin, 2003), pp. 45–6.
40. *Ibid.*, p. 68.
41. *Ibid.*, p. 74.
42. *Ibid.*, p. 76.
43. *Ibid.*, p. 78.
44. *Ibid.*, p. 80.
45. *Ibid.*, p. 81.
46. See *ibid.*, p. 102.
47. Sigmund Freud, 'The Ego and the Id' (1923), in Freud, *Beyond the Pleasure Principle*, pp. 116–17.
48. Bataille, 'The Big Toe', p. 22; my emphasis.

49. Georges Bataille, 'Materialism' (1929), in Robert Lebel and Isabelle Waldberg (eds), *Encyclopaedia Acephalica: Comprising the Critical Dictionary and Related Texts* (London: Atlas Press, 1995), p. 58.
50. Ibid.
51. Bataille, 'The Big Toe', p. 20.
52. See Dawn Ades, 'Form' in Dawn Ades and Simon Baker (eds), *Undercover Surrealism: Georges Bataille and Documents* (London: Hayward Gallery, 2006), pp. 152–5.
53. Georges Bataille, 'Formless' (1929), in Lebel and Waldberg, *Encyclopaedia Acephalica*, pp. 51–2.
54. Freud, 'The Ego and the Id', pp. 108 and 117.
55. Kristeva, *Powers of Horror*, p. 5.
56. See Evelyne Grossman's discussion of Artaud's *La Pendue* in Guillaume Fau (ed.), *Antonin Artaud* (Paris: Bibliothèque Nationale de France/Gallimard, 2006), p. 191.
57. Here Murray is also referring to the physical nature of the act of drawing, which literally inscribes the body's gestural trace on to the paper (Ros Murray, *Antonin Artaud: The Scum of the Soul* (New York and Basingstoke: Palgrave Macmillan, 2014), p. 121).
58. Paul Macneill, 'The Arts and Medicine: A Challenging Relationship', *Medical Humanities* 37 (2011), p. 87.
59. Although the drawing for which Artaud's explanatory text was originally written remains unidentified, Grossman convincingly argues that *La Pendue* is a likely candidate (see Grossman, in Fau, *Antonin Artaud*, p. 191).
60. Antonin Artaud, 'Dépendre corps – L'amour unique' in Artaud, *Œuvres* (Paris: Gallimard, [1945] 2004), p. 1035.
61. Lhermitte, *L'Image de notre corps*, pp. 229–30.
62. Ibid., p. 230.
63. Artaud spent much of the late 1930s and 1940s in various psychiatric institutions. Despite his poor health at this time, his writing and images nevertheless display a keen familiarity with the rhetorical practices of contemporary psychiatric medicine. Although it is unclear whether he would have been personally aware of Lhermitte's work, he was none the less present within environments where psychophysiology would have been discussed and potentially used from a clinical standpoint. For information on Artaud's psychiatric treatment, see Stephen Barber, *Artaud: The Screaming Body* (Creation Books, [1999] 2004), pp. 46–51.
64. Antonin Artaud, untitled statement (c. 1946), in Artaud, *Œuvres*, p. 1049.
65. Antonin Artaud, 'La Mort et l'homme' (1946), in Artaud, *Œuvres*, p. 1045.
66. Lhermitte, *L'Image de notre corps*, p. 230.
67. Ibid., p. 231.
68. Michel Leiris, 'L'Homme et son intérieur', *Documents* 5 (1930), pp. 264–6.
69. See also Jacques Derrida, 'The Theatre of Cruelty and the Closure of Representation', in *Vision and Difference* (Oxford: Routledge, [1967] 2001), p. 293.
70. Antonin Artaud, commentary for *La Maladisse sexuelle de dieu* (1946) in Artaud, *Œuvres*, pp. 1041, 1043.
71. Derrida suggests that here there is an equivalence between sexual and creative impotence. See Jacques Derrida, 'To Unsense the Subjectile', in Derrida and Thévenin (eds), *The Secret Art of Antonin Artaud*, p. 109.
72. Kristeva, *Powers of Horror*, p. 25.
73. Murray, *Antonin Artaud*, pp. 127–9.

74. Paul Macneill, 'The Arts and Medicine', p. 87.
75. Ibid.
76. Allen, 'The Body beyond the Anatomy Lab', p. 204.
77. Ludmilla Jordanova, 'Medicine and the Arts: Overview', in Victoria Bates, Alan Bleakley and Sam Goodman (eds), *Medicine, Health and the Arts* (London and New York: Routledge, 2014), p. 43.
78. Ibid., p. 44. For an introduction to the relationship between art and anatomy, see Petherbridge, *The Quick and the Dead*.
79. Allen, 'The Body beyond the Anatomy Lab', p. 206.
80. Mabile, *La Construction de l'homme*, p. 12.
81. See Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities', in *Medical Humanities* 37 (2011), pp. 73–8.
82. Crispin Sartwell quoted in Woods, 'The Limits of Narrative', p. 76.
83. Murray, *Antonin Artaud*, p. 121.
84. Derrida, 'To Unsense the Subjectile', p. 63.
85. See also Suzannah Biernoff, 'Picturing Pain', in this volume, pp. 180–1.