animal

By, Amanda Lileston
B.A., Biology, Colorado College 2007

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Approved by:

Jim Cogswell, Graduate Committee Chair

April 16, 2012

Robert Platt, Graduate Committee Member

April 16, 2012

Dean Mueller, Graduate Committee Member

April 16, 2012

Craig Harris, Graduate Committee Member

April 16, 2012

Brad Smith, Associate Dean for Graduate Education

April 24, 2012

Bryan Rogers, Dean, School of Art and Design

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By Amanda Lilleston
Abstract:

Animal is a compilation of information collected from watching surgeries, dissecting cadavers, reading physiology books, and contemplating how we understand and research the human body through art and science. This is a series of woodblock print collages that investigates what makes us human and keeps us alive. These prints probe the complex interplay of tissues that keep our diaphragms contracting and hearts beating.

Keywords: printmaking, collage, anatomy, human body
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And to the school of Art and Design at University of Michigan, thank you for giving me this opportunity.
Over the past seven months, I have developed a body of artwork in which I explore a complicated relationship with the materiality, complexity and vulnerability of the human body. During my life I have spent time as both the researcher and the researched. After college, I was equipped with a degree in biology and gained certification to be a wilderness emergency medical technician; I regarded the human body as a container for complex chemical and structural relationships and malfunctions. As a patient in a clinical diagnostic setting, I have experienced the unsettling reality of uncertainty and have been humbled by the complexities of our own chemical reactions and systems. More specifically, as someone diagnosed with an autoimmune disorder, I have first hand experience with the wildness and unpredictability that resides in our own bodies.

I use art making as a context where I am free to imagine the unknown, and speculate on the vastness of our misunderstanding. The body of a human is an ecosystem that we still do not fully comprehend. As an artist, I am naturally drawn to reinterpreting systems, objects and spaces inside of us. I like to imagine the complexity that has developed within us over millions of years, each layer of my ink responding to an adaptive form, honed by pressures within our skin. It is exciting to think what might be happening within me right now. Doctors and physiologists could only speculate.

In this essay, I explore various contexts for my work—in the art world, in the world of anatomical science, and in our personal relationships as humans with our bodies, and our mortality. And I discuss how this manifests in carving, printing, reforming human organs and systems in my artwork.
I am inspired by contemporary artists’ explorations into mortality, organic structures and materials, colors and textures. Many artists engage by calling their audience back to an awareness of human physicality. I am specifically inspired by contemporary work by Damien Hirst, Paul Thek, Sally Mann, Jenny Saville, Cicely Brown, Kiki Smith, Wangechi Mutu, Judy Pfaff, Nicola Lopez, Käthe Kollwitz, and Wu Song Ming.

Damien Hirst and Paul Thek both have made inspiring visceral work about the body as mass and tissue. In his tank series, Hirst presents a context where you can experience the stillness and material complexity of preserved dead tissue. His other work about decomposition runs parallel to Paul Thek’s meat pieces; both show fleshy decay and deterioration as a part of life. Hirst’s decomposing bovine carcass continued to rot throughout his show, while Thek’s chunky meat creations (sculpted from wax, wood, paint and hair) are suspended in a state of transformation; decomposing meat is about to be devoured and used for the sustenance of flies and maggots. While Hirst and Thek brashly confront the viewer with death, Sally Mann’s photos of corpses capture a quiet and solitary transformation of human tissue into soil. For me, Mann’s work blurs the lines between human tissue and organic matter and adds a melancholy peacefulness that is absent from Hirst and Thek’s visceral spectacle.

I have studied Jenny Saville and Cicely Brown’s palettes to explore the color of living flesh under stress and pressure. And I look to Kiki Smith’s use of materials and presentation to guide my studies of fragility and the human form. Smith’s ingenious use of gampi paper, ink, and gravity create a sensual experience that mimics the messiness of the human interior. The collages of Wangechi Mutu show fleshy surfaces on which the human form is plastic, malleable and free to transform. I look at her work and am inspired by metamorphosis and the potential for change and adaptation. When creating my installations, my work is highly influenced by Judy Pfaff and Nicola Lopez, who both create a
context where two-dimensional printed forms and shapes take on a life of their own—growing, adapting and evolving in space.

When I am carving the block, I think about both the soft and harsh lines of Käthe Kollwitz, and the maximization of positive and negative spatial confusion from Wu Song Ming's landscapes. While I study the technique in these carvers' marks, I am forced to realize my own body’s limitations; In my effort to learn from them, I connect to the shear endurance and physicality of their work.

While I am continually influenced by the relationship of contemporary artists’ to the human form, I find myself particularly engrossed by the relationship between artists, cadavers, scientists in the medical community, and the public, in the 17th and 18th century.

Within this relationship, the artist is the one who transforms the cadaver into comprehensible structures for medical study. The artist makes a choice between “empathy and intellection, between giving a sense of the body’s mass and texture and metamorphosing it into a painless diagram” (Elkins 144). The research and knowledge that exists today is largely due to the ability of artists to transform the body into comprehensible structures—and the artists are hardly recognized for this vital role. Elkins defines empathy as the “involuntary sharing of sensation between our bodies and something or someone we see” (136). Robert Vischer, credited with coining the idea of a human empathetic response, was particularly interested in visual art and its ability to communicate with the body without using language. Vischer studied how images of the body can provoke empathetic thoughts and reactions in the body (Elkins 136). The canon of anatomical imagery from the renaissance to contemporary times presents a dynamic relationship between empathy and intellect, involving the cadaver, the artist, and the scientist in a complicated relationship. Throughout my life, I rotate through all of these roles. My artwork is a reflection of these experiences.
The invention of microscopes during the 1700s allowed people to enter different realms of existence (Stafford 169). Using a microscope became an activity available to the general public. Henry Baker’s Microscope Made Easy (1742) encouraged everyone to make experiments and seek what was hidden from the naked eye. A natural historian, Baker also made dissections of live animals, allowing the public to see and experience a living working circulatory system (Stafford 182). The mysteries and complexities of what keeps animals alive were now accessible to the public. Soon artists and authors vied to illustrate how existence under the lens was “even more rapacious than life above it” (Stafford 180).

John Hill was an apothecary in the 1700s, and his Essays in Natural History and Philosophy (1752) support the idea that private worlds of existence occur all around us. He described “animalcules” found in a drop of sea or pond water. He described the visual surprise of discovering cryptic or unseen beings, as well as the lack of scientific understanding of what he was seeing (Stafford, 183).

When the microscope was invented, it was difficult for the public to understand the strangeness of these living “bodies”. It was hard to make analogies for what they were seeing: bodies without organs or limbs, an invisible outside and visible insides? “Was an arm really a paddle or fin? Or can the orifices known to medieval medicine (ears, mouth, nostrils, anus, urethra, and eyes) be multiplied indefinitely?” (Elkins 155)

The 18th century also marks the beginning of doctors’ and anatomists’ desire to understand pathology in the human body. The morbid anatomy of some of the most important parts of the human body (1793) was a contribution of anatomist Matthew Baillie and artist William Clift to understanding lesions, infection, trauma, degradation and calcification. Robert Willan published On cutaneous diseases in 1808, and Jean Cruveilhier and lithographer Antoine Toussaint de Chazala created Anatomie pathologique du
corps humain in 1835. They both depicted common diseases and ailments suffered by citizens all over Europe (Elkins 238).

Medical illustration as we know it begins at the dawn of the Renaissance with monumental work like Andreas Vesalius and Jan Stefan van Kalkar’s *Tabulae sex* in 1538, and the monumental *De humani corporis fabrica* in 1543. Apart from the new medical information presented, *De humani corporis fabrica* depicts an overwhelming emotional atmosphere where cadavers are suffering and mourning their own death (Rifkin, 16). In these prints, we see external distress as an expression of internal disassembly and chaos. This situation is a result of both their death and their dissection (Rifkin, 28). While the emotional atmosphere is probably distracting to medical students, Jan Stefan van Kalkar’s prints encapsulate the empathetic reality many initially experience when working with patients and studying cadavers.

In anatomical images of the day, the transplant of dissected specimens into the everyday life of Europeans created a complicated relationship between anatomists and their audience. Painter Odoardo Fialetti and printmaker Francesco Valesio created images for the *De humani corporis fabrica libri decem*, a book of research and images by anatomists Giulio Casseri and Adriaan van den Spieghel, in which the cadavers’ personalities vary like any group of people you may encounter on the street: modest patients who offer their viscera for study with “shy deference” in their gaze that never meet our eyes, and the skeletons who cast their eyes up to heaven, with a fist on their hip, elbow jutted out, in the arrogant pose of a warrior (Rifkin 33). In a similar style, Charles Estienne’s *De dissection partium corporis humani libri tres* included images imaginatively drawn by Etienne de la Riviere and cut by woodblock cutter Jean Jollat (Rifkin 83) where the dead are brought back to life: the nervous system threaded on a skeleton who is considering the landscape outside the village, an eviscerated
female cadaver reclined on a downy bed, and another female positioned provocatively on a stool (Rifkin, 83). The relationship between the cadaver and everyday life is a complicated one; the dead express personality and emotion and continue to live through the illustrations, even while they are being pulled apart.

With the closing of the 17th century, anatomists and artists began to depict cadavers straight from the dissection table. There was no longer a need to place the dead within an everyday scene in the life of a European community (Rifkin 132). Anatomist Govaert Bidloo with artist Gerard de Lairesse, attempted to be true to the process of dissection (Rifkin 133). In the same vein as Dutch still life painters, Bidloo created still-life scenes that included the dissection table, the sheets, the fat, the tension of the tissue, and the blood. Cadavers were bound, pinned and positioned to reveal internal anatomical form and structure. Many were unrecognizable as humans. Messy and realistic, these images became problematic for the medical community; reactions from medical students were visceral and the doctors and students were unable to intellectually understand the medical information translated in these drawings (Rifkin 133). While they were not an effective didactic tool of medical anatomy and physiology, these illustrations are powerful reminders of human materiality, vulnerability and frailty.

Sculptor, painter, and architect Ercole Lelli is credited for founding the Bolognese school of ceroplastics, where he worked with assistants Giovanni Manzolini and Ana Morandi to develop anatomical waxes for medical study (Poggesi 12). These models of human insides were so popular as art objects and as well as teaching tools that another ceroplastic workshop was set up in Florence by anatomist and pathologist Felice Fontana. Working under Fontana was Clemente Susini, who became the most famous wax modeler of the Florentine workshop (Poggesi 13). Collections of models were commissioned from all over Europe for medical study, and soon the public had a desire to see models of what lies beneath. The anatomical wax created by Susini and còntributed to the field of medical education, making the learning experience more realistic and effective. The wax models were used as teaching tools, and the detailed work of Susini and his contemporaries helped to advance the understanding of human anatomy.
hidden by skin. The Museo della Specola in Florence still houses those carefully molded, carved and painted wax models of body parts, whole and eviscerated bodies, amputated parts, and carefully dissected systems. These models replicate the texture, wetness and heft of bodies and their parts. Medically useful images of the body are successful because they do not depict what’s actually there; medical professionals and students can focus on the structures and forms that they need to study, instead of being overwhelmed by the fat, blood and chaos of human insides (Elkins 144). The more clean and processed the visuals become, the more we are separated from the painful metamorphosis of the human body. Through dissecting, cleaning, and organizing, by clearing away empathy and emotion, internal human organs can be intellectualized and rationalized.

Also in the eighteenth century, Frederik Ruysch took the idea of displaying human parts as objects a step further. He presented the human body as a theatrical display of curiosities in the anatomy museum he maintained in his private residence. *Thesaurus anatomicus primus* is a publication documenting the playful arrangements of cadaver parts and systems he arranged to be on display. Cornelis Huyberts produced engravings depicting these dioramas (Rifkin, 42). Here, the assemblages of fetal skeletons and mummified cadaver parts were accompanied by captions serving as a “momento mori,” a warning of mortality and the brevity of life (Rifkin, 42). Such displays remind me of the Capuchin Crypt, located beneath the church of Santa Maria della Concezione dei Cappucini in Rome, or the Sedlec Ossuary in the Czech Republic. In both cases human parts have been disassembled and reorganized into a beautifully grotesque arrangement; in the Sedlec Ossuary, arching vertebrae create chandelier arms while hip and shoulder blades embellish the drip pans, and in the Capuchin crypt hip and pelvic bones with a fringe of vertebrae create an intricate arch. In these instances, body parts are entirely removed from the human form, and they became objects of decoration.
Every person has a unique relationship to their own body’s mortality, suffering and death. Elkins states that the opposite of empathy, proprioception, sensation and pain, is thought. People can remove themselves from the body in pain by rationalizing suffering and violence. Becker draws an example of this in Ovid’s Metamorphoses, which is a poem about people who are transformed into creatures by Greek gods. He states that some of the scenes are repulsive, painful and violent, but the reader does not actually feel the pain viscerally. Instead it is “a joyous, even frivolous, romp through the most ghastly acts of cruelty, deformation and violence, and somehow it remains the realm of the thought rather than the felt” (Elkins 141). The idea of metamorphosis is a way of coming to terms with extreme suffering by “fantasizing a world in which everyone…is a metamorph” (Elkins 142). Through rationalization and thought, we are able to distance ourselves from suffering and pain, from the physicality of our bodies.
My creative work stems from a deep-seeded desire to understand biological processes and human vulnerability. I graduated from college with a biology degree. The highlights of my undergraduate career consisted of invertebrate zoology and evolutionary biology with an enthusiastic focus on their relationship to marine ecology. After graduation, I was headed to an isolated research station to be a field assistant, so I trained to be a Wilderness Emergency Medical Technician (WEMT). While I had always been interested in anatomy and physiology, this was my first experience learning about the biology and ecology of the human body. My WEMT certification enabled me to treat and care for patients in life threatening situations removed from definitive medical care. As a medical responder, the experiences that ensued forced me to think about the body from an analytical perspective: problem solving and anticipating worst-case scenarios. With my background in evolutionary biology, I began to consider the human body as a series of path-dependent limitations and vulnerabilities. We experience little of this reality in American culture, where ailments are resolved by a visit to the doctor: hearts can restart, machines can perform our vital functions, and damaged or sick organs can be replaced with healthy ones.

There is a cultural norm that distinguishes humans from animals. This distinction soothes our anxieties regarding mortality: animals eat, sleep, reproduce, and die, whereas humans have faith, morality and technology to distance ourselves from such a primal life. Humans have cognitive abilities that increase our flexibility and adaptability in a changing environment. While our intelligence enhances our ability to survive, it also allows us to recognize aspects of existence that we cannot control, namely, the inevitability that we will each die one day (Solomon 1991). Psychologists suggest, “anality” reflects the dualism of a human’s condition- the battle between her self and her body, or primal self (Becker 30). According to Ernest Becker, the anus and excrement
not only represent physical determinism and boundness, but the fate of all that is physical: decay and death (Becker 31). Becker points to a child’s discovery of the anus and its function leading to the realization that his body is “strange and fallible and has a definite ascendency over him by its demands and needs” (Becker 30). Many people throughout their lives aim to deny “what the anus represents: that in fact, [we] are nothing but body so far as nature is concerned. Nature’s values are bodily values, human values are mental values” (Becker, 31). Anal character traits are often developed as a fabricated protest against natural reality; this is a person who is trying to pass as anything other than an animal. Most of us are anal on basic levels of our cultural understanding. Our goal is to disguise the fallibilities of our human condition and to triumph over the mere physicality of our bodies. This manifests in keeping our insides within our bodies, tightly controlling our bodily processes, and keeping our physical vulnerabilities masked.

When working as an emergency responder, I was exposed to a person’s most basic needs to stay alive. When my colleague got himself into a horrible motorcycle accident, he went from being a reckless but endearing coworker, to being a bag of blood and bones. He was a lump of a person, unconscious and in shock, facing multiple broken bones, potential paralysis, and death. While problem-solving human systems, tissue and organ damage, I gained a deep reverence for human anatomy and physiology and the unpredictability of our lives. Approaching the human body from a physiological perspective has changed the way I look at people, and build relationships, and it has changed the way I feel about myself and my life.

As a child, I spent my time swimming in the ocean and playing in the waves. The sea was consuming. There is rawness in being submerged and feeling vulnerable. Swimming there was unpredictable and intoxicating, and I would do it for hours, with friends or alone. Surrendering to the waves was a terrifying and exhilarating loss of control. I still find it thrilling to be immersed in the ocean, an ecosystem that humans only superficially understand despite our two million year relationship. Even as a child, I longed to feel the sea’s conflict, rage, and brute force as well as its unexpected harmony or synchrony with my own body movements. I was elated when the water would lead me exactly where I wanted to go, feeling as if I were in control, proud of my strength and hard-earned command of the water around me. A rogue wave would inevitably take me under, and it was expected that, once in a while, each of us would wash up on the shore embedded with sand and grit. Some days I would swim past the breaking waves and float on top of the water, letting the swells lift my feet, my torso, my head, and then start again. Salty water would wash over my face while I caught brief glimpses of the clouds. Mostly I would fantasize about what could be swimming underneath me.

There was wildlife, though I rarely saw it when I was in the water. The ocean in New Jersey is murky and I could barely see my feet. However, while watching the water from shore I had seen sharks, whales, dolphins, and seals. I often spied massive schools of bluefish exposed by the hovering flock of seagulls picking off baitfish frantically avoiding the school of predators. I reveled in the notion that there were species around me I couldn’t see, probably ones that I didn’t even know existed. With my head in the water, it’s exciting not to see the ocean floor. Part of being in the ocean is surrendering to the terrifying truth that in the ocean, we have no control. We are vulnerable animals.

When I was 9 years old I almost drowned in the ocean. I was with my friend playing in the break of the waves. There was a rip current, and while being pulled out and pushed down the beach, we grabbed and held on to a buoy line. The sun was out; it was streaming through the foamy water while I was gasping for air, choking and swallowing salt water. The water had never looked so green. I wanted to help my friend but I could not get control of my
Amanda Lilleston, open water swimming, 2010
body. I remember being pulled up by my hair. I saw her face; this woman is a timer at swim meets. I know her.

My dad’s grandfather drowned in the San Francisco Bay. My great-grandfather drowned in the Everglades in Florida. Another great-grandfather drowned in the Gulf of Mexico. My aunt Pam’s ashes are scattered in the Snake River in Wyoming, and my aunt Melissa’s ashes are scattered in Mink Pond, in NY. My cousin Rowena drowned after a plane crash in the Atlantic near Nova Scotia. My mom casually says she hopes we’ll visit her when her ashes are scattered in Frank Pond in New York. It’s fair to say that my family returns to the water when they’re done living.

I began the practice of open water swimming when I was training as a lifeguard on the New Jersey shore. I swim long distances in the ocean. I continued this while living in the Bahamas. On Eleuthera I would swim 2-4 miles around the coast, out to reefs, and to the edge of the Exuma Sound. Sometimes I had a swimming partner, and sometimes I was alone. I continued this practice in Fiji, where I swam from island to island in the Yasawa Island chain. I use these swims to check in with my body in my environment. Humans are a weak species. During these swimming sessions, I spend intimate time with a force that has haunted my family history. It is humbling and meditative to surrender to the unknown. It makes me strong, and I have unguarded experiences with a powerful and complex ecosystem.
Through my life, I have been overwhelmed with empathy for the suffering and dying. I could not see accidents or pain, or even hear such stories, without feeling a visceral empathetic response that normally manifested in throwing up or passing out, most often the latter. I have been this way my entire life. I have an insatiable curiosity for the natural world, and I began to study human biology to try and understand what I feared. When I turned suffering and pain into a solvable problem through my emergency medical training, I was no longer susceptible to helpless empathy, and I could help someone who had been struck by a humbling dose of reality.

When we’re alive, we shake in laughter, we shiver, we flinch, and we tense. “We are pressed through the birth canal, swell to adult proportions, and shrink into old age. Our jaws grow thick; they sprout teeth; and then they collapse back in the skull. Our noses grow away from our jaws and then back toward them in old age. Our skin is elastic.” (Becker, 134) Since the body is always moving, any stillness becomes distortion (135). A dead body is completely still, thus feels inhuman. I work with cadavers because they are no longer in pain. Without movement and pain, I am free to enter the human body and understand the complexities that make us human and keep us alive. These experiences help me deconstruct and fully understand what I’ve seen in person. Using them I draw, carve, and print the information, and then collage it back together in a way that is more true to my experience.
I use gouges, knives and drills to excavate the forms that exist within my body. My drawings on woodblocks are investigations within an organ or system. These drawings are created by looking at scientific illustrations, videos, photographs and recalling memories of dissections. Through drawing I’m able to learn, to make mistakes and correct them. I’m able to visualize and map the clinical understanding of these parts, their orientation and relationship to other parts within the body, as well as their function in the larger system. I use gouges, knives and drills to draw, and I take time to dig a palpable texture for each tissue. As I begin to carve, strokes and textures create forms, and organs are excavated from the wood grain. It is as though these steel blades are growing out of my fingers. They melt through fleshy pine, and they shape this soft, furry, toxic fiberboard. I am lost in surgery: cutting, peeling, stretching, and digging. Like our specimens in the lab, this wood had a life before it came to me. My blade catches on a knot and the tree speaks: a limb grew here. I move on, dancing across the surface, my blades responding to subtle hints of life, of history. This tree burned, this tree grew very slowly, this tree had almost no access to water. Carving these images gives me an intimate understanding of both my subject and the carving material.
Color is a component of my work that most intimately reflects my experiences with patients and cadavers. I use oil-based inks, which vary from greasy to dry. The colors chosen in these prints are conjured from memories of the cadaver lab, or of caring for patients in the field. Though these colors might be out of context, their prominence in my work is authentic to my experiences. When we’re alive, our skin remains a relatively constant hue, but in death, blood seems to settle in various parts of the body creating an uneven complexion that signifies stagnation of tissues, cells and molecules. I’ve seen skin that’s gray, silvery-hazel, terracotta, and various shades of taupe, but I have witnessed the most interesting transformation when fluorescent pink embalming fluid is injected into a cadaver’s aorta and circulated through arteries and capillaries with a pump. The tangerine-pink combines with the various shades of gray to result in a fleshy, blushed, albeit bloated, specimen. When cutting into a cadaver, fat tissue abounds, and it ranges from a thin lemony yellow to the bubbling richness of an egg yolk. Deep blues and purples lie under the skin in bruises and clots of coagulated blood and fluid. A velvety maroon flows out of the body when the aorta is tapped before embalming begins. These colors are wild and unexpected, and hidden from view when a person is alive and well. Tissue is dense, and color is rich. My desire to layer transparent inks and paper mimics a dense fullness I see in these specimens. I print these forms on sekishu paper, a delicate fiber that becomes saturated with ink. After they are printed, I cut the paper and re-build the forms, overlapping, and connecting them. I pound layers of fiber together using a stiff brush and wheat paste. Tendons, arteries and tissue are connected to create new pathways and structures. I allow the forms to become something entirely new, to grow into structures and systems that are unpredictable, that generate new behavior and have their own agency.
Amanda Lilleston, woodblock print collage, 49” x 78”. 2012
My thesis exhibition, *animal*, is made up of nine individual collages, and a large collage that grows behind, between and throughout these individual pieces. In this installation I thought about the process of dissections; a fluid mess of blood, organs and fat, transforming into a clean presentation of a prepared, dissected and labeled specimen. The collages layer to combine complex forms and color relationships that grow along the surface and slip behind cracks in the walls. While some prints are framed in metal, others are transparent to the collage that rests behind, and they move with any shift of air in the room.
These forms are objective information, variations, mutations, and complications. They are aching and sore, rotting and pumping. It is the beauty and rawness of a person free from cultural constraints. It is a person simplified to their most elegant and distinctive parts: tissues, structures, and systems. They are agile, sore, fractured, flexible, infected, congested, or stretching. The printed forms are fragile, vulnerable and they will decompose. Over time, the paper will yellow and degrade, and the block of wood that they came from will mold, rot, and break down. These fibers are breakable, just as senescence gradually shortens the ends of our chromosomes and breaks down cell barriers within our body.

Amanda Lilleston, woodblock print collage, 50” x 39”. 2011
Amanda Lilleston, woodblock print collage, 53” x 78”. 2012
Amanda Lilleston, woodblock print collage, 50" x 77". 2012
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