





Dedicated to

Holly, Heidi & Carolyn,
my supportive friends,
my ovaries,
my ovarian cysts,
my hormones,
my body hair,
my parents,
my sister,
Especially my niece Marianna.

I hope you grow up in a world where you can be yourself.

Image 1 PCOS Panty Postcard Photo Image 2 Sculpey Vulva

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The Inside Counts

I am a political body But I have no rights to be involved in politics l am an immigrant l am a woman I have PCOS I have no access to health care Care doesn't exist No care for people of my kind No care for my condition No care for the inside Care for the hairy, fatty outside People see the dark in my folds People see the dark in my folds and they think I need to clean myself I need to clean myself like Pugs need their folds cleaned My acanthosis nigricans reads as dirt My body hair reads as dirt My sugary blood reads as dirt My period blood reads as dirt My body reads as a dirty fleshy blob I want to be the dirtiest blob

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Introduction

olycystic Ovarian Syndrome (PCOS) is a hormonal condition that triggers various symptoms that appear as soon as women reach puberty. These symptoms include, but are not limited to: ovarian cysts, amenorrhea (lack of period), acne, insulin problems, hirsutism, obesity, mood swings, etc.

While the condition itself is not deadly, the consequences of these symptoms can be complicated if the condition remains untreated: ovarian cysts can burst and cause infections, or the cysts can later develop into tumors. In some cases, Insulin Resistance can develop into Diabetes, which has even more complicated consequences. The condition is somewhat known by people who don't suffer it because it is one of the causes for infertility for women, but there are many layers to the condition that are usually not talked about.

In my project titled The Inside Counts, I am seeking to tackle some of the complex layers of this condition by displaying my own experience, while deconstructing and reconstructing my body and self-image.

In order to express the symbiotic relationship I have with PCOS, I created different components consisting of: sculpture, photography, and performance.

Through this project my objective was to learn more about my condition and the ways in which it has shaped my personal and aesthetic decisions. After seeing the result of my installation, I realized that I gathered a lot more than just learning more medical and biological reasons for why I have this problem.

I have learned a lot about society, patriarchy, the politics of women's bodies, and myself. I realized the importance of relearning to think about myself as a full person rather than half a person because of my ethnicity, and my gender. I had to relearn what is an acceptable representation for my gender, in which I represent myself as I am rather than an idealized figure.

By taking this approach, I was able to deconstruct and reconstruct my body and reconfigure my emotional response to the problems I face because of Polycystic Ovarian Syndrome. For example, relearning to think about body hair and accept it as a natural process of my body, rather than thinking about it as a flaw.

The findings of The Inside Counts were greater than anticipated. This project has unknowingly been on the works for over a decade, and I think this thesis is just the beginning of it.

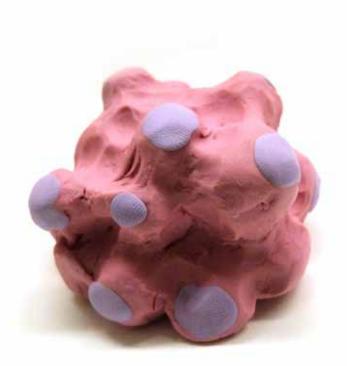




Image 5 Ovarian Cyst
Sculpture 1x1 1/2 in
Image 6 Vulva Sculpture
1in x 1/2in



Contextual Background

y relationship with Polycystic Ovarian Syndrome has shifted many times in many ways since I got diagnosed in 2005. While my symptoms have been milder than many other women I know, the process of adapting and accepting this condition hasn't been easy because of the expectations of society and my own.

Also, my symptoms have shifted significantly since I first got diagnosed; I presume a lot of the changes were driven by the stress of immigration and the knowledge that there are not many opportunities to get treated.

Currently, my symptoms are mild compared to what I used to experience when I was younger because I have been able to become more active at spotting my symptoms and assess what I need to do to feel better.

Polycystic Ovarian Syndrome is one tricky condition because each woman presents a different set of symptoms. For some women it manifests through acne and ovarian cysts, others also have Endometriosis and other issies. For me it manifests through Amenorrhea (absence of period), painful cramps, Hirsutism (excess of body hair), Acanthosis Nigricans (dark folds in areas such as armpits, neck, elbow), Insulin Resistance, and obesity. When I first got diagnosed, my left ovary was excessively enlarged, and both of my ovaries were full of cysts. I haven't had an ultrasound in five years, so I don't know the physical condition of my ovaries for now.

In terms of treatment, the Birth Control Pill is the first choice to help women who suffer from PCOS because it regulates the menstrual cycle. I tried dozens of different brands of pills, and while they were being successful in triggering menstruation, they were not helpful for my mental wellness, so I abandoned the birth control as a treatment five years ago. I have had to learn the art of self-control and physical activity so I have a more conventional menstrual cycle. However, nothing in my life is ever conventional, so why should my body be?



While my life story set up a lot of opportunities to open my mind to self-expression, PCOS was the fuel that launched the rocket.

I was born and raised in Santiago, the capital of a long country called Chile. I was a quiet child who bonded with pencils, paper and abusive babysitters while my parents worked full-time. I had a strange childhood. I had strabismus and I had to wear a patch and my classmates bullied me for being ugly, short, and wearing glasses. The stress of not dealing with the trauma of abuse and the bullying at school, led me to eat my feelings away, which made me an obese child. My transition to puberty was awkward, as it usually is for most people. My breasts developed when I was very young, which made my mother take me to the endocrinologist to find out whether this was normal. The doctor said it was fat, but even then I knew there was something off in my body. That was the first time I was confronted to what became a larger problem: my hormones were out of control.

I was the last one of my classmates to get her period. I had the feeling that my cramps weren't normal, neither was the throbbing pain in my left ovary. I knew my mustache and my leg hair were a little excessive. Later I realized those extreme mood swings were amplified by things that were beyond my control. I begged my mother to take me to the doctor, and after a series of exams, the diagnosis was PCOS. I started taking the birth control pill when I turned sixteen and the cramps became less severe, I joined the regular period club, but I could not stop eating and having mood swings. I eventually went through a deep depression brought by tensions of being a teenager in a mildly conservative home, an online long-distance-relationship, and unknowingly, my birth control pills. I did a lot of self-harm by trying different things, but nothing brought more comfort than art, so I started drawing and painting.

Before I found art though, I was on the track to go to medical school. I was enrolled in expensive extra-curricular classes to get a high score in the University assessment exam. My teacher didn't allow my enrollment in the science courses at school because she claimed I needed to study Humanities or art, so I was forced to go to extracurricular courses and I found myself doodling more than I was actually paying attention to biology and mathematics. I enjoyed my Photography course, where I learned about Cinematography and the dark room, a lot more than I did about the DNA-binding sequence. I made my first hasty grown-up decision, and I told my parents that I wouldn't be a doctor anymore I really needed to study Art or Graphic Design.





My change of mind was a hard pill to swallow for my parents, considering that they spent as much as they would have on a car, on my education, so they were disappointed. I just needed to express everything I had inside of me. I needed to make the invisible, visible for the world.

I wasn't fully aware of what I was doing, but I used my teenage angst and energy to create societal discomfort. I modified my clothes to look like Steven Tyler, which was shocking for the people that saw me grow as a good girl. My friends and I interrupted school functions to do our own thing. Now that I see my teenage self from the eyes of a twenty-eight year old, working on a project about PCOS, I think those acts were the first ways in which I first developed my symbiotic relationship with the condition. I would not ovulate, but there had to be a way for me to let all of this energy out.

The long-distance-relationship that I had online, eventually became a marriage proposal from a teen that brought me to the United States at the age of nineteen. We were in love and had no idea the consequences this adventure would have.

In 2007, I was nineteen years old. I found myself in Waterford, Michigan, where half of the population didn't know that my country existed. The bigger picture was more frightening: I was in a new country alone, without health care, with a year-supply of birth control pills supplied by my gynecologist.

The adjustment period was incredibly challenging. I came to Michigan as the big financial crisis was happening. The job search was futile for a young Latina immigrant that had just graduated High School in Chile and had no legitimate credentials according to American eyes. The lack of job opportunity meant that my health-access would have to wait a few more years (in fact, I am still waiting).

I started attending Community College with the hope that I would finally be able to have a good job. However, I didn't keep my health at check and I started eating a lot of junk food, drinking liters of soda a day and not caring about the consequences because I never had problems with my Glycaemia or Insulin levels. I started presenting frightening symptoms that I never had, such as numb face, hands and feet. My parents arranged an urgent trip to Chile because after all, I hadn't been to Chile for three years.

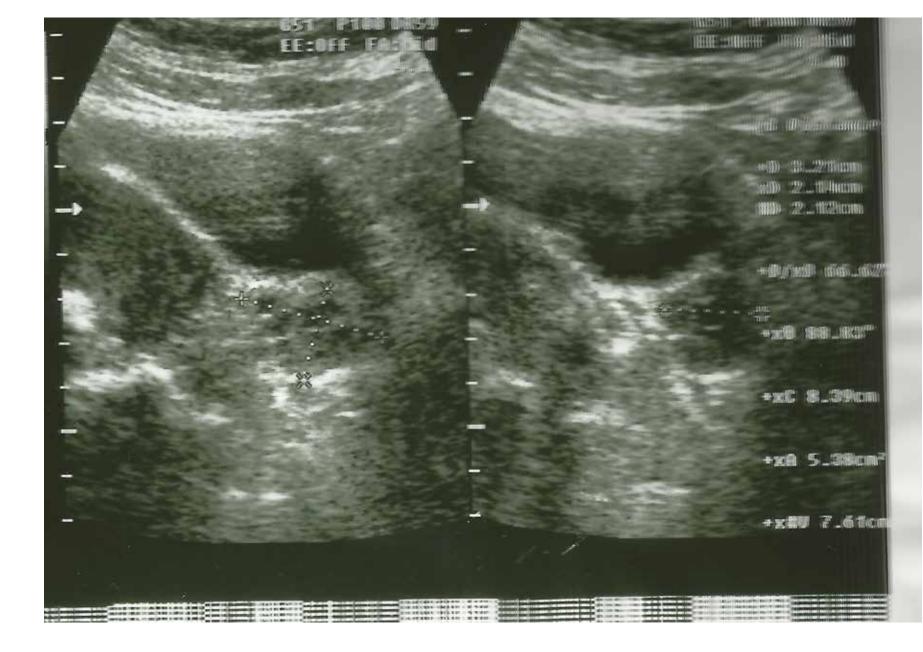


My first trip back to Chile both was horrific and special. I learned a lot of things I wasn't prepared to face health-wise. I wasn't prepared for the amount of discomfort and sexism I experienced through practitioners.

My Endocrinologist said I would be single soon because I was getting fat. Also, a technician who performed a transvaginal ultrasound told me to stop whining because I felt discomfort as he inserted a probe inside of me. The other problem I faced is that I was under a new hormonal treatment, so I felt into the second biggest depression that I remember until then. After a three-month stay in Chile during my clinical trial, I returned to the U.S. at least ten kilos lighter and doubting every decision that I have ever made. After a few months I made the decision of ceasing the birth control treatment because I was getting violent and abusive, so I had to learn to deal with PCOS in a different way.

After an unexpected acceptance at the University of Michigan, I moved to Ann Arbor and this is when the biggest hormonal shift occurred. I became more physically active and one day, out of nowhere, I started having my period without any hormonal aid. I went from not having it at all for about two years, to have it five times a year, the following year nine, and in 2015 I had eleven periods as I started going to the gym. I am still learning how to eat healthy and control myself when I am emotional, but my mood has improved so much since my periods began to regularize. While these changes have been very positive in my life, I still know that this condition can't be cured, but it can be reduced.

Now that I have a more clear vision of what it means to live with a silent and often ignored condition that has made such a great impact in my life, it is time to use my energy to create a political message about my body and the adversities that women like me face not only in the field of Women's health, but also in society, because of the inadequacy of fitting into a mold that was created for women that are not us. I want to claim a space that I haven't been assigned yet. Being a woman and an immigrant could be seen as a big disadvantage for some, but it serves me to create my own mold.





Methodology

he Integrative Project provided me the opportunity to use and learn a lot of new media and skills such as:

Embroidery, resin casting and silicon mold making, paper maché making, etc. I have created small sculptures to show how I manipulate my body, a pair of crayon panties that represent menstrual blood, a cystic kaleidoscope to open a dialogue about invasive exams, and snow globes to convey the isolation of my situation. One of the small sculptures was a self-portrait with real hair and that became the mold to create resin dolls that I have been mass-producing by using silicon molds.

The dolls became an interesting idea for my instructors and peers. My resin dolls begin to tackle a more complex topic. They allude to my glitchy cells. I don't mean glitchy in a negative way necessarily, but as a way for my cells to rebel against the programming they were subject to when I was conceived. This is a more conscious way in which my symbiotic relationship with my PCOS manifests. In conclusion, my imperfect cells create these glitches that have now inspired me to create something else.

Also, while my dolls are being technically mass-produced by the use of silicon molds, they are not all the same. Some of them have shorter legs, others have a smaller head, or are deeper or chunkier, meaning that one size doesn't fit all. Despite of their glitches, they are all valuable for the project; they all have that uniqueness that might read as a flaw when they are translated in a human form. Another interesting thing about them is that they don't even fit in the mold based of the same shape they came in. Even the resin itself is an interesting material because I am the one who stirs the resin, but the fusion of the hardener and the resin create these dolls; it's an artificial conception. Everything about fixing PCOS is artificial too, but it shows that even if we were to be conceived artificially, glitches can happen. By the manipulation of materials, I am programming a sequence that could end up being glitchy just like my cells. I find all these connections so interesting for the execution of this project.

After developing many of the resin dolls, I was given an assignment by my professors and GSI to think about ways to display them, so I tried different ways to visualize the installation. The dolls were put in different situations for installation purposes and one of the ways was being suspended in the air, on the wall, on jars, and eventually one was inside of a snow globe.

The snow globe (for the purpose of this installation I will call them cystglobes) was effective to convey two separate messages that were difficult to merge in one image. The resin doll stands right on the center on top of a resin base. Inside the snowglobe I have tested different liquids: water, water and glycerin and mineral oil. Mineral oil seems to work best for this purpose. Additionally to the liquids, I put glitter and body hair.

The reason why I think water globes are efficient is because they have a cystic shape, but they could also serve as capsules and comfort zones. They represent isolation and personal bubbles, and depending on the component of each globe, they can be a political statement about femininity and the expectations of gender and beauty. A cystglobe of hair could describe my experience dealing with Hirsutism because I would use my own body hair for it. I am interested in challenging the definition and function of a snow globe that is supposed to be depicting idealistic scenes of a place or an event. This condition is the opposite of idealistic, so I thought the contradiction would make this effective.



Image 10 Cystglobes
From Top Left to Right: Hairy Cystglobe,
Cramps Cystglobe, It's Just Pinch Cystglobe,
You'll Break That Chair Cystglobe,
Amenorrhea Cystglobe, Insulin Resistance
Cystglobe, Mood Swings Cystglobe, Ovarian
Cyst Cystglobe, Acanthosis Nigricans
Cystglobe

The Inside Counts Installation Diagram





Creative Work

The final installation of the cystglobes was at the Jean Paul Slusser Gallery. I designed a clean aesthetic that would make the reading of each component simple.

1. Resin Doll Prints

There are three prints in total, but two of them portray the mass-produced resin dolls.

One of the photos is a set up composed by purposely-faulty dolls posing as sculptures, and the other set up is a collection of dolls placed in a circular shape. These two prints were picked from a large collection of photographs with different set ups because they suggest the idea of the juxtaposition of irregularity and at the perfection of the cells in my body.





2. Cystglobes

I created a series of eleven cystglobes. Ten of them have a diameter of three and a half inches and the largest one being twenty-inches wide.

The cystglobes were placed in three different places: Two shelves and the large one was placed on a pedestal. The different shelves divide the group of small cystglobes in two. The left-hand side when facing the installation is the side of the symptoms and my response to the internal issues related to PCOS. The right-hand side shelf is about the external responses to the symptoms coming from society, family and practitioners.

The large cystglobe is a synthesis of the whole cystglobe idea, and it provides a more general idea about PCOS.

A round white label stuck to the surface of the shelf accompanies each globe to tell the story behind each one of the issues portrayed by the cystglobes.

3. Polycystic Ovarian Syndrome Panty

This component is a pair of old panties embroidered with a drawing of my uterus and cystic ovaries.

This project triggered the curiosity to explore PCOS in the beginning of the Integrative Project. This piece is hung above the bigger cystglobe to create the illusion of an altar.





4. The Crayon Panty

This component consists in a white panty with melted crayons that exists in dialogue with the Mood Swing Cystglobe. That particular cystglobe mentions my extreme mood swings as a warning for menstruation and recalling a story in which I painted a seat with my menstrual blood. I used that story to create a performance piece in which the viewer is invited to put the panties on and draw using their pelvic area.

5. The Venus of Puggendorf

This print represents the first Sculpey sculpture that influenced the rest of the project. The use of hair and the material created a positive response during critiques, so this became the point of reference for the idea of mass-producing dolls. During the December review, it was mentioned that the photo of the object was more powerful than the object itself because of the proportions of the screen in which it was being shown.



Aesthetic Influences

Image 16 Venus of Puggendorf

24x36 Digital Photo Print

he aesthetic influences I have gathered throughout the year are women artists that make work about the body and reconstruct their self-image through some kind of self-portraiture. During the project I researched Judy Chicago, Tracy Emin, Annie Sprinkle, Louise Bourgeois. However, I concentrated mostly in the work of sculptor and performance artist Hannah Wilke and her IntraVenus series. Another reference that was unlikely at the beginning of the project, but became interesting were the Fertility Godesses made in the Paleolithic Period. The two examples to be discussed will be the Venus of Willendorf and Moravany.

Hannah Wilke and IntraVenus

Unaware of her contribution to the contemporary art world, I was enlightened by my instructors and my GSI about the work of Hannah Wilke.

My work unknowingly resembles her principles of imperfect repetition and object classification. However, her IntraVenus series is more relevant in this context. Hannah Wilke found ways to push the definition of self-portraiture as she received a devastating diagnose of Lymphoma, in which she documented each stage of her cancer and the effects of chemotherapy.

Hannah Wilke seemed to be an artist that found ways to challenge acceptable representation of the self. In the IntraVenus series she is shown in a state of vulnerability, yet her demeanor shows resiliency. An educated guess is that Wilke did not want pity, but he wanted viewers to confront a health topic that is highly sensitive.

Seeing the IntraVenus series made me want to find ways to represent my condition with resilience and perhaps even in control. The images motivated me to write about layers of the condition that I didn't think about when I first got diagnosed or even until recently- How do I want people to perceive me and my work when I am talking about a deeply personal subject?

It was difficult to find a balance the drama of PCOS and humor, which is my usual approach to deal with everyday life. That is why I have chosen a playful item to create the narrative of my experience dealing with the condition, motivated by the resilience of Hannah Wilke.

The Fertility Godesses

My peers and reviewers mentioned the similarities between my dolls and the fertility figures that were made during the Paleolithic period. The Venus of Willendorf has been the most mentioned to classify the style of my sculptures, hence the title of my print as The Venus of Puggendorf.

I must make the disclaimer that did not actively look for inspiration in these figures, but the more I research about them, the more resemblances I find. When looking for photos of the fertility goddesses, I found the Venus of Moravany, which is a figurine that has more in common with my dolls inside of the cystglobes than the Venus of Willendorf. The resemblance makes me wonder about the intuitive nature of the female form and how perhaps my body was possibly the mainstream shape in the ancient times; after all, the dolls are based on my body.

However, there is a big contradiction the fact that these figurines labeled as fertility dolls and PCOS is a condition known to be a cause for infertility. That is why I am careful to use the word inspiration, but nonetheless it is worth mentioning the resemblance between the goddesses and my dolls.







Conclusion

verall, Polycystic Ovarian Syndrome has been one of the most influential events in my life, and one of the most inspiring after thinking about it and analyzing my imagery for the last decade. I have been fortunate to have the creative tools to deal with the condition in a way that could encourage other women to talk about this problem.

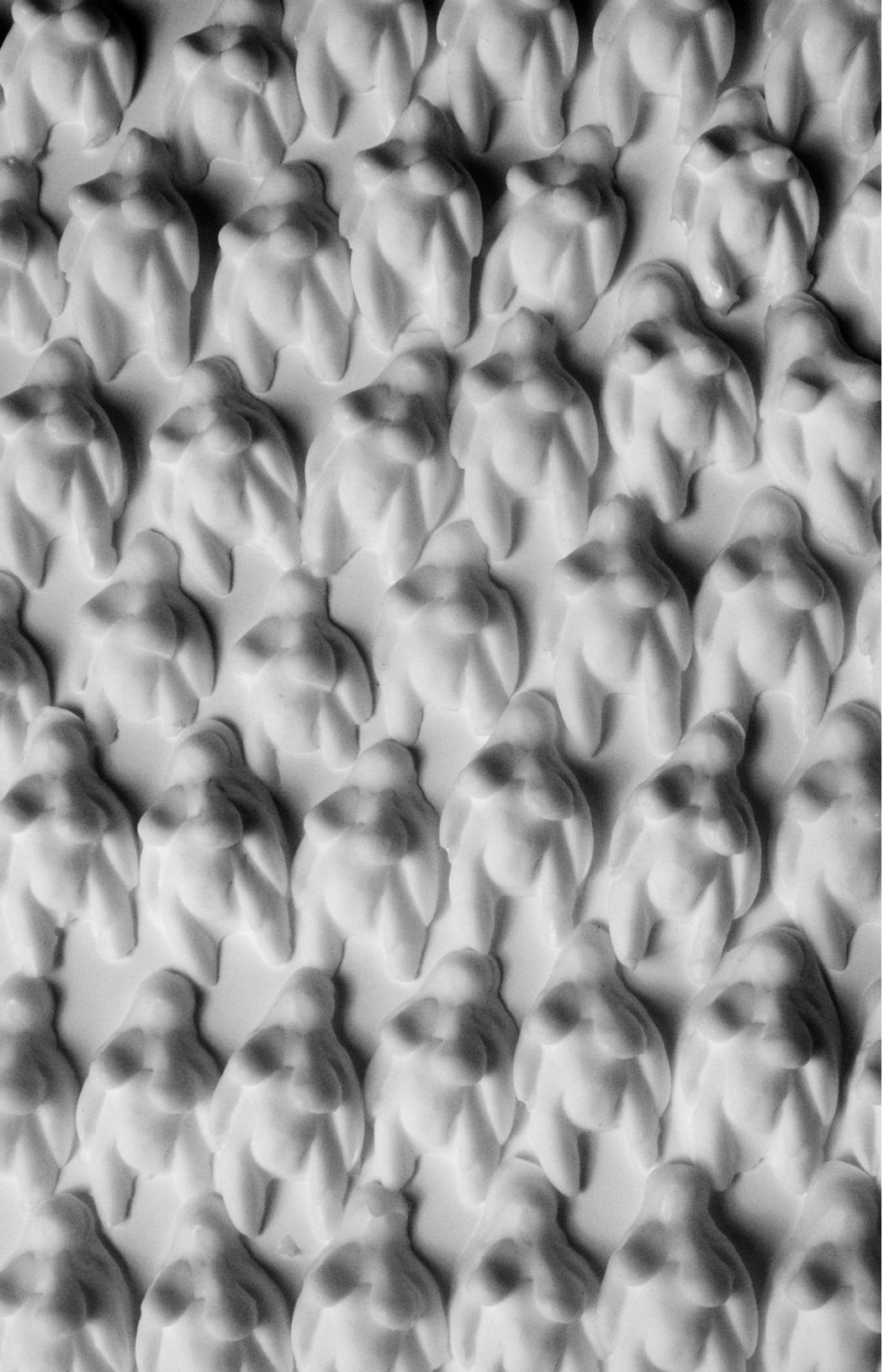
I realized that my condition goes beyond the physical problems that I could have. I realized there are a lot of systematic components that make it difficult to deal with PCOS in a healthy way.

The Inside Counts made me realize that PCOS was not what crushed my self-esteem for many years, but a society that gives tremendous importance to the ideal body because it follows patriarchal rules that should be now obsolete. I chose to accept myself and learn to rethink of my body as a creative force and I realized this is a healthy approach that I shall implement in my practice as an artist.

It takes a lot of time to reprogram our brains and stop the internal dialogue of striving for perfection that we think we lack, or obsessing over beauty standards that we are not supposed to fulfill.

My invitation with this project is especially for women, to make the inside count, and make the change happen. It is time to deconstruct and reconstruct us and use our creative force to build a system that will serve us.

¡Abajo el Patriarcado! Down with Patriarchy!



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https://www.jstor.org/stable/3245813?seq=1#page_scan_tab_contents

Feldman Gallery

http://www.feldmangallery.com/pages/exhsolo/exhwil94.html

Hannah Wilke Artist Site http://www.hannahwilke.com/

Venus of Willendorf Image by **Don Hitchcock**

Source of Image: Wikipedia Page

https://en.wikipedia.org/wiki/Venus_of_Willendorf

Venus of Moravany Image by **Don Hitchcock**

Source of Image: Don's Maps. Resources for the study of Palaeolithic / Paleolithic European, Russian and Australian

Archaeology / Archeology

http://donsmaps.com/moravanyvenus.html

Photo Credit for The Inside Counts Installation: Nicholas (Niki) Williams

Image 17 Venus of Willendorf
c. 24,000-22,000 BCE Oolitic limestone 4 3/8 inches (11.1 cm) high
(Naturhistorisches Museum, Vienna)
Image 18 Mother Doll 2in x 1in x 1/2in
Image 19 Venus of Moravany Mammoth Ivory
c22 000 - 24 000 years
Image 20 Doll Mass-Production Ensemble

