Flesh and Blood

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Flesh and Blood

by
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Abstract

In my work, I look for ways to visualize and document the degenerative mental disease of Parkinson’s and transform it into portrayals of the disease itself, its effects, and those it afflicts. Being a physical breakdown of the body, both popular culture and my own corporal understanding influence my interpretation and representation. This document outlines those influences and their buildup towards a shared understanding of the interests behind the work, as well as implies what the work does through these contexts.

How do we give identity to a disease that is difficult to diagnose or view on medical technology, currently cannot be cured or put in remission, and slowly changes the identity of the patient? We give identity to one track beings like viruses, saying we’re fighting a cold, as well as to diseases that are not a foreign body, but a part of the self, like cancer. While initially regarded as an other by the patient, many eventually come to terms with the fact that it is exactly the opposite: that a disease like cancer is a part of the self. Yet viruses and cancer are known entities, and while cancer is a disease of the self, it is one that has the possibility to be put in remission with proper treatment.

In depicting the uncontrollable symptoms (tremors, stiffness, depression, mania, etc.) and through attempting its visualization in the abstract, these imprinted marks, combined with a societal understanding of disease and the body, shows the various ways in which I view this chronological breakdown of the mind and body.
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Introduction

For several years, my work as an artist has been in a direct dialogue with the progression of my mother’s Parkinson’s disease. Watching the slow decline of her body, and the gradual dissolving of our family dynamic have become integral to my work. The visceral experience in watching that deterioration has been shaped by my relationship to the body from external sources, like horror movies and mosh pits, while concurrently, my relationship to the bodies within those sources is inescapably tied to an understanding of my mother’s body as well.

The following chapters focus on the influences in my life that guide my understanding of disease, the monstrous, the body, and identity. One of my earliest exposures to both horror and science fiction, I look at Ridley Scott’s *Alien* and how it builds the identity of a monster like the Xenomorph, while also exploring the distinct similarities between the Xenomorph and a disease like Parkinson’s.

In the chapter *Mosh Pit*, the focus becomes music’s shifting role in the relationship between my mother and I. While initially a shared experience for us both, music eventually evolved into a refuge from the responsibilities of being a caregiver. As my music tastes matured, the corporeal became a constant presence in its live scene. The mosh pit’s mass of thrashing bodies and the body modification in the community remain significant influences on my understanding of the corporal, something I also explore here.

The third chapter explores Alfred Hitchcock’s *Rebecca*. A film about haunted pasts, power in relationships and shifting identity, I examine my mother’s favorite film as a case study in the changing identity of the film’s protagonist in relation to the shifting identity of my mother.
In the fourth chapter I extrapolate these contexts within my thesis work, *Flesh and Blood*, a triptych of block prints representing my attempt to understand and depict the corporal mass within Parkinson’s inability to be visually represented. In that final chapter I also discuss examples of previous work which include a series of drawings in collaboration with patients from the St. Louis American Parkinson Disease Association.

I harken back to these conceptual and aesthetic tropes in my understanding of the body when making work in printmaking, drawing in collaboration with patients, and digital drawings installed on light boxes. By referencing the ways with which I look at the body through the film *Alien*, through the corporal visceral nature of mosh pits, and my perception of my mother’s progression of her identity in relationship to the film *Rebecca*, I contextualize my practice in this thesis. Parkinson’s being a disease hard to diagnose before its symptoms set in, many of our medical imaging technologies cannot picture it. My work attempts to do this, giving identity to both Parkinson’s as a disease and capturing the shifting identities of those it afflicts.
I am twelve, sitting in the waiting room looking at the magazines on the table. My younger sister sits next to me, not fully comprehending the weight of the situation. We’re waiting. Waiting for our parents to come out of the closed white door; waiting for the tests and the procedures to finish; waiting for the results that would change our lives from this point forward. Finally, our parents come out. My mother’s eyes are red; she’s been crying. Dad’s first words come to us in a hushed tone, “Guys, we’re going to need you to be supportive and a little grown up about this. This is going to be hard on all of us.” The gravity of that statement haunted me, the weight of our family’s future seeping in.

Over the years I had watched as what was originally diagnosed as depression, evolved into bipolar disorder. My mother would wake up at 3 AM with a manic, nagging need to clean the whole house. My father would coax her back to bed after being awakened by the vacuum cleaner, or a plate crashing to the floor as she frantically tried to wash dishes. Slowly, normal physical movements began to be a struggle. My father became frustrated and confused when she couldn’t keep up on the busy streets of a vacation in Washington DC. I trailed behind watching her feet shuffle beneath her. After a routine trip to the doctors office we found ourselves in this small waiting room. Depression had turned into bipolar disorder, and now both were re-diagnosed as symptoms of early onset Parkinson’s disease.

The next few years, roles became blurred. It was hard to know if I was being yelled at by my mother or her state of mind. She fell and couldn’t hold her hands up, breaking her nose. The first time it healed by itself, the second time required reconstructive surgery. We got ice cream on the way home from the hospital. One day, my sister and I were picked up from school by a
friend’s mother and driven to the hospital. I was terrified thinking what might’ve happened. We arrived to find she had collided with a median on the highway and had broken her arm. Her foot had become heavy on the pedal in icy road conditions. She continued to get in minor car accidents until we were dropped from our car insurance. Gradually, she became terrified every time she sat in the driver’s seat that she would harm herself or others, so I got my license. And I watched as I became caretaker; I the adult, and she the child.

In my first year of college at a friend’s apartment, I got a call from my father. I quietly receded into the bathroom to talk. “Hey bud, your Mom’s on the phone too. We have something we need to talk with you about.” She was going to go live with Grandma in Long Island. They said it was a temporary thing. I got drunk the next day knowing it wasn’t. A year later she filed for a divorce that took the next two years, along with the joy out of our family dynamic. Things became further strained when she fought Dad legally over his military pension because of her inability to work. She lives now in a small one bedroom apartment near my Grandma that she pays for with that money.

I still get terrified one day she’s going to fall with no one to catch her.
A Perfect Organism: Alien, Motherhood, and Disease

“It’s a perfect organism, its structural perfection matched only by its hostility,” Ash says.

“You admire it,”

“I admire its purity,” replies Ash, “a survivor, unclouded by notions of remorse, or delusions of morality.” ¹

This quote from Ridley Scotts’ 1979 body horror phenomenon Alien, perfectly encapsulates my obsession with the Xenomorph as I tentatively and fearfully watch this film. From its psychological analysis on the comfort of the womb, to the parallel fear of the open body during birth, Alien and its world building sequels offer the groundwork for a study into a fictional parasitic organism whose real world comparisons to birth, motherhood, and disease find ways into my work. Creating unidentifiable conglomerations of muscle displayed in chalk, print or drawing, demand for the organism’s origin becomes integral into reading the image.

Alien shares these interests. Its primary narrative arc is one that many monster horror movies followed before and have continued to replicate since: a monster kills off a cast of characters one by one until the sole survivor is able to outsmart the attacker’s brute force or clever tricks. However, Alien differs in the course of its two hour narrative, following the birth and growth of the organism that hunts its cast, with as much of the movie dedicated to elaborating the Xenomorph’s life cycle as there is to the slaughter that ensues.

The film sheds light on this growth pattern, while leaving many other questions unanswered. The Xenomorph egg is triggered by movement. A facehugger lunges towards its
host and impregnates it with the alien fetus in the chest, put there through the mouth. A small white Xenomorph is then birthed through the victim’s chest cavity and grows at an exponential rate in twenty four hours to adulthood, shedding its white skins in favor of a black shiny one. This final adult form is a vicious and perfected predator, with intense speed, sharp claws, acidic blood, a well controlled spear for a tail, and a second mouth that darts out from its first for killing blows. (Fig 1)

This anatomical cycle is the means to the development of the killer monster, a horror that remains in the viewers mind long after initial viewing. However while making the growth of the monster explicit, the film’s unanswered questions hold as much conceptual weight. What was the species of giant that obviously was affected by the same monster, (judging by the burst chest)? Where did the eggs come from? The unknown has a direct correlation to fear, and these unanswered questions can still bring a sense of dread even after the mystery of the Xenomorph has been partially unveiled.
Images of the grotesque body seen as a monster span back centuries, though their representation has changed over time. Interest in them is intrinsically tied to the unalterable facts of life and death, for as long as we are sacks of flesh, there will be wonder and fear in finding out what is inside. Drawings like those from Andreus Vesalius of incision into the body, with splayed muscles depicted in images for study, were some of the original body horror images. Their shock value came from a general lack of corporal knowledge among the public, and the supposed accuracy in unveiling something previously hidden. Over time, manipulation of the human form further developed as the public began to understand the body, and this normalization removed the sense of wonder and fear from it. Images of body parts stitched together as monsters and bodies being torn apart from the likes of Bosch, Bruegel and Grunewald, became the new necessity to shock, continuing a tradition of fiction within the conversation of anatomy.

History of medical imagery lies in flux between attempting to illustrate the body’s insane detail and “abstract(ing) what is found in favor of comprehensible portions and simplified views…The incomprehensibility of flesh, and its close proximity with the inconceivability of death.”2 The spectacle of the image is apparent, every new transformation superseding the one before it. We as humans have a natural inclination to find bodies within an image, and “once we have seen a body, another desire becomes visible; we also want bodies to move,”3 With the dawn of film, the new medium introduced a way to further the visceral essence of body horror through movement, our societal obsession with mortality rekindled in the wake of World War II. Alien falls directly into this historical context.

The way in which the film explores concepts of birth, with a relationship to the open and closed body, makes direct comparisons with the open body being dangerous, and the closed body
denoting safety. Security lies in the blissful and pristine awaking of the crew from their hyper sleep, the analogy further expanded in the name of the ship’s main computing system, Mother. Closed white pods release their occupants slowly and safely into a sealed ship. (Fig 3) Danger manifests as the crew opens the vessel, only to come upon a facehugger as it leaps from its resting egg state into its parasitic action. It forces its way into the safety of the suit and births an alien fetus into the chest of the host. Its comparison to birth is especially visceral when we see the bottom of the facehugger and it strongly resembles female genitalia, another part of human anatomy considered “open” and so historically has been taboo. (Fig 4) The way in which the film explores these different comparisons to the body builds to the climax of a gruesome birth. Following the traditional story arc, the most grotesque and violent scene occurs when the alien fetus bursts in a splatter of blood from the chest of Kane. (Fig 5) Safety comes again when, after defeating the Xenomorph, Ripley returns to the womb of her cryogenic sleep, awaiting the safety she looks to find in a familiar Earth.

This combination of imagery of different births, in direct correlation to the open and closed body, echoes in the muscles on display in my *Flesh Blood Bone* series. The large organisms on display reveal the open body in every facet. They are fully open bodies, while also being contained within their respective image frame. Their flayed nature and scale allude to the fear of something like the Xenomorph, while the containment of the image and its pure white
line give it an approachable beauty. They are at the same time representations of the grotesque, but not grotesque in their representation, a reflection of Parkinson’s subtle but gruesome effects.

The way in which the film explores different birthing metaphors also reflects the ways in which society can view human birth. The angelic and idealistic scene at the beginning is juxtaposed against the crazed gore just before the film reaches pure monster flick. Safety lies in the closed body: the closed pod, the unentered space suit, or the brief sense of relief before the alien bursts through the chest. Danger lies in the exposed: the leaving of the ship, the penetration of the facehugger into the suit, the bursting alien out of Kane’s chest. This juxtaposition between the closed and open body and its relationship to safety and danger is one that is tied back to the medical field.

There is true danger in the open body. The cut open body is more prone to infection. The surgically opened body implies a problem in need of repair. These scientifically understood dangers are more grounded in modern medicine. However, looking at classical flap anatomies yields ties between the open body and fiction. In one example, while the removable fig leaf over the male genitalia yields a brain, the one over the female genitalia reveals a head of Medusa. Sexist notions aside, there is a distinct representation here of the open body being monstrous, as the vagina relates to both being open, and bleeding.

While much of the conscious bias has been excised from modern medicine, this relationship between the female, motherhood and the monstrous continues in modern day horror. *Alien* and even more so its more action-oriented sequel *Aliens* explore these elements of birth as they relate to motherhood.
Building upon the lore of the first film, at the climax of *Aliens* we discover that at the source of the eggs is a Queen, laying eggs one by one to grow her colony. A universally understood fact about another creature (the ant), applied to this universe, creates a fascination with these organisms, and underscores the fear that they can build. The Queen is juxtaposed directly against Ripley, who we learn outlived her daughter on her way back to earth after the initial events of *Alien*, and who throughout the course of the events of *Aliens*, also becomes a surrogate mother for a small girl who survived the onslaught of the Xenomorphs to the settlers that were placed on the planet for colonizaton.

At the climax of the encounter, Ripley and her adoptee, armed with a flamethrower, find themselves face to face with the Queen, surrounded by eggs guarded by adult Xenomorphs. Ripley glares at the Queen, points her flamethrower at the eggs, and we see the Queen call off her nearby guards. Just before turning to leave, Ripley torches them all, and as the Queen screams and thrashes in rage, she detaches herself from her egg sack, creating a final enemy Ripley must take down to ensure safety for her and her new daughter, while the Queen is now in a fit of rage over the loss of her children. Ripley’s most memorable line comes from a call to the Queen as she hunts for Ripley’s daughter under the grates of the floor, “Get away from her, you Bitch!”

Motherhood becomes the be all/end all for the climax of the movie.

My fascination in the representation of Parkinson’s disease comes directly from watching it progress with my own mother. While she may be Ripley in many ways, the disease itself has as many implications to the Xenomorph. Yet here, the monster is a part of the heroine, and with the fight against the monster, there’s a fight against parts of my mother.
When looking at the Xenomorph in relation to real world fears, creatures, and organisms, one of the most interesting parts of its genetic makeup is the alien takes on traits of its host. This is revealed in the third *Alien* film when after a facehugger uses a dog as its host, the resulting Xenomorph is a quadruped, where those coming from human hosts were bipedal. This is reflected in some real world parasitic organisms as they take over a host and slowly kill it, but the same could be argued for a progressive disease slowly taking away a patient’s body function.

The various ways in which Parkinson’s manifests in different individual’s nervous systems also echoes this. While one person’s symptoms may be uncontrollable frantic movements, another may deal with debilitating stiffness.

I look at all the concepts analyzed in this world, from the concepts of the open and closed body, motherhood, birth and death, the adoption of a host’s features, and most obviously the monstrous, and I cannot help but think of disease. In something like my mother’s Parkinson’s, the tension and fear of what lies beneath the surface of the closed body after the facehugger releases Kane, that moment of tension before a traumatic event is the same fear that permeates my thoughts when I watch my mother lose her balance. I fear the moment of free-fall, and the impact that would await; the open gashes it would leave on her face, or the broken and bleeding nose that would remain after the impact. This disease steals muscles from its host, transforming into the more dominant organism in a parasitic relationship. It twists the relationship between mother and child as its effects warp the identity of the woman it afflicts. And yet there’s a beauty to it all; a totality waiting at the end of a consistent decay of the body and mind, no matter how hard it’s fought against. As Ash states: “I admire its purity. A survivor, unclouded by notions of remorse, or delusions of morality.”
A palpable tension hangs in the damp air all around, saturated with the sweat drawn from the mass of bodies during the previous opening acts. The various members of the crowd eagerly await the same thing. The pre-show ritual has been completed: guitars are tuned, the drums are set up, and the mic levels are in equilibrium. From the back of the stage, a burly man with a long beard and a backwards baseball cap gives a thumbs up to the sound board behind us. Those in the center of the room know what to do. The lights dim. A signal that the wait is over, cheers erupt from the thrall as a group of us with a shared mind forcibly push everyone to the perimeter of the room, creating a large empty area in the middle of the floor: the pit. A skinny shirtless man cartwheels from one side of the empty space to the other. Another 250 pound guy in a jean jacket windmills his arm in a circle, working in the opposite direction. Yet another just stands in the center of the circle jumping, his energy visibly bubbling over as he waits for that first CHUG-CHUG-CHUG of the guitar to go nuts. Many more stand around the perimeter, creating a barrier between the pit and those wishing to stay away from the madness. They hold out their straight arms with fists clenched at the end of them, an unspoken agreement with the moshers to change direction if you feel the resistive push of a fist on your body. The high pitched ring of the guitar comes onto the speakers as The Ghost Inside takes the stage, and the tension of the room reaches a climax. A song starts and the room explodes into chaos. The pit fills with people pushing each other, becoming a combined mass creature of swinging arms and flung bodies. One guy climbs on top of the sea of heads and swims to the front. A collective chorus of screaming voices relay the first lyric, known by heart to the whole room, back to the frontman, “I’VE GOT SOMETHING HERE WORTH FIGHTING FOR!”

Ten years earlier, I walked out of Target clutching the first CD I’d ever bought with my own money. My excitement to listen to this album I had saved my allowance for was something new, an ownership of a part of my identity. My mind joyfully returned to the vacation I had taken with my dad two weeks before in Florida, while he was visiting on business. He had rented a Mustang convertible for our cruising. Every hour this song would come onto the Top 40 station, and I would get excited listening to the synthetic hook at the beginning, slowly learning the song by heart with each repeated play. With the song’s ending, impatience came as I waited for the
next time it would come on the radio. Titled *Numb*, it became the reason I bought my first CD, as I told my dad I would have to buy the album when I returned to Colorado.

As I put Linkin Park’s *Meteora* in my mom’s car player, I quickly realized the rest of the album didn’t have the radio appeal of *Numb*. I was shocked to find that vocalists could scream lyrics in music. My mom immediately resented it. As weeks went by and I would ask to play the album that was slowly growing more and more on me, she said the screaming gave her headaches and would make me skip the songs with it. I saved up more allowance and purchased a portable CD player and some headphones to listen to what I wanted to, without interference.

I began listening to rock radio to further grow my library of knowledge in the genre. One day while listening to a segment of the station where they played new bands on the rise, a song came on called *I Hate Everything About You*. Listening to the song now, it’s hard to deny the angst and simplicity of the song, and yet despite the juvenile lyrics, the guitar riff still gets me nodding my head. Its incredibly simple beginning flowing into a powerful chorus was a great combination. I was obsessed. Three Days Grace quickly rose to the top of my favorite artists lists. Shockingly, when I purchased their album and played it in the car, my mom shared my affinity. For her, with her music therapy degree, the music always came ahead of the lyrics. Three Days Grace had the musical hooks to pull in even this 35 year old woman. So while I would sing the words that fit my role as a teenager, she would hum the guitar’s chords beside me.

Three Days Grace became the first band I ever saw live. My mom chaperoned me, partially because I couldn’t go alone due to age restriction of the venue. Yet looking at her face when I mentioned wanting to go, her excitement was obvious. We entered the venue, and I
wanted to make my way into the sea of people on the floor to try to get as close to the stage as possible. Knowing she wouldn’t enjoy herself there, she resigned herself to the back to watch and listen to the music while I dove in. As I waited for my favorite band, my thoughts went to the stories my Uncle Greg had told me about his raging in the mosh pit and I couldn’t wait to test myself in the fray.

I found out that day that the pit is an anomaly: a group of sweaty, angry, ecstatic people who will one second knock you over, only to pick you right back up. It is a group with whom you become friends with for two hours as you scream the lyrics of a band you share together. The pit is therapy, and the pit is family. The best live shows depend as much on audience participation as they do the band leading the them. The crowd and the band feed off the energy of one another. My first experience at that Three Days Grace show was scary and intimidating. I stood behind the line of people with their arms raised, barely entering for fear of being trampled. It didn’t disappoint in its spectacle, but I wasn’t fully prepared to dive into that intensity. Yet I left the show with a thirst to experience that mayhem again and again.

Over the years, the music became more visceral as it fell less into the range of rock and more into genres identifying as metal and now hardcore. The ratio of screaming to singing in my selection shifted heavily towards screaming, and as the scale tipped, my mothers tolerance of it did as well. The pits got more intense, and I became more accustomed to holding my own in the chaos. One thing has remained constant from my first show to my most recent: the pit always appears at some point. This consistency was something reliable when my family dynamic wasn’t. I would go to shows as often as I could to use the stress relief provided by getting in the pit; my
own personal therapy in the form of an alternate family not affected by the personality and needs of one individual.

This tipping scale often feels reflected in my role switching from child to caregiver. My mom and I had an agreement in Three Days Grace that permeated into the initial shared live shows we went to together. My interests shifting led to a replacement of a shared experience and understanding with my mom, with a deeper and more visceral experience among the other fans in the crowd. As I was becoming a caregiver to her daily struggles, and as the roles switched between us, the function of live shows changed. Where initially it was a shared experience like the music itself, live shows eventually became a release for me.

The trauma of illness became an everyday reality as my mother’s disease progressed. I was unavoidably connected to the cyclical ups and downs in her manic actions and depressed states. Bearing witness to this trauma left its own impression in me as well. As her physicality was degrading, I was accessing my own visceral corporal scene. My mom was no longer a source of therapy, but instead a reason why I needed it. The environment of family at the shows I would go to remained a constant with or without my mother there. Those who shared in the experience became the family I needed, whether I knew them or not.

The lyrics of the bands I listened to reflected this shift in their content as well. Three Days Grace’s lyrics often implied a personal struggle projected outward. *I Hate Everything About You* has the simple refrain of:

*I hate everything about you
Why do I love you?*
The simplicity and selfishness of this statement reflects my feelings as an adolescent. Nowhere in those lyrics is the collective mindset about live shows that permeates into bands like The Ghost Inside or Stick to Your Guns, artists more centered around a mutual “pit mentality” centered on inclusiveness and family.

Take for instance The Ghost Inside’s *The Great Unknown*:

\[
\begin{align*}
&I'm \text{ sick of waiting for my life to come to me} \\
&So I'm singing “I'm not waiting” \\
&You want to know how this all has come to be? \\
&Because I lean on the ones beside me \\
&Go and do what makes you happy \\
&That's what I'm saying \\
&I'm done waiting for my life to come to me \\
&So I'm headed into the great unknown \\
&And I'm not going alone
\end{align*}
\]

There’s a collective mindset in this song of inclusion and shared experience. Something reflected in the pit as I push someone around one minute, then hug that stranger the next because I caught him screaming the same lyric as me. This group experience only furthers the understanding of the audience as one body, one large shifting mass.

The corporeal saturates every facet of metal and hardcore. Show regulars often understand that enjoyment of the experience also involves giving up personal space. The pit’s visceral nature affords the luxury of a small

(Fig 6)
bubble of expression, but outside of it, everyone else is normally sardined shoulder to shoulder. The closer to the stage, the tighter the squeeze. Any extra room in the venue is taken to form the space needed for the pit. These squashed bodies near the stage create a way to climb up and be carried to the band, and with this many people below, they can carry anyone back into the pit who jumps off the stage (a stage dive).

The thrashing bodies on the ground are reflected in the band as well. The musicians not only play their instruments, but bang their heads to the rhythm. They smash the ground with their feet, jump up and down, and the lead singer will swing his arms like those in the pit. Occasionally, the artists will stage dive with their instruments mid-song, and continue to play as the crowd carries them back to the stage, further identifying as one body with the throng below them.

There’s also a bodily aesthetic of hardcore that centers on personal identity. Body modification further extends this concept of the corporeal. Tattoos adorn bands and crowd members alike. Full sleeves and multiple works run up the arms, legs, and necks of various individuals. Many people gauge their ears, a process of stretching an ear piercing very slowly to a larger size. The graphic design and fashion of hardcore has shifted over the years, but the classic aesthetic is still a black T-shirt with some sort of white design on the front.

This aesthetic is reflected in my work, as is hardcore’s relation to a corporal mass. White graphic lines adorn a pure black background, their parallel nature to one another echoing the rhythm of a guitar track. Large expanses of the muscle groups affected by Parkinson’s disease are illustratively stitched together into a unified mass. The singular parts become a collective whole, reflecting both the body of the afflicted and representing the disease itself. And like the
mosh pit, these images also become a chance for expression in response to my mother’s illness.

The Ghost Inside (Fig 7), a band whose shows embody every one of these elements, were tragically forced into a whole new understanding of this corporeal nature. In November of 2015, their bus collided with a semi truck on the highway while traveling on tour. (Fig 8) Both drivers were killed in the accident. All of the members of the band survived, but were initially put into critical condition when evacuated to a local hospital. They sustained critical injuries to their backs, lacerations, and numerous broken bones. The worst injury was that of the drummer, Andrew Tkaczyk. His right leg had to be amputated after the accident. (Fig 9)

The hardcore community came together to raise over $150,000 in two weeks for the bands medical bills. Lead singer Jonathan Vigil commented when they won Alternative Press’ Most Dedicated Fans award this past year,

“...When I first came to in the hospital, a month after the accident, the first thing I said to my mom when I looked over at her was, ‘I’m done playing music. I’m done playing in a band. I’m done going on tour.’ And I texted the other guys in the band, and I told them the same thing. I said, ‘I can’t go through this again. I can’t do this.’ ...What honestly got me to want to do this again was the fans. All the positive messages and kind things they've said, and how bad they want us to get back on playing shows. I know it’s a very cheesy thing to say but its the honest to God truth. I was done, and the fans brought me back to life and made me want to get back on stage again.”

This short acceptance speech truly reveals the aspect of family that continues to draw me back into these shows. The resilience and dedication shown by the fans was reflected in the bands
recovery, even described by Vigil as a ressurection. Amazingly, the band is set to continue playing shows again sometime in 2018, with Andrew still at the drum throne with a specially designed prosthetic for his right leg petal.

Though its extremely tragic what happened to them, I find the post-humanism of the story fascinating; the fact that they will once again be playing this same style of music with the thrashing crowd beneath them, all the while dealing with the lasting unwanted body modifications and sustained injuries, fractured bodies becoming whole once again literally and metaphorically.

The fractured body wants to become whole. Responses in the body such as phantom limb syndrome and the ability to repair itself prove this. However Parkinson’s disease puts the body in flux, a state of constant downfall with no stage of repair. The frustration of being constantly fractured is a visceral reality my mother, and as I found out recently my Uncle Greg, must deal with emotionally on an every day basis with their illnesses. Music is deeply tied to their corporality and extends further to their identity as musicians, my mother being a music therapist and my uncle, a professional jazz guitarist. Their bodies are stifled by their disease, rendered unable to play their respective instruments. Their identities in turn become fractured as well, a loss that cannot be repaired in a transition back to wholeness, like the resurrection of The Ghost Inside. Both the mosh pit and my work become the places in which the weight of the trauma of illness can be restructured into a corporal whole. In these collective masses of fractured bodies, I expose the inner monsters of myself and my mother.

I think back to our shared love of Three Days Grace. Though my mom was more drawn to the music of Three Days Grace than the lyrics, I draw parallels between her own experiences
and the concept of frustration with the self, projected outward, that permeates their lyrical themes. Her favorite Three Days Grace song was always *Animal I Have Become*:

```
So what if you can see the darkest side of me?
No one would ever change this animal I have become
   And we believe it's not the real me
Somebody help me tame this animal I have become
   And we believe it's not the real me
Somebody help me tame this animal
```

It’s hard to deny the similarity between the difficulty she has been through with her Parkinson’s in comparison to the “animal” described here. The speaker calls out for help with their internal demons. An echo to this call resides in my mother; a call to which I often find myself responsible in answering.
A Ghost of Her Past

Alfred Hitchcock’s 1940 thriller **Rebecca**, based on Daphne du Maurier’s novel of the same name, is a film about haunted environments, transformation, and power struggles within relationships. My mother’s favorite film, its themes are intrinsically a part of her. Looking at its characters and story, I see many corresponding narratives between them and my mother.

I stumble upon old pictures of our family from when I was young, her smile radiant, unknowing of the health issues that would befall her later in life, and their consequences. (Fig 10) In comparison to the woman I know, this mother of two has the same flighty innocence of the nameless heroine at the start of the film.

The clumsy, head in the clouds, female, while accompanying an employer to Monte Carlo as a paid assistant, meets the melancholy widower Maximillian de Winter, contemplating death on the edge of a cliff. This simple event changes her life, much like the routine trip to the doctor’s office that altered the course of my mother’s.

The concept of the heroine’s identity in this film is troubling. The main protagonist being entirely nameless when we first meet her constitutes the blank canvas upon which her identity forms over the course of the narrative. Her shifting identity made even more explicit, this woman
is only referenced in relation to the characters around her. After a wooing of the nameless girl, when the two marry and return to de Winter’s home, she takes on the name Mrs. de Winter. Yet even this is insufficient as when she arrives, a disquieting maid, Mrs. Danvers, does all she can to drive psychological doubts into the new Mrs. de Winter’s subconscious about her inadequacy compared to Rebecca, Maxim’s first wife, who had died in a boating accident a year earlier. Even her new title is questioned in comparison to the woman who held it before her.

Upon arriving at a location hostile to her existence, Mrs. de Winter grasps at anything to try to keep her life from falling apart. When questioned about the accident, Maxim refuses to talk about his dead spouse, and Mrs. de Winter relates the lack of communication to a supposed inadequacy to Rebecca, and tries more and more to echo the supposed beauty, charm, and domesticity as described to her by Mrs. Danvers.

The shift in identity of Mrs. de Winter’s character is like that of my mother. Like Mrs. de Winter, my mother was flung into a world she was not ready for; a world of doctors, mood swings, and medication. Reeling in the aftermath of that new environment, she grasped at the one thing she had in her life to keep her afloat, her children. She struggled to maintain power over her own life, as her disease took control over her own body and emotions. My mother’s disease shaped her identity much like Rebecca’s residual ghost shaped Mrs. de Winter’s.

While my mother used the stability of her family, Mrs. de Winter tried to appease her husband and gain his love in an attempt to gain stability in her life. With the stories of Rebecca’s love of grand parties, and a false implication of Mr. de Winter’s admiration of a gown worn in an ancestral portrait, Mrs. de Winters schedules a masquerade ball and has the dress recreated as her
costume. However, Maxim is furious upon her majestic entrance, demanding she take it off, as Rebecca had once worn it.

As the new Mrs. de Winters tries to make her husband love her, she believes the only way to do this is to become a memory of the woman that used to walk the halls of the house that she’s been told is now hers, yet in every aspect still belongs to Rebecca. The doubt put in her mind upon arriving at Manderley is understandable. She feels uneasy about being the wrong woman for this man she has fallen in love with, while simultaneously coming to a place that is wholly hostile to her existence. Without realizing it, between attempting to do the things she thinks her husband would want and the prodding from Mrs. Danvers, Mrs. de Winter transforms into the spitting image of Rebecca, right before Maxim’s eyes, as she descends down the grand staircase in the gown.

As my mother became more susceptible to the effects of her disease, she also tried to become a memory of a woman. However, my mother’s conception of what she wanted to be was what she used to be, the young and uncomplicated woman, who could easily take care of her family and herself. The more she tried to become this woman, the more the frustration of not being able to was taken out on our family. The aftermath of that frustration was only amplified by the mental instability of her bipolar.

After almost committing suicide out of a window of the mansion, coaxed forward by the sinister Mrs. Danvers telling her to jump (Fig 11), Maxim finally reveals to his wife that from the moment his first marriage

(Fig 11)
started, he despised Rebecca. She was a wicked, selfish woman who made everyone around her believe she was a model of perfection. She cheated on Maxim and would wave her affairs in his face. One day, she came to Mr. de Winter claiming to be pregnant with one of her many lover’s children, which she would raise as Maxim’s, forever humiliating him. Laughing madly, she tripped backwards, accidentally killing herself. Maxim then frames it as a suicide by drowning the body at sea. Overwhelming and misplaced relief swells over Mrs de Winter, swooning when she realizes that Maxim de Winter truly loves her. She is willing to overlook a haunted past in exchange for love.

Problematically, in trying to win Maxim’s love, Mrs. de Winter transformed into someone he hated, thinking it was what he wanted. With my mother, in trying to become the woman she used to be, she became someone else far from it.

Both Mrs. de Winter and my mother are irreversibly altered by haunted pasts. Though Hitchcock’s film lacks visual specters, Rebecca de Winter’s ghost remains imprinted upon everything that exists in the film: Maxim de Winter thoughts, embroidered R’s on everything in the house, and the phantom-like Danvers continuing Rebecca’s cruel presence in physical form. Our heroine is permanently changed by this presence, like some sort of possession from the ghost of Rebecca.

My mother’s past haunts her in her daily present. Every time she has to think consciously about an action that was previously subconscious, her past of a healthy body taunts her. She constantly tries to maintain a delicate balance of normalcy in her cocktail of daily pills. It always seems like she has one more pill to swallow than she did a year ago.
Unlike Mrs. de Winter who is unintentionally transformed by the past, Maxim de Winter attempts to control it. Throughout his story, Maxim tries to maintain control on his life, even if it means replicating some of the abusive relationship from his past marriage.

We first see this power-deprived man on the edge of a cliff, unable to even have control over the dead, as his first marriage haunts him. Maxim’s lack of control over his past leads him to a new woman, one who he sees as a wife without cause for concern. The initial appeal of the unnamed heroine is she is the opposite of Rebecca: floaty, and as boring as the name the audience is given for her. In an attempt to structure his new narrative, without giving his new spouse the full picture of his past, she is lost.

The blame for his new wife’s transformation lies just as much with Maxim as it does with Mrs. Danvers. He becomes angry when she says or does things she sees as insignificant, but that he ties to his former wife, driving her further into that role. Rebecca still holds all the power over him, and over the new Mrs. de Winters through Mrs. Danvers. While she loved us dearly, my mother’s mental mood swings caused her to get angry at us over things we found unimportant as well, much like Maxim yells at his wife.

These snaps of emotion on loved ones in both cases are attempts to maintain a sense of control. Power struggles and power transfer between its characters shift this control throughout the film. Chronologically, its clear that Rebecca at one time held dominion over all. She was adored by her servants and everyone who met her, while her manipulation and abuse of Maxim was enough to keep him in line. This control transferred in part to Mrs. Danvers as her obsession with Rebecca would lead her to do anything for the woman, including force out any who would attempt to fill her shoes postmortem. After Rebecca’s death, Maxim attempts to restructure this
hierarchy, taking the matter into his own hands by removing her from his life, while remaining
innocent in her death. With his first wife gone and a new wife at home, he believes to have
control. Yet the ghost of Rebecca haunts the man, her abuse reaching him even from beyond the
grave.

There is a constant power struggle in my mom and I’s relationship. Her isolation further
amplifies the necessity of reliance upon her children for stability. She feels abandoned if not kept
in communication with. She cannot understand that lack of contact is not lack of love. I am
careful to keep a healthy distance in our relationship. I let myself be an outlet to share woes, but
not a crutch to lean upon. I am a mouthpiece to relay experience to others, but should not be held
responsible to fill the void she made for herself when she left my father.

In the third act of the film, when Rebecca’s body and boat are brought from the depths,
foul play is suspected when the boat is found to have been deliberately sunk. Suicide is the initial
supposed conclusion, until Rebecca’s first cousin and lover, Jack Favell, attempts to blackmail
Maxim with supposed proof that she did not intend suicide, based on a timely letter. The note she
sent to him mentions a doctor’s appointment shortly before her death, with Jack assuming a
pregnancy. When the doctor is found, he reveals Rebecca had terminal cancer, making her claim
of pregnancy to Max de Winter a farce and an attempt at assisted suicide. Upon the couple’s
return back to Manderley after the tumultuous events, they arrive to find Mrs. Danvers has put
the mansion up in flames, dying inside with her treasured former mistress’ palace.

Like my mother, Rebecca’s own demise was being diagnosed with a terminal illness and
her obsession over the lack of control in that reality. My mother moved away and divorced my
father because she thought he was not supporting her the way she should be supported. Realizing
she could not control another aspect of her life, she returned to a place that held structure and safety in her memory, her own mother.

When the couple is cleared of charges, and with Mrs. Danvers’ final action of burning down the mansion (the one place where traces of Rebecca remained), they believed they were finally in control of their destiny. Yet Mrs. de Winters was no longer the blank canvas of their initial encounter. Her husband’s secrets, and his abuse towards her in hiding them, have tainted her, now content to share in the power of controlling the past with her husband.

I believe my mother moving away from our family was her way of burning the house down. For her, there were too many ghosts in her life, so returning to somewhere where she felt comfortable felt like regaining some control. Like Mrs. de Winter though, she is not the same woman she was when she left home. She's restricted in where she can live because of her inability to drive. She’s on daily medications, and monthly doctors visits. The resentment she feels towards my father’s choice in remarrying and having a new child with his second wife resonates as I watch Rebecca. My mother looks at my dad’s wife with the same contempt that Mrs. Danvers holds with the new Mrs. de Winter. There is a distinct sense of jealousy, palpable when the subject is brought up around my mom. My dad’s wife being much younger than my mom, she looks at this woman and once again sees the thing she cannot be, that young mother with the radiant smile.
Visualizing the Unseeable

Visualizations of the human body are defined, in the contemporary world as well as historically, through various anatomical images, many of which are produced using scientific and medical imaging technologies. What used to be Andreas Vesalius cutting up and then drawing the body has become a digital process revealing the different facets that make up humans, such as the Visible Human Project. Our perception and representation of anatomy is never truly objective and is defined through lenses such as medicine, cultural theory, ethics, religion, science fiction, gender, and class. Through the analysis of these various subjectivities, representation of the body is revealed as a chronological, social, cultural, and gendered touchpoint. We need look no further than to something like artworks such as Marilene Oliver’s *I Know You Inside Out* (2001) to see that dealing with documentation of the body becomes nuanced in these touch-points, when she brings into question both its scientific complexities as well as the moral implications of the Visible Human Project. (Fig 13)

Much as those who have Parkinson’s may view it as a virus or enemy, one part of my work attempts to imagine what the disease does to the body, or how to visualize the disease itself as an entity. Other pieces also attempt to imagine the disease but focus on the identity of the
subject and the shifting ways they are changed both mentally and physically as a result of Parkinson’s. These identity shifts are most explicit in my understanding of my mother. Because of this, some pieces focusing on identity also explore the shift in both my mother and our relationship with her mental health complications of the disease.

For some time now, a focus in my image-making has been on the anatomical—or rather, the abstraction of anatomical drawings. As such, my interpretation of anatomy also has its subjectivities. Namely, giving a disease which we struggle to document a conceptual abstract void in which to exist. Pieces of anatomy are fused together in collage, digital drawing, and printmaking processes, creating a representation of a self-sustaining entity in a black space, or a structurally similar, sprawling organism in large installations. These entities manifest themselves as representations of a disease visually hard to document, a disease that consists of the mind slowly breaking down individual parts of the body to become part of itself.15

The imagery becomes an analogy for the various muscles in the body that are the most affected as those pieces are the very ones fused together in the image. Representing something both innately human (as Parkinson’s is by definition the human brain and its chemical imbalance) and also inhuman, (in that its not something tangible that can be removed like a tumor) representation of flesh becomes a natural substitute. As James Elkins states in The Object Stares Back, “We try to understand strange forms by thinking back to bodies. Even odd bodies, things that are manifestly not human, get referred back to human bodies when we try to understand them.”16

Flesh of My Flesh (2016) is a triptych of prints, each three feet by four feet. These black and white Sintra block prints display a void in which an organism of muscle, sinew, and bone
exists within a black space. (Fig 14a-c) Despite being created out of pieces of human anatomical fragments, the form is ambiguous. The viewer cannot quite make out what the forms are, beyond their distinct character as muscle and bone. They exist in relation to dissection, for they are flailed flesh on display, but follow the contemporary concept of visualizing “a subtle sea of living processes…the kaleidoscopic collage of private identity…where existence and consciousness (meet).” Using the well known aesthetic of representative flesh gives a relatable context for representing something more foreign.

The understanding of the mark-making within the continuity of the image constantly shifts as you move closer or farther from each piece. Moving closer, one can see the detailed and varied lines composing the image; farther away, the lines become part of the representation of the muscular form itself. The embossment of the lines into the paper denote every sinew of the organism, breathing life into the image.

The piece speaks to the betrayal by one’s own muscles that occurs under the neurological effects of a disease like Parkinson’s. The title *Flesh of My Flesh* alludes to the Old Testament creation story of Adam and Eve, when Eve is made from one of the ribs of Adam. However, used in this context, it is a term of self-analysis— that this organism could be the combined
muscle forms that broke away from their owner and are now growing like a virus, betraying their host.

There is a clear interest in the monstrous, here, in the stitching together of human anatomical parts, much like Frankenstein’s monster. The foreign, alien, and incomprehensible is something that lends itself when one’s own body becomes more and more uncontrollable, its physical motions dictated by something other than a clear signal from the brain. However, this is contrasted by the fact that this monster is a part of the self, part of the human body that is both self and other. The uncertainty of this is echoed in treatment. Many drugs stifle but do not relieve in full the disease’s effects. In addition, it is often a delicate balance to maintain and endure the required cocktail of drugs, which can have conflicting side effects on the individual, and as the disease progresses further, more symptoms are added to a growing list of things to manage. Something I saw all too clearly in my mother.

The eighteen foot chalk piece Inconclusive (2015) recreates the uncertainty of treatment. Similar images of muscle and bone to those in Flesh of my Flesh are drawn in chalk then blurred and smeared, thereby obscuring their comprehensibility. (Fig 15) A wandering line moves around the image, circling different sections of the organism. The sections within these circles become clear, but not enough to clarify what it is you’re looking at. Layered on top of the blurred body are also windows that give insight into the underlying nervous system and bone structure of the sprawling form. These boxes play on the idea of the X-ray as a window into one’s anatomy, as well as a tool to make a malfunction in the body clearer for diagnosis. This juxtaposition of question and answer is echoed in material as well, with chalk often being a traditional material of problem-solving and exploration, as well as one that dictates chronology. However, in this image
the body is obscured and the attempted solutions are unsure, frozen in an endless loop of analyzation. Drawing upon the legacy of Malevich’s *Black Square* (1913) among other Suprematists, the black background becomes spatially significant. It exists as both an endless nothing and a vast everything, the form floating dangerously close to the edge but never breaking free, like a massive black hole petri dish.

Anatomical exploration has always been an attempt to illustrate the body through a detailed analogy of what we believe to be seeing. As Barbara Stafford states, anatomy’s visual “aim is to analyze and historically situate a major modern epistemological, artistic, and scientific quest. That quest continues in our contemporary technological search to reveal non apparent physical and mental experience.” This “non apparent physical and mental experience” can be applied as a direct reference to a disease that effects both the brain and motor function, yet is extremely difficult to see in our contemporary medical technologies.
Flesh and Blood (2017) builds upon the concepts of Flesh of my Flesh and Inconclusive. (Fig 16) This triptych consists of three eight foot by four foot prints still displaying an amalgamation of muscle groups stolen from their host. However, here, the three prints work as one large enveloping body. It looms over the viewer, its fractured symmetry further alluding to a formed body, while being in a scale that references the monster. It’s subtitles in each third recreate the growth of the organism, with the first being Diagnosis, the second being Subsummation, and the third, A Perfect Organism, a reference to Ash’s line from Alien. (Fig 16a-c)

Society often labels chronic diseases with terms of war, and the patients who have them as victims of its attacks. The understanding of the patient must shift from this notion, and often does, when acknowledging that this is not another person attacking them, but their own
body. This shift in thinking requires the patient to come to the understanding that their identity changes with their body and their disease and, furthermore, that its final outcome is beyond their control.²³

*Please Respond* (2016) examines the tumultuous relationship between my mother and the mental effects of her Parkinson’s and its residual effect on myself. (Fig 17) It considers not only the larger issues at play in the relationship— such as loneliness, anxiety and emotionally charged communications— but more importantly the day-to-day idiosyncrasies of how she thinks and operates under the influence of her bipolar disorder. Through the animation of text messages, *Please Respond* illustrates our constantly shifting modes of social contact, the discrepancy between what is thought and what is said, and the capacity of texting as a means of distancing.

The piece includes five videos in which the screen of an iPhone becomes an animated surrogate for both my thoughts and a restructured imaginary for my mother’s. A normal conversation contains my mother’s thoughts erased and rewritten, before becoming concrete in the form of the iPhone bubble being sent into the digital ether. A text message box rises and falls in sync with the anxieties felt by both parties, presenting both the inability to know what to say and a comparison to the uncontrollable shaking of hands under the influence of Parkinson’s. Passages sent by my mother blur and disappear, reformulating themselves into different conversations. This produces
a comparison of her ongoing loss of memory and the restructuring of a personal history. A seemingly harmless message ending in the demand “please respond” morphs into a manic threat. The authentic response comes in the form of a hand scrawled message that is never sent, but which indicates a refusal to be a crutch.

These conversations and their animation reveal the manic, anxious, and lonely feelings that become injected into normal conversation when she is unable to distinguish abandonment from the daily routine of loved ones. They also reveal the sentiments that cannot be said, which both of us wish to express, but never will. Communications are calculated, trying to both sympathize and distance simultaneously, as the sufferer rejects parasitism in order to maintain some sense of normalcy.

This is the Oedipal complex turned on its head, as the woman who the child knew growing up is no longer the same person, and the clash of subconscious past and conscious present come to the forefront in the frustration and suffocation the child feels. This is different from the effects of Parkinson’s within a spouse-spouse relationship in which there is already an underlying reliance in codependency. Where dependency was once child-to-mother, the roles here have been reversed earlier than usual; my mom, who would normally be a pillar of strength and comfort is a source of stress and must be kept at a distance. Yet she is also a loved one in need of care. So the conflict remains unresolved, in a constant state of flux between maintenance of personal power and identity, and the desire to keep the relationship in tact. Something that has become all the harder in the recent past.

*Tremors* (2016) is an ongoing collaboration project with those diagnosed with the disease. It consists of documentation of the hand and footprints of individuals under the effects of
Parkinson’s and the resulting tremors and dyskinesia it causes, creating a body of work that delves into the narrative of mark-making and personal portraiture.

The handprint and footprint have always been an integral mark in the representation of one’s personal history. They act as both portrait and signature, and work as a mark and a symbol. In contemporary art practice, we see the handprint emerge in works such as Jackson Pollock’s *IA*, or in the many body prints by Yves Klein. In these images, I too look to open up the possibility of external agency of the body. To take the uncontrollable motion of something such as a tremor, and transform it into a reflection of the person in the moment. Each mark in this way becomes a portrait of the hand it stems from. Every person with Parkinson’s has different degrees of its symptoms, and to document this is to capture a trace of the disease. However when movement becomes unintentional and is part of the person’s neutral existence, it’s as much an extension of the individual as the hand itself.

This mark becomes an imprint but also a passage of time, showing the shifting material moved due to the tremors. Much like the blur of a chalkboard, it gives away its literal chronology, with a blur as the result of tremors being a chronology of the illness itself. While a symbol of identity, the handprint also has its connotations to a tortured identity, with images of tortured victims and their handprints etched into our minds in historical examples like the Holocaust, as well as fictitious horror like the ending of *The Blair Witch Project*, where victims
of the unseen witch are represented in the hundreds of handprints along the walls of an abandoned house. The mark’s association with these sources further ties the identity of the person afflicted as someone in distress. Yet the image creates a relationship that sympathizes with the spasmodic nature of the body under the disease’s effects, and shows a person who embraces this uncontrollable gesture as a part of their specific mark and identity. The paper the mark is made on remains unedited, showing to the viewer the exact material that the subject of the mark was given. The handprints are displayed on the wall, the footprints on the floor, in an attempt to maintain a semblance of the event itself, putting the viewer in the position of the subject.

In another form of presentation, the marks are transformed into transparencies digitally, are printed, and then displayed on backlit 30”x30” light boxes. (Fig 19 a-b) Behind a layer of frosted plexiglass lies a constructed image of diseased nerves growing into the blurred forms. The glass blurs the nerves as well, not allowing full access to the underlying image. The least obstructed view of the nerves is through the blurred hands and feet of the very person who has the disease. Being displayed on light boxes and made into the negatives of the originals, these images also play with the x-ray and its window of clarification. However here, using shaking
handprints taken from the source, each image examines a personal identity of the prints’ owner, while the digital drawing underneath explores the visualization of a disease which cannot be seen but through the residue of its effects.

Through attempting Parkinson’s visualization in the abstract, and recording its imprints, I attempt to show the various ways in which we view this chronological breakdown of the body. I am giving identity to a disease that is difficult to see in medical technology, and recording the identity of those who suffer its effects.

The understanding of this work relates directly back to my understanding of the body through the various sources I’ve detailed. In its anatomical representation, the elements of the monstrous that relate back to Alien are on display, an unidentifiable creature as something both grotesque and pure simultaneously. In Flesh and Blood, the corporal body is displayed as a mass of pieces assembled into a whole, like the throng of a mosh pit, when you can’t tell one person’s foot from another's arm in the chaos. Rebecca’s power struggles and abusive relationships find ties within the illustrative conversations of my mother and I, and the acceptance of an identity not wanted, but adopted nonetheless, is put on display in the tortured hand and footprints of those the disease afflicts.

These works reveal an understanding of a body, a knowledge gained through the eyes of a witness to the trauma of illness. They are represented in ways of seeing bodies that I have been a part of, and are illustrations of the trauma of both my mother and myself. All of these things, like the inside of the human body, are invisible on the surface. Like images of the body have done for centuries, I too look to reveal that which is hidden for the analyzation, spectacle, and study of the
viewer. For as James Elkins states, “the task of a history of the represented body is to say what has not been shown, and to explain why it is absent.”
Conclusion

In my work as an artist, illness is represented as a monster that is both horrifying and beautiful; a fantastical, yet terrifying representation of the unseeable. The cultural perception and representation of the human body is fundamentally fictional in that I feel it’s defined through external lenses such as those of medicine, cultural theory, ethics, religion, science fiction, gender and class, rather than in its visceral reality. The various lenses that define my perception and representation are traced back through my own past. In my written and visual thesis, *Flesh and Blood*, I try to approach ways of looking at and seeing the illness that has accompanied me since childhood, seeing the progressive effects of Parkinson’s disease on my mother’s body.

I was twelve when I saw *Alien* for the first time. It built for me a world in which the world of a monster could be both horrifying and beautiful at the same time; a monster tied to a historical precedent of the visual spectacle of the human body and a world where a heroine could fight that monster, yet both can be mothers. As I grew up, hardcore music gave me a corporal experience to release the tension of everyday life within a collective mass of bodies, a concept that became an important analogy as I began to find ways to cope with my mother’s Parkinson’s through my artwork. After moving away from my father, my mother bought a collection of black and white films to have in her apartment to watch when she would get lonely. She’s always had a special affinity for *Rebecca*. Finally watching it gave me insight into my mother, the echoes of the film’s lost protagonist and the jealousy of another younger woman residing in her. The power struggles within the film are reflected back at me daily when I look through our conversations.

These concepts and visual language act as blocks upon which my identity as an artist and understanding of the body are formed, all the while watching my mother slowly lose her
professional self, her identity and her body as my identity, understanding of the body, and
profession took shape. My work visualizes these different facets in the language of the human
body ingrained within me.

Mom, if you ever read this, I want you to know that more than the conceptual basis for my
practice, the love of music and art you installed in me manifests as everything I am. You struggle
with your Parkinson’s every day, but are more than the thing you struggle with. I can’t always be
your rock, but I promise to do the best I can to be there for you. I know there are days where you
feel alone and days where your neck hurts from your arthritis. Your loneliness falls heavier on
me than you think. I understand I will have to continue to hold your hand when we walk together
as your body gets worse, and I’m terrified of the day you’ll no longer recognize me, the final
outcome of the thing you constantly battle. Despite all my fears, and all of the things we’ve been
through, I know you love me, and I hope you know I love you too.
Notes

1 Alien, directed by Ridley Scott (1979; 20th Century Fox, 2011), DVD.
3 Ibid, p 132.
4 Flesh Blood Bone series constitutes work dealing with the anatomical, including the Flesh of my Flesh series as well as the Flesh and Blood tryptic
5 Aliens, directed by James Cameron (1986; 20th Century Fox, 2014), DVD.
6 Alien, directed by Ridley Scott
12 Gilman, Sander, Disease and Representation: Images of Illness from Madness to AIDS (Cornell University Press; 1 edition, June 1, 1988)
13 Andreas Vesalius, De humani corporis fabrica - A Facsimile of the revised version of 1555
14 Catherine Wallaby, The Visible Human Project: Informatic Bodies and Postman Medicine, (Routledge; September 2, 2003)
18 The hands shake and move uncontrollably, and the feet kick and move around while sitting.
19 New International Bible, Genesis 2:23
22 Stafford, Body Criticism, Preface.
24 Sigmund Freud, The Interpretation of Dreams, Psychology Classics (December 29, 2011)
Illustrations

Figure 1

Figure 2

Clayton Petras, Detail from *Flesh and Blood* (2017), Block Print.
Figure 3

Crew emerges from hypersleep, Film still from *Alien*, Directed By Ridley Scott, 1979.
Figure 4

Bottom of face hugger as it leaps from egg, Film still from Alien: Covenant, Directed By Ridley Scott, 2017.
Figure 5

Xenomorph bursts from the chest of Kane, Film still from *Alien*, Directed By Ridley Scott, 1979.
Figure 6

Figure 7

Figure 8

Image of The Ghost Inside tour bus after colliding with a semi truck, November 20, 2015
Figure 9

Andrew Tkaczyk awakes in hospital to missing right leg, Instagram post January 14, 2016
Figure 10

Petras Family Photo, 1999.
Mrs. Danvers attempts to make Mrs. de Winter jump out of a window, *Rebecca* Film Still,

Directed by Alfred Hitchcock, 1940.
Figure 12

Petras Family Photo, 2015.
Figure 13

Marilene Oliver, *I Know You Inside Out*, silver ink screen printed on to 3mm clear acrylic, stainless steel rods, 4 sculptures, 200 x 70 x 50cm, 2001.
Figure 14a

Clayton Petras, *Flesh of my Flesh 4*, 2016, Block Print, 3’x4’.
Clayton Petras, *Flesh of my Flesh 5*, 2016, Block Print, 3’x4’.
Clayton Petras, *Flesh of my Flesh 6*, 2016, Block Print, 3’x4’.
Figure 15

Clayton Petras, *Inconclusive*, 2015, Chalk on Chalkboard, 18’x10’.
Figure 16

Clayton Petras, *Flesh and Blood*, 2017, Block Prints, 12’x8’.
Clayton Petras, *Flesh and Blood: Diagnosis*, 2017, Block Print, 4’x8’.
Figure 16b

Clayton Petras, *Flesh and Blood: Subsummation*, 2017, Block Print, 4’x8’.
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Clayton Petras, *Flesh and Blood: A Perfect Organism*, 2017, Block Print, 4’x8’.
Figure 17

Film Stills, Clayton Petras, *Please Respond*, 2016, digital film, length varies.
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Studies from the *Tremors* Project, Clayton Petras in collaboration with Jerry Wild, Charcoal on Paper, 2016.
Figure 19a

Figure 19b

Illustration Citations

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Figure 2.
Clayton Petras, Detail from *Flesh and Blood: A Perfect Organism* (2017), Block Print, 8’ x 4’.

Figure 3.

Figure 4.

Figure 5.

Figure 6.

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Figure 8.

Figure 9.
Figure 10.

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Figure 12.
Clayton Petras, Petras Family Photo, 2015. Personal Archive

Figure 13.

Figure 14 a-c.
Clayton Petras, *Flesh of my Flesh 4-6*, 2016. Block Print on paper, 3’ x 4’.

Figure 15.

Figure 16 a-c.
Clayton Petras, *Flesh and Blood: Diagnosis, Subsummation and A Perfect Organism*, 2016. Block Print on paper, 12’x8’.

Figure 17.
Clayton Petras, *Please Respond*, 2016. 5 channel video, scale varies.

Figure 18 a-b.

Figure 19 a-b.
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