Thesis Committee Approval

Internal Bodies

Master of Fine Arts: Painting and Drawing

Graduate Thesis

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We the thesis committee for the above candidate for the Master of Fine Arts hereby recommend acceptance for this thesis.

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Artist Statement

Anatomy, infections, surgery, and healing are the subjects of this work. From exposure to the treatment room of my mother’s veterinary practice, I have seen two sides of bodily trauma: injury and recovery. I translate trauma into healing through painting, drawing, printmaking, and digital manipulation. The works are interior theaters of bulbous and carnal-looking forms, at times uncannily familiar. I expose the internal dynamics of the body to encourage viewers to reflect on their own relationship to physical trauma.
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Internal Bodies

May 2022
My graduate work has consisted of observing and interpreting medical imagery depicting internal bodies of humans and animals. From exposure to the surgery room of my Mom’s veterinary clinic, I have seen two sides of bodily trauma: injury and recovery. The subject of my art practice is studying and representing interior bodies - anatomy, injury, surgery, and infection and recovery. My works use reference imagery from various surgeries in the veterinary clinic as well as injuries that have personally affected my family or myself.

My artistic practice interprets the internal dynamics of the body. Open bodies are honest, intimate, and vulnerable. Their injuries, illnesses, and surgeries tell of trauma in varying degrees of damage or recovery. The interior forms of anatomy willfully reveal the inner workings of a living being. I translate the bodily trauma of these subjects through painting, drawing, and printmaking. Internal Bodies goes beyond the viscera and interprets multiple interior figures when they’ve been revealed. My work focuses on the visual qualities of distressed figures. How might medical imagery be utilized outside of its scientific portrayal? Is it possible to invert the societal feeling of disgust towards morbidity? How can the inclusion of different knowledge reframe our perception of medical imagery? I examine how imagery often connected to morbid curiosity can be represented through the lens of fascination/intrigue. I want viewers of my art to question how they view the open body and reflect on their relationship to physical trauma.

This body of work is the vessel of new interpretations of medical imagery. Each medium is a portion of my research into different translations of the subject. The paintings are creamy representations of veterinary medical moments. My soft graphite drawings are the ambiguous shapes that construct human anatomy. The x-ray and printmaking works are the newest additions to my practice; both experiment with the creation of new bodies. Thread throughout all of my works is the idea of re-interpreting medical imagery through altered representations. I reference
medical imagery that may contain morbidity and attempt to alter the interpretation of the image by controlling how much of the subject is seen or by restraining the surroundings.

Study of bodies has a longstanding history of bodily human cadaveric dissections and live surgical proceedings open for general viewing. The Dutch Guild of Surgeons in Amsterdam was a highly regarded organization in the 17th and 18th centuries. These operations were performances as Jose van Dijck states, “Anatomy theaters were from the sixteenth century onward, a form of spectacle through which anatomists attempted not only to educate but also to entertain their audiences of colleagues, students, and lay spectators. In these theaters, the practice of science was presented as a wonder and a view into the mysterious borderland between life and death.” (Sturken and Cartwright 351). Although performed mostly for guild members, magistrates, and city governors, the general public was allowed to watch the medical presentation. Jose van Dijck noted also that these performances by “dissected cadavers formed a fascinating spectacle because they were associated with intimacy, sex, and violence. Cutting into a person’s body – whether for anatomical or surgical reasons – always attacks that person’s physical integrity.” (van Dijck 10). The lessons were just as entertaining to people as they were educational. Witnessing morbidity can also be a necessity. Psychologist, Eric Wilson states that the “more we repress the morbid, the more it foments neuroses or psychoses.” (Wilson 2). Seeing and understanding a gruesome subject could make us reflect on ourselves with the realization of “what is most sacred in our lives, essential to our joy.” (Wilson 3). Exposure to medical imagery is disclosure and education of life. This access to such intimate moments of a body captured attention and helped form the modern-day morbid curiosity. Late nineteenth-century paintings like “The Gross Clinic” by Thomas Eakins, displays the importance of perspective when viewing or being involved with morbidity. The different characters in the painting have various
connections to the body in surgery. The woman on the lower left side of the piece reacts with horror and disgust, while the doctors maintain a clinical level of professionalism to operate on the body. The perspective of how medical imagery is witnessed can determine its reception.

Morbidity is of, or relating to disease, or can suggest an unhealthy state or attitude. Morbid curiosity instigates my inclination to research medical imagery. There are several different ideas for the reason behind morbid curiosity, such as satisfying a gap in information, entertainment, a trait for survival, or mass media influence. I research this subject matter with pure fascination of the visual effects bodies display in physically altering situations. My references consist of family medical episodes and veterinary operations captured by my Mom or myself. These photographs inform me about the somatic reactions of a body under duress. My time observing the subject has been “gross” viewing: “to describe the way tissue looks when examined without the help of a microscope”. I distinguish the appearance of damaged tissue including its color, texture, and proportion.

My artwork is created from a multidisciplinary practice involving painting, drawing, digital work and printmaking. Each medium and technique serves my interpretations of the subject matter. Using oil paint, I can build up the thick density of blood pooling over terry cloth or glaze a cool purple to show bruised tissue. My paintings are strict renderings of the body. The material recreates the gross colors found in my subjects. These natural visuals are most realistically represented in this medium. Through oil paints and technical abilities, I can visually describe my reference with greater accuracy. In other mediums, I investigate more ways of translating these images into exaggerated forms. My group of small drawings in highlighter show multiple sketches of organs and injured flesh. The fluorescent medium creates luminous colors and directional lines that disguise the wounded tissue. My graphite drawings are resourced from
zoomed-in cropping of wax anatomical sculptures I photographed in La Specola of Florence, Italy. The drawings display soft landscapes occupied by fleshy shapes. These pieces are interior theaters of bulbous and carnal looking forms that are uncannily familiar. My experimenting in digital media lead to the combination of transparent x-ray amalgamations and my 3 largest graphite drawings. This integration of digital media consists of altering veterinary x-ray images in Photoshop using various tools in the program. Once the new x-ray is composed I print it out on a large-scale transparent film and layer it on top of the graphite drawing. In the three Shadow pieces, graphite flesh peeks through some portions of the film and is otherwise grafted with glazes of bone. This experimentation in x-ray manipulation also helped to inform two new paintings in oil. Avulsion and Compression follow the strange directions of the invented bones and applies the ghostly feel of a translucent x-ray with deep blue-violet values.

Printmaking has been the newest edition to my technical knowledge and has served, just as my other mediums, to alter my interpretation of the body. During this degree I have learned the processes of monotype and intaglio printmaking. The monotype pieces simulate the delicate brushstrokes of watercolor. I paint the ink onto a plexiglass sheet while the paper to print onto is soaking in water. Then once the painting is complete and the paper slightly dried, I combine the glass with the paper to run through the press. The intaglio pieces involved prepping a copper plate by burnishing the edges, polishing the face of the plate, then degreasing and choosing a technique to etch the design. I used hard ground for defined lines, soft ground for a hand drawn effect, and aquatint for the darkest areas. Each method involves covering the plate with a resist that once carved through with a tool, will allow acid to eat away the exposed copper. After the design is scratched through the plate, it is then dipped into an acid bath. The longer the bath time, the darker the etching. For both monotype and intaglio, I produced prints that combine the visual
memory of bulbous form from organs and rigidity of bone to create uncanny bodies. My 

_Flourishing Body_ print series explores the unreal and is purposely arranged to create a pulse in-between my more accurate works. Although they are unreal figures, they still portray the beating colors and delicate shapes of bodies.

Since the growing advancement of scientific technology and discoveries in the late 19th century, the idea of wanting to see into ourselves became more feasible. Although anatomy theaters and medical lessons were a more revealing way for the general public to learn about human anatomy, the practice of these dissections were meant to provide both education and entertainment to the public. To widely distribute new medical information “doctors and hospitals, keen on public relations, recognized the enormous publicity value of intriguing bodily images.” (van Dijck 10). It is integral for our knowledge of the human body to be distributed in visual formats because its information can be widely disseminated through photographs, films, or observational performances. The core purpose of this is to educate. But this distribution can be often met with repulsion or disgust because the subjects were examples of wounds, infections, illnesses. These physical disturbances were cases of medical issues that could have led to loss of limb, sense, or life. I do not convey death in the flesh I recreate. Some of the surgeries I’ve observed are extractions, debridement, reconstructions, and yes the loss of limbs: amputations. My painting, _Debridement_ displays the preparation stage of surgery of an open wound. In these moments the body is living, reacting, and although there may be dead tissue, the core being is alive and recovering.

Curiosity is formed from the desire for data to complete existing knowledge. Jose van Dijck discusses the confidence medical science has “in the mechanical-medical eye: that better imaging instruments automatically lead to more knowledge”(van Dijck 7). The discovery of the
X-ray in 1895 was the result of better imaging technology. In the same era as the development of the camera, the x-ray “provided views of a previously unseen dimension of the body” (Sturken and Cartwright 356) and led to a new form of visualizing anatomy. This new imaging medium connected people with their own bodies to display the internal without opening the flesh. However, the results from x-rays “were widely regarded as wondrous because they provided views of a previously unseen dimension of the body in its living state. At the same time, they were received with awe and fear because of the skeleton’s iconographic association with death.” (Sturken and Cartwright 356). There was still fear associated with this form of medical imaging because it was another way of disclosing the human interior to check on the quality of health and could potentially reveal the troubles in the body. In my graphite and digital print pieces, I’m inverting the layering of a body by placing the x-ray over the flesh. These x-rays are manipulated but are still recognizable as bone. They are shielding the anatomical tissues in the drawing and also allow portions of the flesh to peek through the most transparent areas of the film. This weaves together two different layers and medical images of the anatomy to create a new amalgamated body.

These gaps in information and the wish to have them fulfilled is a natural craving. There is an appetite to see medical imagery but sometimes there is also discomfort with being confronted with it. The reveal of medical subjects is a sensitive moment. As van Dijck writes, “Looking into a body and mapping its organic details is never an innocent act, a scan may confront people with ambiguous information, haunting dilemmas, or uncomfortable choices.” (van Dijck 8). The veil between the exterior and interior body is lifted to reveal the internal. The unraveling of a being’s construction in explicit terms can cause discomfort and intrigue for how bodies operate.
Medical imagery and its visual translations are the subjects for my art practice and source of my research. The title for my research correlates to the experimentation that I’ve accomplished in my thesis work: going beyond just open wounds to expose different bodily layers and convey them in fresh ways. Just as Sturken, Cartwright and van Dijck state: the perception of something can change or be determined depending on the setting and existing knowledge of the subject. That premise is the basis for how I choose to represent and create my medical art.
Sources:


Artwork:

*Debridement*. Oil paint on canvas. 16 inches by 20 inches. 2020.

*Located on left wall.*

*Flourishing Body III*. Intaglio etching on paper. 7.5 inches by 15 inches. 2022.

*Located on right wall of thesis exhibition.*
*Compression.* Oil paint on canvas. 24 inches by 36 inches. 2022

*Located on left wall of thesis exhibition.*

Left Wall of thesis exhibition.

Located on center wall of thesis exhibition.

Center Wall of thesis exhibition.
(Left) *Optic Chiasm*. Graphite on paper. 15 inches by 22 inches. 2021

(Right) *Nerve Knot*. Graphite on paper. 15 inches by 22 inches. 2021

*Both located on right wall of thesis exhibition.*

Right Wall of thesis exhibition.

Located in show cases at front center of the installation area.

Full view of entire thesis exhibition.