Disorientation and Reorientation in Disability, as seen in the Art of Frida Kahlo.

Intro

This essay hopes to begin to explore experiences of becoming disabled through the lens of dis/reorientation, using theoretic texts and artworks to crystallise and illustrate these ideas. I will look at two different approaches to defining orientation, (in the works of Bernard Stiegler and Sara Ahmed), then explain my thinking about the aforementioned process, in parallel to Hito Steyerl's writing on changing perspectives in her essay *In Free Fall*. Finally, I will analyse several works by the artist Frida Kahlo, exploring how she may have used painting as a mode of reorientation in response to her disability.

First, it should be clarified the difference between impairment and disability. In short, impairment refers to the mental or physiological condition that an individual has – e.g. they have autism. The British council of Disabled People describe disability as

"The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of social activities."¹

This definition follows the social, rather than medical model of disability, which asserts that disability does not come from the biological reality of the person, but rather the sociological and societal factors acting upon them.

This essay will focus on the experience of becoming disabled, whether the transition is from being impaired to being disabled, or from non-impaired to disabled – the importance being the new level of vulnerability, the difference with which one interacts with space, people etc. While impairment

¹ <u>https://www.disability.co.uk/sites/default/files/resources/SocialModelLanguage-newlogo.pdf</u>

without disability has its own, often similar experience, the individual in question does not experience the unique transition between being 'able' and 'dis-abled.'

For example, a person who is born deaf or hard of hearing may not feel disabled by this, since they have developed a high level of functioning without needing to hear, and have not experienced a 'loss'. Or, perhaps they have a medical device such as a cochlear implant or hearing aid, which allows them to hear to a degree where they face no inconvenience from their impairment. Alternatively, there may have been a moment where this person became cognisant of the disadvantages that they face while moving through the world due to their deafness, thus 'becoming disabled' or beginning to identify as such.

It should be clear from these examples that in this text, I will be addressing disability as an experience, rather than a binary state of being.

Defining Orientation

In thinking about disability as a new orientation, I have examined two different perspectives. First is that of Bernard Stiegler. In *Technics and Time 2*, Stiegler explains disorientation with the example of people living 200 years ago, contrasted with people today. Where in the past, one could rely on things being the same from day to day, in our current technological age, circumstances are changing constantly, to the point where we can not comprehend a static reality at any given moment, or as Stiegler describes it 'stability had become the exception and change the rule.'²

What Stiegler defines as disorientation is the acceleration of change, which is comparable to the experience of becoming disabled. While a non-disabled person can almost always expect their body to behave in the same way (despite constant minute changes which can go unnoticed), when one becomes disabled, that veneer of stability disappears. It becomes necessary to prepare for every

² Bernard Stiegler, Technics and Time 2 (Stanford: Stanford University Press, 2008) 1

eventuality, for plans to become flexible, to try and outwit a body that could change its functioning at any moment.

In contrast, Sara Ahmed takes a much more embodied approach to orientation. She describes how, moving through the world, our bodies lose their grounding, and we 'grab onto' objects as a way of steadying ourselves, giving us an anchor. For her example, she asks us to imagine a piece of paper which we are concentrating on, so much that everything around it disappears. Then we are called away from it and we are disorientated, before settling on a new object to orientate to. She proposes that a 'vertical body' is one which can act on objects as a subject – we stay 'vertical' as a result of repetition, the reinforcement of the condition. However, when this reinforcement is weakened somehow, the body crumbles, and becomes 'an object alongside other objects. In simple terms, disorientation involves becoming an object³'

Ahmed's version of orientation thus becomes about power and agency - how some bodies are able to have more impact on the world than others. This clearly aligns with an experience of becoming disabled – one's body loses its verticality. Relationships with objects, and subjects – the non-disabled people around us – change: we may need more support, have less energy to act, etc.

My view of orientation uses aspects of both theories: using objects, making structures, and methods of thinking and doing, all of which create subjective meaning out of the chaos of disorientation.

In Free Fall

I first came to think about the phenomenon of becoming disabled in terms of disorientation through reading Hito Steyerl's essay 'In free Fall.' Focussed on a much more literal representation of perspective and viewpoint, Steyerl explores visual culture's evolution through history from linear to vertical perspective, proposing an alternative in the form of perpetual motion, the viewer endlessly

³ Sara Ahmed, Queer Phenomenology (Duke University Press, 2007) 159

falling, precarious yet seemingly stationary as they plummet towards an unseen end. Reading it, however, I began to frame it as a metaphor for my own lived experience of becoming chronically ill.

Steyerl explores the significance of the horizon line in visual culture's early conceptualisations of how we exist within space, or in relation to the outside world: for example, in navigation. This kind of perspective centres the viewer above all, with early Arab navigators calculating their position using their hands and arms in relation to the horizon, their bodies being the measuring post and focal point for everything in frame.

'[The horizon] defined the limits of communication and understanding. Beyond the horizon, there was only muteness and silence.'⁴

Within my own interpretation, the horizon line represents the able-bodied archetype: a mythical ideal that we use to inform our experiences. It provides a false sense of certainty and stability, an assumption of universality. The horizon is static, we know how it operates, we know its limits and boundaries, and everything outside of those boundaries is unrepresented. Similarly, the non-disabled individual does not consider the fallibility of their body and mind, holding the assumption that their adequate function will be consistent from day to day, excluding temporary illness. But, Just as Steyerl surmises:

'linear perspective is based on an abstraction and does not correspond to any subjective perception. Instead, it computes a mathematical, flattened, continuous and homogenous space, and declares it to be reality.' ⁵

The human body is constantly changing, without exception. As we grow older we become weaker, less able to do things, but this is in-keeping with the acceptable timeline for a 'normal' body and is not as disconcerting as the person who, for some reason other than aging, diverges from the able ideal. The non-disabled strive to narrativise this divergent person into a more comfortable box – they are pitiful,

⁴ Hito Steyerl, In Free Fall, (E-flux, 2011) 3

⁵ Hito Steyerl, In Free Fall, (E-Flux, 2011) 4

an inspiration, a fraud – in order to bring a degree of separation between this person and themselves; this is an outlier. This could never be me.

The able-bodied archetype also serves as a means to measure one's value in a capitalist society, based on how much an individual can produce. If a disabled person can produce to a satisfactory level (for example, Paralympic athletes, autistic savants), they are tokenised and used as a stick to beat less productive disabled people.

This system of values is socialised into every person, including the physically or mentally impaired. At some point in their life, the impaired person may realise that they are valued less because of their divergence from the norm. This can happen over a long period, or in a matter of hours.

This is where Steryerl's theory of Vertical perspective comes in.

'you may lose all sense of above and below, of before and after, of yourself and your boundaries [...] a feeling of confusion between the self and the aircraft. While falling, people may sense themselves as being things, while things may sense that they are people⁶'

In the literal narrative, this description refers to the shift to a more modern mode of seeing, the 'God's-eye view.' Seeing the world from above (from drones, airplanes, simulations, google maps), we see 'multiple perspectives, overlapping windows, distorted flight lines, and divergent vanishing points.' The image turns from order to chaos; we can no longer be certain of it, or ourselves as viewers.

This violent fragmentation of what was once so clear, mirrors 'falling' into disability. Losing your ability to function and produce as a 'valuable' member of capitalist society means that you must either internalise this loss of worth, or entirely re-evaluate what gives people and things value. You lose the false sense of control over your body; it becomes the driver, the dictator, the antagonist. You simultaneously become inexorably bound to, and become distanced from it. Although this body

⁶Steyerl, In Free Fall, 1

is the same one you were born with, you no longer inhabit it with the same assurance. Disability is to be constantly aware of one's precarity: socially, physically, mentally.

As Judith Butler describes in Rethinking Vulnerability and Resistance:

'the body is less an entity than a relation, and it cannot be fully dissociated from the infrastructural and environmental conditions of its living. In this way the dependency on human and other creatures on infrastructural support exposes a specific vulnerability that we have when we are unsupported, when those infrastructural conditions start to decompose, or when we find ourselves radically unsupported in conditions of precarity.'⁷

This explains the previously described body crisis. Disability throws our reliance on infrastructures into sharp relief, and we must realise that our bodies exist through their vulnerability and relations to the spaces around them. Under capitalism, vulnerability is seen as pitiable, even disgusting, yet in order to survive we must embrace it.

Butler goes on to assert that to embrace vulnerability is an act of resistance, and this seems to be supported by Steyerl, who suggests that even a vertical perspective is not truly accurate, as it assumes the existence of a ground, or a static reality, which we look towards. Instead, she argues that we are in free fall, constantly moving, but with no discernible destination. This can be terrifying but also liberating:

'falling does not only mean falling apart, it can also mean a new certainty falling into place. Grappling with crumbling futures that propel us backwards onto an agonising present, we may realise that the place we are falling toward is no longer grounded, nor is it stable. It promises no community, but a shifting formation. '⁸

⁷ Judith Butler, Rethinking Vulnerability and Resistance (2014) 8

⁸ Steyerl, In Free Fall, 9

In relation to disability, I see this new perspective as a new way to look at bodies. Every body is in a state of precarity to some degree. Instead of ignoring this, and seeing disability as state of exception, we need to dismantle the binary of the normal/disabled body.

Paulo Friere explains this in Pedagogy of the Oppressed:

the oppressed receive the euphemistic title of "welfare recipients." They are treated as individual cases, as marginal persons who deviate from the general configuration of a "good, organized, and just" society. The oppressed are regarded as the pathology of the healthy society, which must therefore adjust these "incompetent and lazy" folk to its own patterns by changing their mentality."⁹

While acknowledging that our bodies and their need for support could change at any moment may be disconcerting, it also brings freedom, from the judgement and categorisation that is currently burdened upon them.

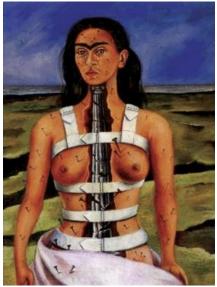


Figure 1. Frida Kahlo, The Broken Column (1944) Oil on Masonite 39.8 cm × 30.6 cm (Collection of Dolores Olmedo, Mexico City)

I found a very compelling visual portrayal of this process of losing orientation (a set of values, modes of operating etc) and then reorienting to a new reality of disability, in the paintings of Frida Kahlo. Kahlo was born with spina bifida, which affected her spine and leg development, then developed polio at age six. At eighteen, Kahlo was in a bus accident in which her spine was broken, and a metal pole impaled her, leaving her bed bound, and forced to wear plaster corsets to correct the damage. This led her

Disorientation and Reorientation in the work of Frida Kahlo

⁹ Paulo Friere, Pedagogy of the Oppressed (New York: Continuum, 2005), 74

to take up painting, largely self-portraits, since she could easily do this without leaving her bed, using a mirror as a reference.

The painting which is most iconic in its depiction of Kahlo's disability and pain, seems to be The Broken Column (1944.) The metaphor of her body as an object, a supporting structure which has broken in such a way that utterly defeats its purpose, projects the sense of alienation of the self from the body, the sense of betrayal, a fracturing. The nails and corset hold together the violent split down the centre of the body, as though without them, the subject would collapse.

The medicalisation of Frida's body evokes mixed emotions, both acting as a support (the corset), and as a source of pain and violence (the nails). Despite the haphazard attempt at reconstruction, the cracks are still clearly visible, evoking damaged goods – the sense that Kahlo is now less than whole. Describing the surgery done to reconstruct Kahlo's spine after the bus accident, an acquaintance said: 'they had to put her back in sections as if they were making a photomontage.'¹⁰

Kahlo's body has been objectified in the truest sense, it has left her control (whatever control she may have had over it), and become an object of study, a medical project. She explores this in her sketchbook drawing *Frida and the Miscarriage (1932) and Henry Ford Hospital (1932.)* In the latter, Kahlo is pictures lying on a hospital bed in an empty landscape, post miscarriage, objects (a fetus, a

pelvic bone, a medical model of a pelvis) floating around her on red strings attached to her stomach, evoking umbilical cords. In this image, she seems passive and vulnerable, the disjointed objects pulling at her like morbid balloons. In contrast, *Frida and the Miscarriage* seems to show a stage of healing. It is composed like a medical drawing, perhaps a reclamation of knowledge and agency over her body,



Figure 2. Frida Kahlo, Henry Ford Hospital (1932) Oil on Metal (385 x 310 mm) Collection of Dolores Olmedo, Mexico City

¹⁰ David Lomas, Rosemary Howell, Medical Imagery in the Art of Frida Kahlo. (BMJ 299: 1989), 1586

and around her are images of dividing cells, plants, the moon, she is holding an artist's palette. Again, the fetus is present, she is crying and bleeding – her pain and vulnerability is clearly acknowledged, but so is her growth – she is finding modes of reorientation.

The barren scene in the background appears in many of Kahlo's paintings on disability, although perhaps a reference to her inability to have children, also evokes the isolation that comes from disorientation. While others are orientated to a common worldview, and find a feeling of connecting in this understanding, the newly disabled are thrust into an unfamiliar territory which they must attempt to navigate, without the insight of others. Kahlo combatted this isolation by creating her own symbolic language within her paintings, to contextualise and externalise her new reality as she saw it. In this way, those who would otherwise never experience it could, for a brief moment, orientate themselves into this reality through study of the images,

For Kahlo, art was clearly a mechanism for processing the losses experienced through disorientation. She is well known for decoratively painting the plaster corsets she wore with hammer and sickles, as well as foetuses painted on the abdomen, in an act of reclaiming her body from being a medical object. She was insistent on publicly presenting the coexistence of emotional and physical vulnerability with political fervour and strength, even attending one of her last exhibitions, lying in her sick bed.¹¹ This was a radical act of visibility in a world where the disabled are erased, by the fact that we cannot be physically present in spaces which are inaccessible to us – espousing Johanna Hedva's Sick woman theory, long before its time:

¹¹ http://www.artchive.com/artchive/K/kahlo.html

'So, as I lay there, unable to march, hold up a sign, shout a slogan that would be heard, or be visible in any traditional capacity as a political being, the central question of Sick Woman Theory formed: How do you throw a brick through the window of a bank if you can't get out of bed?'¹²

Not only was Kahlo's visibility threatened by disability, but her sexuality and motherhood, in the most violent way.

'Her body was broken, its boundaries ruptured and grossly violated by the steel rod that pierced her pelvis and emerged from her vagina. "I lost my virginity" she plaintively remarked.'

This description describes the way that physical trauma translates to emotional scars. Not only was her body broken, but the evocative description implies that something more was taken from her – her adolescent innocence, her choice,

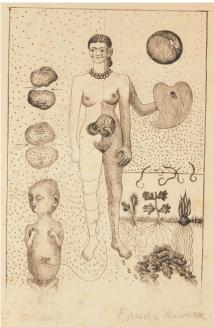


Figure 3. Frida Kahlo, "Frida and the Miscarriage" ("El Aborto") (1932), lithograph, Collection of Dolores Olmedo

and a whole range of potential experiences that were then made impossible.

This seems to be one of the greatest pains associated with her accident – not a physical one, but an emotional one – her inability to have children. This complicates the concept that social disadvantage is at the root of disability, but the pain here seems to be wrapped up in misogyny. Kahlo's paintings use imagery of birth, pregnancy and motherhood as facets of female symbology, yet this is denied her and other disabled women. While it should be acknowledged that the ability to give birth is not exclusive to women, nor can all cis women give birth – the fact remains that notions of 'womanhood' are inextricably tied to this phenomenon. For many reasons, disabled women have been denied the autonomy to become mothers, beside any physiological issue: because of eugenic

¹² http://www.maskmagazine.com/not-again/struggle/sick-woman-theory

medical systems, poverty, lack of care. The disabled are consistently infantilised, and which figurative child is fit to raise a child of their own? Our vulnerability is interpreted as incompetence. Although the loss of a child itself is painful enough, these factors combine to create an even more complex picture.

Conclusion

This has only been an initial exploration of the implications of looking at dis/ability through a lens of orientation. I propose this only as a rough sketch of a possible alternative to the violence of ableist modes of categorising bodies, and stress that the complexity and subjectivity of the issues discussed above are a central aspect of them. As such, I felt that I should not attempt to compress them into such a limited format. However, by beginning to deconstruct the binary concepts of bodies which are constantly in flux, we can grow our understanding of them, seeing them not as enigmas or purely vehicles, but inextricably linked to the self – holding experience in the same way as the consciousness. In further writing, I would like to further question the idea of 'becoming' disabled – how and where the boundaries are blurred between disability and ability, as well as researching more into methods of breaking down the constructed barriers between body and consciousness in a quest for reorientation.

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