

# Razor head

## The performance art of Marina Abramovic

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In psychiatric studies of artists, performance art has been relatively neglected. The work of Marina Abramovic places emphasis upon the crossing of limits: both physical and mental. Here the self-wounding which occurs in such a context is contrasted with that seen in the psychiatric setting, among those diagnosed as having 'personality disorders'.

Psychiatric studies of artists have tended to build upon plastic artefacts: their writings and paintings. The resulting emphasis upon literary and graphic artists has been facilitated by evidence of unusual thought content expressed in words, or fragmented images (as in 'outsider art' — the art of the insane). But what of those artists who use their bodies as their medium: is there any room for a phenomenology which examines their acts from the perspective of the psychiatric clinic?

Self-mutilation (an irreversible body change) may denote social, religious, personal or sexual significance, as in the cases of tattoos, scarification, and body piercing. The stigmata of self-wounding (reversible but repetitive) comprise some of the few physical signs in psychiatry yet have attracted little interest when encountered in the artistic realm. Here the phenomenology of self-wounding is described in one artistic context and contrasted with that seen in a common clinical setting: the case of the borderline individual.

Marina Abramovic opened the 'Rapture' season at the Institute of Contemporary Art, in December 1995, with a lecture and selection of films from her own video archive. The subject was performance art, more specifically the use of the body as the medium for that art. Abramovic expressed the desire to bring us into the present. She certainly succeeded.

Dressed in a dark suit and wearing a throat microphone she began by kneeling (without speaking) before the audience. The lights shone down onto her outstretched left hand, resting on a square wooden board. The board was white. Then she produced a knife and very rapidly struck the board, aiming between her

fingers with increasing speed, and establishing a repetitive staccato rhythm. When she cut herself she would groan, and her groans became disembodied and slightly distorted, echoing throughout the lecture space. When she finished there were specks of blood on the board. The audience had watched and listened, immersed in the present.

The body motif continued with the artist's selection of video performances. In some cases these were ethnographic recordings of scarification and sacred dance. In others contemporary artists attempted to gain some access to 'otherness' by taxing their endurance of assimilating pain. A man stood before an audience, the camera focused upon his mouth. He then proceeded to sew up his lips with a needle and thread. Elsewhere a naked couple threw themselves up against pillars before an audience in an underground car park. A woman who had suffered from epilepsy as a child drooled before a rotating camera. A couple kissed violently in a nightclub, their embrace made bizarre and cacophonous by the microphones concealed within their mouths.

Abramovic has sought the limits of endurance and physical pain. Her means have been varied. Raised in former Yugoslavia (her father a general and her mother a major) she learned to use a gun at the age of 12. After studying art in Belgrade and Zagreb she performed in her home country. In her early 20s she stood naked in a square and carved the communist star around her navel with a razor blade. On coming to the West she found it difficult to adjust to having no restrictions ("I was too free here"; Papadakis, 1990). In Amsterdam she combed her hair with a metal comb until the scalp bled. In another performance she and a male partner knelt before each other, naked, and slapped each other's faces for 3 hours!

Over this period she began to experience a different mental state during performances: "the work became more and more difficult and my body became so much more demanding on my will power and . . . concentration that I actually started to reach . . . meditative states" (Papadakis, 1990).

Her intention is not to shock the audience but to derive energy from the performance space. "I was interested in . . . experiencing the physical and mental limits of the human body and mind . . . I could never do this alone. I always need the public to look at me because the public creates an energy — dialogue. You can get an enormous amount of energy from the public to cross your physical and mental limit" (Papadakis, 1990).

Acts in front of an audience which might otherwise prompt referral or intervention are observed differently in the artistic space. All attention is focused upon the present, and often in the complete absence of words. For one series of performances Abramovic and her partner, Ulay, sat facing each across a circular mahogany table. They faced each other for five or ten days consecutively in various galleries and museums. Visitors would be lulled into a sense of timelessness as the pair were present throughout opening hours, with no sign of change. Outside the gallery they would not eat or speak, at one point consuming only water for 16 days.

Abramovic's concerns are spiritual, deriving from personal experience and prolonged contact with Aboriginal, Tibetan and Sufi cultures. "In my work, I am interested in establishing a relationship between my body and the body of the planet" (Davvetas, 1992). "I am interested in the idea of mental departure and am offering the public these transitory objects [sculptures] which they can use to make the departure possible" (Davvetas, 1992).

So there is something more than solipsism, because the audience is necessary, and the aim is transpersonal. Indeed Abramovic's view of art is one which might prompt other psychiatric notions, such as magical thinking: the art of the future will be free of objects, and will be a direct communication between minds; it will be like the feeling of being watched in a restaurant, and turning to find that this is true; the body will be a vehicle through which other forces act: "somebody or something gave the idea to me" (Papadakis, 1990).

Many studies of self-harm among patients have made a distinction between 'self-mutilation' (such as castration or enucleation of an eye) and 'self-wounding' (such as 'cutting' or 'slashing') (see Tantam & Whittaker, 1993, for a comprehensive account). Whereas the former is encountered infrequently in psychotic individuals the latter is more common, and seen in the setting of personality disorder and disordered relationships. Indeed it is the latter that some authors have felt to be more important, both in terms of causation and therapy (Tantam & Whittaker, 1993).

The characteristics of those women who 'self-wound' have been studied by Favazza &

Conterio (1989). In a postal survey of 240 respondents they found the typical subject to be aged 28 years, a Caucasian, who first self-harmed at the age of 14, and who did so spontaneously without prior knowledge of such behaviour in others (in 91% of cases). This prompted them to speculate upon a constitutional or hormonal factor. Cutting was the preferred mode of harm, and had been performed on at least 50 occasions. Such actions were impulsive and provided temporary relief from symptoms such as racing thoughts, depersonalisation and anxiety.

Simpson (1976) regards such a sequence as stereotypic: feelings of anger, self-hatred and depression, giving rise to tension. As this rises, the subject, usually in isolation, decides to cut, and the decision itself may afford some relief. A state of depersonalisation occurs and the patient may dissociate. For Simpson the cutting is an attempt to 're-integrate'; it is thus 'anti-suicidal' (Simpson, 1976).

So in contrast to such women Abramovic appears to operate 'in reverse'. While they are attempting to 're-integrate' she is attempting to transcend the self; and while they experience dysphoria and anxiety prior to the act she is purposively embarking upon it. There are also differences in social context. Many borderline patients will cut in isolation and present to a limited social network after the act; Abramovic performs in a public space, where the wound is curiously sanctioned. The patient is often the object of others' ministrations while the artist somehow modulates others. Her agency is intact, she is in control.

Finally, it is tempting to speculate (as others have) upon the neurochemistry of such states. Endogenous opioids have been noted to be raised in those who habitually cut themselves (Coid *et al.*, 1983) although it is unclear whether this is cause or effect. As in other instances when individuals may modulate their mental state through use of *exogenous* substances it is presumably the case that the mental state achieved depends upon the mental state preceding the act. Thus the same system might provide 'relief' for the patient, but 'transcendence' for the artist. As Abramovic says in her quotation from the sculptor Brancusi: 'It's not important what you're doing, it's important from which state of mind you are doing what you're doing' (Papadakis, 1990).

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