INTRODUCTION

THE BODY WITHIN: ART, MEDICINE AND VISUALIZATION

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Just an occasional medium range shot in the popular hospital series *Grey's Anatomy*. Doctors and nurses are assembled around a patient, a pregnant woman who has lost an arm in a car accident. The woman in her bed forms the centre of the image. We have a full view of what’s left of her arm, the cut forming a red spot against the white sheets. On the left hand side of the bed the plastic surgeon Sloan, nicknamed McSteamy, cautiously touches the arm stump with his gloved hand. On the right hand side the series’ heroine, the intern Meredith Grey, is seen from behind moving a sensor over the woman’s belly while gazing at the monitor of an ultrasound machine. Asks McSteamy: “Do we have an arm?” “Not yet”, replies Meredith. The camera zooms in on the woman’s face. “The baby has no father. He already lacks two arms. I really need my arm.” A close up of McSteamy’s face, on which we see compassion emerging. “Get me that arm,” he commands, full of determination.

The scene is quite characteristic for the series’ over the top condensation of contrasting emotions, like the crude professionalism of Sloan and the heartbreaking appeal of the woman. On a less obvious level, however, it also alludes to contrasting notions of embodiment. The arm that is missing in Sloan’s question is a different arm than the one the woman is referring to and both have little in common with the gaping wound we are facing on the screen. Likewise, the immediate view on the body’s interior the wound allows us has a completely different impact than the vague white spots figuring on the monitor. The cruel sight of the bloody stump is softened, however, and its morbidity eased through the careful touch of the surgeon’s hand, a touch that is repeated, though more mechanically and clinically, in that of the ultrasound sensor Meredith is wielding.

This present day *Anatomy Lesson* nicely juxtaposes touch and sight, immediate and technically mediated perception, compassion and distance, and, not in the least, plays with the ambivalent feelings of fascination and disgust the body’s interior usually evokes. The first glance
Meredith throws at the cut is tinged with horror and as a spectator one can hardly bear the sight of the wound without feeling an unpleasant tingle at a spot somewhere halfway the upper arm. In spite of the marvellous achievements of present day medicine and the ubiquity of images of the body’s insides, gazing into the body isn’t altogether a piece of cake yet, a cultural fact *Grey’s Anatomy* cleverly plays upon. Moreover, the shot ingenuously portrays the body’s multiplicity. What might appear to be a single entity, the woman’s body, might be a ‘multiple’ (Mol 2002), as it is articulated in contrasting ways through different interactions. Heavily emotionally charged on the left hand side, in the direct juxtaposition of wounded flesh with careful touch, it becomes more thing-like on the right hand side, in spite of the fact that it is a pregnant belly that is being scanned. What the inner body is to us largely depends on what takes place outside its boundaries.

*Paradoxes of interiority*

It is these ambiguous connotations that make the cultural imagination of the body’s interior throughout history such an intriguing subject for philosophers, historians, anthropologists and literary scholars alike. Close and remote at the same time, the body within could become the source of amazement at God’s or Nature’s intricate design but also a focus for feelings of anxiety, fear or disgust. Intimately connected with ‘oneself’ (however questionable such a notion may be, historically speaking) and hidden from view simultaneously, a possible locus of sensations of well-being but also of unease or pain, the body’s inner structures and workings might be ‘absent’ most of the time (Leder 1999), yet as soon as they claim attention, can hardly leave one indifferent.

The inner body is both familiar and strange (Slatman 2008). Although it is central for our access to the world, our own access to it is highly limited. In contrast to the body’s surface powers of perception, motility and expression, its internal capacities and processes are largely unavailable to conscious awareness and command, as Drew Leder has emphasized in his phenomenological study of bodily interiority. Compared with the precision, subtlety and diversity of exteroperception, interperception is qualitatively poor, ambiguous with regard to location and discontinuous in space and time. Yet when the body’s interior makes itself felt, we cannot remain dispassionate.