

# Photo images: Jo Spence's narratives of living with illness

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**ABSTRACT** Sociological approaches to understanding narratives of illness usually begin with oral or textual discourse. This article extends the study of illness narratives beyond oral and textual accounts to photographs. It takes the position that attempts to distinguish clearly images and words, or verbal and visual narratives, are utopian projects. It examines three photographs taken by British feminist Jo Spence (1934-92) to document her experiences of breast cancer from the time of her diagnosis in 1982 until the time of her death in 1992. After defining 'narrative' and 'photography' and explaining how some photographs are narratives, the article considers how Spence's photographs are narratives of living with cancer that incorporate visual and textual elements. It concludes by suggesting how and why extending the study of illness narratives beyond oral and textual accounts can enlarge and enrich social science understandings of people's experiences of illness.

**KEYWORDS** *breast cancer; Jo Spence; narrative; photography*

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## Introduction

Sociological approaches to understanding narratives of illness usually begin with oral or textual discourse. Studies within this developing tradition

consider ways in which narratives have the capacity to represent and reflect the experiences of illness in everyday life and to knit together the split ends of time which illness interrupts (Hyden, 1997). Here, I extend the study of illness narratives beyond oral and textual accounts. To do so, I look at photographs of illness taken by British feminist Jo Spence to document her experiences of breast cancer from the time of her diagnosis in 1982 to the time of her death in 1992. Spence was a photographer, educator, and political activist, who gained wide-spread attention during the 1970s for her provocative critiques of mainstream photography and society. In my discussion of her photographs, I blur the distinction between verbal and visual narratives, drawing inspiration from photographers like Spence who argue that attempts to 'purify' media – that is to distinguish clearly images and words, or verbal and visual narratives – are utopian modern projects (Tagg, 1982; Mitchell, 1986, 1994).

In this article, I begin by defining what I mean by 'narrative' and 'photography' and explaining how photographs are narratives. Next, I consider ways in which Spence's photographs are narratives of living with cancer that incorporate visual and textual elements. Finally, I consider what we gain by including visual as well as verbal narratives in our attempts to understand experiences of illness.

## **Narrative<sup>1</sup>**

Though the word 'narrative' is now used widely in the social sciences, there is considerable disagreement about its precise definition (Riessman, 1993). At one end of the continuum, the definition is so broad that it includes 'just about anything' concerning people's lives; at the other end, the definition is restricted to those accounts that are stories about a specific past event and that are composed of a set of particular structural elements (Riessman, 1993: 17). In this article, I define narrative as a sequence of ordered events that are connected in a meaningful way for a particular audience in order to make sense of the world and/or people's experiences in it (Hinchman and Hinchman, 1997). Narrative discourse is bound off from other discourse with a complicated set of codes that are recognizable to members of a culture. Pitch, tone, silences, non-lexical utterances, and structural features, distinguish narratives from other forms of discourse. For example, the words 'once upon a time' signal the beginning of a narrative, and 'and they lived happily ever after' signal a narrative's end. These structural and linguistic details of a narrative are crucial resources for its interpretation. Narratives are produced in every imaginable setting, ranging from the dinner table to the doctor's office, from the playground to the family album, from the research interview to the lecture hall.

Narratives are collaboratively performed events (Langellier, 1989, 2001). They emerge in the relationship between a teller and an audience when a person represents his or her experiences to others. As a consequence,

narratives are not “fixed texts,” but change with each telling and may be interpreted differently by different audiences’ (Riessman, 2000: 9). People produce narratives for many reasons; these include remembering, engaging, entertaining, convincing, and even fooling their audiences (Bamberg and McCabe, 1998: iii). People also produce narratives to explain the multiple projects in which they are always engaged and the multiple ways in which those projects are connected to one another (Ortner, 1995: 191).

People are especially likely to construct narratives in order to make meaning of unanticipated or apparently unrelated events. Through narratives, people create order, coherence, and connection between events that are not obviously connected to one another and thereby create ‘important reference points in the interface between self and society’ (Williams, 1984: 198). When a person’s life is interrupted by an illness, narrative offers ‘an opportunity to knit together the split ends of time, to construct a new context’ and to fit the disruption caused by illness ‘into a temporal framework’ (Hyden, 1997: 53).<sup>2</sup> Beyond accounting for the connection between events in time, narratives also construct meaning about illness by evoking and interweaving sensory images, pictures, and symbols (Mattingly and Garro, 1994: 771). Narratives of illness draw upon culturally shared images and conventions to present and interpret experience, as well as to draw connections between individual and society (Mattingly and Garro, 1994; Hyden, 1997). In this way, they have the potential of connecting the personal experiences of individuals to public issues of social structure (Williams, 1984; Carricaburu and Pierret, 1995; Bell, 1999).

## **Photography**

From its inception, photography has been conceived of as a medium of communication. Photographs are used for a variety of purposes: to sell, commemorate, record, inform, convince, delight, remind their audiences. These purposes appear in different photographic genres – documentary, portrait, commercial, medical, ethnographic, fine art photography, etc. Photographs are ubiquitous, so ubiquitous as to ‘lose themselves in the ordinary world they help to construct’ (Burgin, 1982: 142).

The technology of photography has enabled photographers to have increasing amounts of control over their products: through equipment (lenses, filters, papers, chemicals), camera position, focus and depth of field, and developing techniques (‘burning in, collage, montage, cropping, enlarging, dodging, hand coloring, retouching, solarizing’) (Adams, 1994: 465). The technology has grown more and more sophisticated, i.e. digital photography manipulated on computers, and in using it photographers have participated in the grand (modernist) narrative of photography as progress: photography applies science to making pictures (Trachtenberg, 1980: ix).

Photographs give the illusion of being simple transcriptions of the real, traces touched directly by the events they record (Hirsch, 1997: 7).

Photographer and critic Allan Sekula calls this the 'myth of photographic truth' (1982: 86). According to this myth, photographs re-present nature itself. They are unmediated copies of the real world: 'The medium itself is considered transparent. The propositions carried through the medium are unbiased and therefore true' (Sekula, 1982: 86). The power of photographs depends on this notion of their realism and evidential value.

When photographic records are construed as impartial and accurate copies of the real world, they can be connected to a distinctly modern form of power (Tagg, 1992). Modern power is embodied in and linked with scientific discourses and practices of law, medicine, sociology, anthropology, public health, and criminology. These discourses claim authority on the basis of professional expertise, impartiality, and benevolence. Modern power, in other words, works through surveillance, in which there is no need for arms, physical violence, or material constraints:

Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorising to the point that he is his own overseer, each individual thus exercising this surveillance over, and against, himself. A superb formula: power exercised continuously and for what turns out to be minimal cost. (Foucault, 1980: 155)

For this form of power, 'practices of representation, crucially involving photography, as well as new forms of writing, textual organisation and statistical storage' (Tagg, 1992: 102) are centrally important.

Critics of the myth of photographic truth argue that even though photographs may appear to be faithful copies of what is 'really' there, they are as constructed as painting, sculpture, drawing, and film. Photographers choose what kind of equipment to use, what to include in a frame, how to develop and print negatives, and how to display the finished products. These choices shape the production and interpretation of photographs, and vary among the different genres of photography. In addition, even though photographs may appear to be neutral and transparent images, they draw upon 'a heterogeneous complex of codes' (Burgin, 1982: 143). Each photograph signifies on the basis of multiple codes. Some of the codes appear peculiar to photography (e.g. the various codes built around 'focus' and 'blur'), whereas other codes are drawn from beyond the field of photography (e.g. the 'kinesic' codes of bodily gesture). The number and type of codes vary from one image to another (Burgin, 1982: 143).

Because photographs are not simple transcriptions of the real, viewers engage in the work of decoding. Viewers project wholeness, coherence, and identity onto a depicted scene, refusing an 'impoverished reality in favour of an imaginary plenitude' (Burgin, 1982: 147). Usually this work takes place instantaneously, unselfconsciously, and apparently naturally. However, a photograph standing alone,

presents merely the possibility of meaning. Only by its embeddedness in a concrete discourse situation can the photograph yield a clear semantic outcome.

Any given photograph is conceivably open to appropriation by a range of 'texts', each new discourse situation generating its own set of messages. (Sekula, 1982: 91)

That is, photographs are places of work. They are structured and structuring spaces within which audiences deploy, and are deployed by, codes they are familiar with in order to make sense (Burgin, 1982: 153). Yet there is not an endless range of texts, or meanings, to be drawn from each photograph. The system of photography simultaneously depicts a scene and a spectator's gaze, an object and a viewing subject (Burgin, 1982: 146). Moreover, as feminist theorist Marianne Hirsch writes,

the structure of looking is reciprocal: photographer and viewer collaborate on the reproduction of ideology. Between the viewer and the recorded object, the viewer encounters, and/or projects, a screen made up of dominant mythologies and preconceptions that shapes the representation. Eye and screen are the very elements of ideology: our expectations circumscribe and determine what we show and what we see. (Hirsch, 1997: 7)

In addition to the myth of photographic truth, photographs appear to be purely visual images, a myth that has been called 'an Edenic fiction' (Burgin, 1982: 144), one of the 'central utopian gestures of modernism' (Mitchell, 1994: 5). Rarely is there a photograph that does not have a caption or title. It is more common than not to encounter photographs attached to long texts, or with copy superimposed upon them. Even photographs without writing on or around them are 'traversed by language when [they] are "read" by' viewers (Burgin, 1982: 144). Photographs, in other words, 'are texts inscribed in terms of what we may call "photographic discourse"', but this discourse, like any other, engages discourses beyond itself (Burgin, 1982: 144).

## **Photography and narrative**

Photography has been used in part to tell stories off and on since its invention in the 19th century.<sup>3</sup> Layers of convention and association inflect photographs and provide codes for interpreting them. Photographers and audiences 'draw upon these codes, which constitute the style or "rhetoric" of the image,' for making meaning (Soutter, 2000: 3). Some codes – drawn from within and outside of photography – enable photographs to tell stories, rather than simply to record or chronicle what lies before a camera in the instant of clicking the shutter.

Thus just as a verbal statement might be read as a narrative if it begins with the coded phrase 'Once upon a time' . . . [a photograph] might function as a narrative if we recognize its visual codes as belonging to . . . a form dominated by narrative such as cinema, theater or history painting. (Soutter, 2000: 3)

During the first international conference that examined photographic

narration systematically, organizers defined a photo narrative as 'a set of photographs arranged to create a storyline within the constraints of a particular format' (Baetens and Ribiere, 1995: 314). More broadly, photographs can make narratives in a variety of ways, such as a multi-image series of still photographs; multiple still images grounded with text; and individual images with or without titles or other text (Soutter, 2000: 1).

Like verbal narratives, photographic narratives imply temporally ordered events. First, photographs bear witness to the exercise of human choice to isolate one moment from another (Berger, 1980). Such isolation invokes what is and is not shown in the frame. Second, photographs are 'caught in a state of permanent suspense vis a vis events that have just happened or are about to take place' (Soutter, 2000). That is, photographs represent a complex movement from presence to absence. With photographs, unlike painting, sculpture, or oral or written texts, 'one is assured of the fact that what was once before the [camera] – its referent – was there and is no longer there' (Mavor, 1995: 4).

In addition to temporality, signs and symbols from culturally recognizable stories also generate a sense of narration even within a single still image (Spence, 1995; Soutter, 2000). For example, symbols of class, gender, time and travel, labor, and narcissism can be mobilized in photographs to suggest or evoke stories. This quality is exemplified by the fairy tale 'Cinderella,' 'widely acknowledged to be the oldest and most popular story in the world' (Spence, 1995: 63). When symbols of that story appear in still photographs, viewers recognize them as codes and enable the photographs to function as narratives. According to Jo Spence (1995) Cinderella is a story people carry with them that infuses and limits how they can enact, tell, or show their own stories of family life. The story is told, read, and seen in movies by children at home, in school, and in other settings. The same basic plot appears in different versions of Cinderella – the resolution of family conflict through personal transformation and recognition of true worth following proof of the moral and physical ability to take up a higher class position within marriage. People learn this basic plot and impose it on their experiences. The story of Cinderella, in other words, is part of the symbolic world which constructs for us categories of masculine and feminine, poverty and wealth, family life, and so forth.<sup>4</sup>

In turn, photographs reproduce myths and stories. 'Cinderella,' for example, infuses and limits how ordinary people can enact or represent in photographs their own stories of family life in holidays, rituals, and celebrations (Spence, 1995). Marianne Hirsch (1997: 8) argues that photographs have a particular narrative and imaginary power, locating themselves in the space of contradiction between dominant cultural mythologies and lived realities of everyday life. In this respect, photographic narratives are moral tales: they provide images to live up to, images shaping the desires of individuals living in social groups (Hirsch, 1997).

Jo Spence's work demonstrates how photographs tell stories as well as

ways that photographs can reflect and subvert dominant cultural narratives of gender, family, class, and health.

## Jo Spence

Jo Spence was born in 1934 to working class parents and brought up in London. In 1940 her parents sent her to live outside of 'danger' during the Second World War. After she was evacuated, Spence was moved from home to home 11 times and from school to school six times until the end of the War when she was 10 (Spence, 1988: 48). These early experiences – being born into the working class and feeling 'totally powerless' as she was sent from one location to another – influenced her throughout the rest of her life, both inwardly and in her life choices and her photography. Some of her earliest photography taken when she was a portrait photographer in the 1960s, and her documentary work in the mid-1970s, explored the 'hidden' lives/works of women at home and in child care settings. She wanted to make these private lives public, and to demonstrate the ways in which the private lives of women are shaped by and reflective of institutional, state, class, and economic determinants. Her photography explores power relations between classes, women and men, patients and doctors, and photographers and models.

Spence's photographs reflect a central tenet of the second wave of feminism that the personal is the political. Like other feminist artists of the 1970s, Spence used her experiences and her body to unmask the everyday, normalized, institutionalized practices and codes of photography that represent gender, family, and the female body (Grigsby, 1991). She believed that photographs (like identities) are never finished, but should always provoke debate, encourage action, and direct viewers toward situations that exist outside the photographic frame. She wanted to create photographs that link private and public worlds together (Kuhn, 1995: 19–23). Beginning in 1982, at the time she was diagnosed with breast cancer, Spence engaged in a series of collaborative projects to construct photographic narratives of her experiences with illness, medicine, and alternative healing practices.

There are several overlapping discourses that structure Jo Spence's photographs of her experiences with cancer that therefore must be deployed in order to make sense of them. On one level, she engaged with discourses of photography. She was sharply critical of the modernist project in photography that linked science, expertise, and power. The techniques she used in making photographs were designed to expose and criticize the modernist project. For example, she was deeply committed to making photography accessible to people, not just the images in her photographs but the technology itself (Barndt, 1998). She looked for inexpensive materials and the simplest equipment for making pictures, taught photography to children, and co-authored a book titled *What can a woman do with a camera?* (Solomon and Spence, 1995). Eventually, she 'standardized and

recommended the use of a pocket autofocus camera and color negative film and low cost mini lab processing' (Dennett, n.d.). She created her work not primarily for museums or galleries but for other audiences, particularly students and photographers developing their own independent programs of study (Dennett, n.d.). She used the techniques of phototheater,<sup>5</sup> photo-montage,<sup>6</sup> and phototherapy<sup>7</sup> to undermine and expose what photographers, artists and the rest of us take for granted (Spence, 1995: 78). This includes such things as relationships of power; conceptions of what constitutes normal and routine sexuality and family life; and myths of neutrality in medicine, capitalism, and photography. Spence believed that she and the audience have a responsibility to one another. The responsibility of the audience is to take the photographs beyond the frames, to incorporate them into their own experiences, to use them as a means of linking their personal experiences with hers, and beyond hers, such as to those of other women, workers, patients, doctors, and families.

On another level, Spence attempted to bring to consciousness people's locations in the social structure so they could begin to rethink and transform social life. She engaged with discourses of feminism and socialism (Dykstra, 1995: 8). Even before her diagnosis of breast cancer, Spence was involved in a project to show 'the ways the female body is differentially produced and disciplined by various photographic genres – medical, ethnographic, policy, documentary realist, journalist, advertising, high art surrealist, and so forth' (Grigsby, 1991: 92). Thus, her photographs of her body dramatize the violence of photography's coercive powers as well as the conventionality and artifice of photographic styles (Grigsby, 1991: 93–4). Spence believed that even though photography acts powerfully, often coercively, upon the woman–model–object, women photographers can nonetheless usurp and wield its power for themselves (Grigsby, 1991: 94). Women can contest dominant modes of representation by picturing their heretofore unpictured selves. Spence engaged in this contest by putting herself in her photographs.

In her photographs of illness, Spence was also contesting the power of western science and physicians to fragment lived experience, to reduce people to bodies, and to create passive patients. According to critic Jean Dykstra, her photographs

and the pointed, articulate text that accompanies them, are interrogations not only of conventions of beauty and the female body, but of codes of representation, constructions of disease, and explorations of identity. Perhaps most significantly, they demand that viewers become aware of the visual codes that construct ideas of gender, sexuality, class, illness and the kind of body that is 'fit to be seen'. (Dykstra, 1995: 8)

To decode any one of her photographs about her experiences with illness, all of these overlapping – but distinguishable – discourses need to be taken into account.

In 1979 Spence was invited for the first time to produce work for use in a gallery. By this time, her engagement with feminism, particularly her work with a collective of feminist photographers called the 'Hackney Flashers,' had made her aware of her socialization as a woman and of the process of 'bourgeoisification' which had taken her away from the working class roots and struggles of her family. She began to think about how she had been represented by others (Spence, 1988: 82). Spence produced 'Beyond the Family Album,' an exhibition of photographs and written commentary in which she began to reverse the way she had been constructed as a woman by deconstructing herself visually in an attempt to identify the process by which she had been put together. This process involved considering why early photographs of her recorded moments of leisure, happiness and harmony but not of illness or misery; and why the photographs did not show wider social, economic, and political histories of class society (Spence, 1988: 82-3). The photographs, which are similar to those found in many family albums, are juxtaposed with captions that tell a story of Spence's life, often at odds with the stories suggested in the photographs (Kuhn, 1995). A central argument in this exhibition is that:

We must begin to question photographs, asking not only what we think they show us (and how much of what we think we perceive is in fact based on the particular type of visual rhetoric worked upon the sitter), but also what they don't (can't?) show us. (Spence, 1988: 92)

Spence's argument about visibility and invisibility, and of the problem of showing a wider context begins with the first pair of photographs in the exhibition, one taken when she was eight and a half months old, and the other 'five hundred and twenty eight months later,' when she was 40 (Spence, 1988: 84). In both photographs Spence is nude, lying on her belly, one leg extended behind her and the other bent slightly over it. In both, Spence is resting on her elbows, head up and looking at the photographer. In one of the photographs her body faces to the left, in the other to the right. Beneath the photographs is a caption, 'Family Album 1934 to 1979.' There are many possible ways to read these two photographs. In the context of Spence's concern with the construction of gender and family the pair invites consideration of depictions of female bodies. A nude baby picture is a typical component of western family albums in the mid- to late 20th century. This convention is marked by the unconventional photograph paired with it. The nude portrait of Spence as an adult woman would not typically appear in a family album. Its inclusion at the beginning of the exhibition prepares the audience for an unconventional family album and provokes consideration of how adult women's bodies are represented, specifically how women's sexuality has been represented within different contexts. The photograph also uses humor to question how family albums are constructed and, as Spence puts it in the last panel of the exhibition, to consider how 'there is no peeling away of layers to reveal a "real" self,

just a constant reworking process' (Spence, 1988: 97). In this exhibition, according to Marianne Hirsch, Spence retakes old family pictures, 'so as to reveal their conventions, their inclusions and exclusions, the unconscious optics they repress' (Hirsch, 1997: 134). As in her other work, she uses personal materials to challenge taken-for-granted assumptions, to tap into collective memory and feeling, and to point toward a multitude of possible meanings and uses (Kuhn, 1995: 19, 23).

### Three photographs

In this article I focus on three of Jo Spence's photographs about her experience of illness as she lived with breast cancer and leukemia (which ultimately killed her). The photographs are representations of three events that took place over the course of a decade. The first photograph was taken in 1982 of Jo Spence having a mammogram, and titled 'Mammogram'. The credit for this photograph is 'Jo Spence in collaboration with Terry Dennett and an unknown radiographer.' It has been published, exhibited in galleries, and made available on the World Wide Web. The second is a photograph also taken in 1982 in her flat the night before her surgery, titled 'I Framed My Breast for Posterity.' This photograph, taken in collaboration with Terry Dennett, has been exhibited but not yet published. The third photograph was taken in 1992 by Terry Dennett. A cropped version of it, with the label 'Untitled,' appears on the last page of her posthumously published book, *Cultural sniping*, in 1995, with the caption, 'Jo Spence on a "good day" shortly before her death, photographing visitors to her room at the Marie Curie Hospice, Hampstead' (Spence, 1995: 227).

The collection of these three photographs into a series reflects choices I have made in the course of engaging with Spence's work. I put these three photographs together. I have omitted photographs about events that Spence included in exhibitions and publications, such as documentation of her use of traditional Chinese medicine; her re-enactments of her experiences of surgery and having a scarred and diseased body in phototherapy sessions; as well as her tableau inspired by death and mortality rituals of different cultures (see Spence, 1995). 'Mammogram,' 'I Framed My Breast for Posterity,' and 'Untitled' reflect my interests and enable me to explore visual narratives of illness. Together they imply temporally ordered events; temporality is also implied within each of the single images. In addition to temporality, they contain culturally recognizable signs and symbols of gender, class, science, photography, and medicine, as I argue in the interpretation that follows. My interpretation of the photographs is in part a dialogue with Spence about how they tell stories of her breast cancer and what is in and beyond the frames. In part it is a dialogue with readers about the ways in which these photographs represent Spence's experiences of illness, knit together split ends of time interrupted by her illness, and connect her personal experiences to public issues of social structure.

Others, with different interests, or in different contexts and relationships, might choose different photographs or interpret these three photographs differently than I. To acknowledge that photographic narratives are produced collaboratively and have multiple meanings as well as to encourage dialogue, I provide my account along with Spence's photographs, some of her voluminous commentary on these and other photographs, as well as some other published interpretations of her work.

*'Mammogram'*

Jo Spence took hundreds of photographs to document the diagnosis of her illness, her hospitalization for surgery to remove the malignant lump in her breast, and the western and alternative healing systems from which she received care for her breast cancer.<sup>8</sup> The first photograph I have chosen to analyze, titled 'Mammogram,' carries the following caption with it in *Putting myself in the picture*:

Passing through the hands of the medical orthodoxy can be terrifying when you have breast cancer. I determined to document for myself what was happening to me. Not to be merely the object of their medical discourse but to be the active subject of my own investigation. Here whilst a mammogram is being done I have persuaded the radiographer to take a picture for me. She was rather unhappy about it, but felt it was preferable to my holding the camera out at arm's length and doing a self portrait. (Spence, 1988: 153)



*Figure 1* 'Mammogram'.

In this photograph, Jo Spence is standing in profile, naked from the waist up. Her right breast is being squeezed between two plastic plates in preparation for the radiographer to take a mammogram (x-ray) of it. Spence is holding up the plates with her hands, a standard protocol at the time.<sup>9</sup> The photograph is dominated by the machine and the breast. They are at the center of the photograph and are the central characters in the photographic narrative. The setting is sterile and anonymous. The walls and machine are smooth, shiny, and bare. The room is devoid of individual marks of identity except for Spence's crumpled shirt in the corner. Spence looks away from the camera and the machine, her eyes covered by her glasses.

To create a successful mammogram, the radiographer must do all she can to separate Spence's breast from the rest of her body, isolating breast tissue from her chest and armpit. According to medical orthodoxy, the more the machine compresses her breast between the two plastic plates, the less radiation it will take to make an image and the better the image will be (Osuch, 1995). This photograph documents one part of the process. The complete mammogram will consist of four images: a horizontal and vertical mammogram of each of Spence's breasts.

The four images – the mammogram – taken by the radiographer of Spence's breast will look different from 'Mammogram.' Although the radiologist will snap photographs for both images, it is the one we see, 'Mammogram,' that reveals the systems of medicine and photography. 'Mammogram' questions how much control Spence has over her body once it is constructed as the body of a patient; it also challenges the ways medicine, photography, and western culture more generally, fragment and objectify women's bodies (see Dykstra, 1995: 10). In the narrative evoked within this photograph, the radiographer moves between two positions. In each of them she is taking a photograph. The medical photograph fragments Spence's body in order to produce images of breast tissue. The other photograph documents this fragmentation. By placing the radiographer simultaneously in these two positions, Spence exposes the conventionality, coercion, and violence of both medicine and photography.<sup>10</sup> Spence believed that orthodox medicine is violent, and that she could use her camera as a weapon to be symbolically violent back to medicine: by exercising her right to use her camera in the situation, by taking advantage of medicine's fear of cameras to secure better attention, and later by being 'able to go over the experience again and use the photographs as a kind of touchstone' (Spence in Spence and Coward, 1986: 25).<sup>11</sup>

By leaving the radiographer unnamed, and by naming the image 'Mammogram,' Spence directs the audience to consider similarities between the two systems of medicine and photography, notably how they depict women's bodies. 'Mammogram' also shows us the impossibility of complete fragmentation and detachment – of the breast from the body and of the woman from the breast – and thereby demonstrates how the power of

medicine and photography can be usurped and wielded, even if that usurpation is awkward and unstable.

There are two frames in this photograph: the frame for the mammogram, contained within the boundaries of the two plates compressing Spence's breasts, and the frame surrounding the image in 'Mammogram.' Spence believed that 'the photograph should never be a finished or closed art object, rather it should always function as a jumping off point which continually directed us toward situations that existed in real life outside the photographic frame' (Dennett, n.d.). By averting her eyes, Spence suggests a dialogue between the photographer and the audience about her body, moving between the two frames. She invokes the passive and unknowing position of a woman patient, and links this position to one she had explored and criticized in her earlier photographic projects of a passive and unknowing woman.<sup>12</sup> Yet, this suggestion of passivity is contradicted by Spence's interruption of the smooth flow of a medical routine involved in taking a mammogram by asking the radiographer to take 'Mammogram.' Spence resists the position of passive patient even at the same time she evokes it. 'Mammogram' asks the radiographer, as well as the audience, to consider how mammograms reflect and reproduce relations of power between the institution of medicine and women patients, as well as ways to confront these relations of power.

The words and images in this photograph bear witness to Spence's interruption of a routine medical event. For adult women – especially those over the age of 40 or those whose bodies have developed mysterious 'lumps' – it also evokes a recognizable story: breast cancer is a common disease. Mammograms detect malignancies. Thus women over the age of 40 should have regular mammograms. In addition, it suggests to me a particular story in progress: Jo Spence is having a mammogram. What will be the outcome?

### *'I Framed My Breast for Posterity'*

Jo Spence took the second photograph, titled 'I Framed My Breast for Posterity' in collaboration with Terry Dennett, her collaborator, lover, and now archivist. In his notes for the exhibition from which this photograph is taken, Terry Dennett writes, giving words to Spence, 'I frame my breast the night before going into hospital – will the surgeon get his way and "take it off" or will I get my wish for a "Lumpectomy?"' Spence won the confrontation – she had a Lumpectomy – but later said she 'didn't have anywhere else to go. I didn't know how to have a dialogue' (Spence, 1995: 213). I think there are multiple possible dialogues suggested by this photograph, beginning with the confrontation (a failed dialogue) between Spence and her surgeon, as I demonstrate in the interpretation that follows.

This photograph places Spence in her lifeworld, at home, and places her experience of illness in a biographical context. It also explicitly links her experiences of illness to a political and cultural context. In the photograph, Spence is again naked from the waist up, except for a string of wooden



Figure 2 'I Framed My Breast for Posterity'.

beads. On the underside of her left breast is a bandage. These two adornments are marks of gender (the beads) and medicine (the bandage). The beads and bandage connect this photograph to a pair of photographs titled 'Colonization' and thus mark her body as one that is colonized, engaging in a dialogue about gender, medicine, and power (see endnote 12).

To the left of her head is a black and white poster of men in laborers' clothes. At the top of the poster is a quotation from Karl Marx (' . . . of the Workers Must Be an Act of The Working Class Itself') about collective action in/of the working class, thereby identifying the men as productive laborers (proletariat or working class) and suggesting that they are engaged in collective action (a strike or demonstration against the bourgeoisie or capitalist class). The man closest to her on the right side of the poster appears to be looking directly at Spence. Below the poster is a fireplace, with a fire burning in the grate. On the mantelpiece are an alarm clock, tin mug, and greeting card. To the right of Spence is a fabric screen, brown with large brightly colored red flowers, partially covering the wall.

Spence is at the center of the photograph. She holds a picture frame in front of her left breast. The top of the frame almost covers her mouth; it is not clear whether her mouth is open or shut and whether she is biting the frame or simply resting it against her mouth. Vertically, the picture frame extends almost to her waist; horizontally it crosses the midline of her chest and the string of beads and extends beyond her left breast. Her eyes are shut and covered by her glasses. Her hair is disheveled.

In this photograph, she is framing her breast (holding the frame, as she had held the frame earlier in 'Mammogram'). In addition to the question about who will get his/her way, the photograph also demands that we consider what is (and what belongs) inside and outside the frame. The frame divides Spence's identity before and after the cancer. The frame cuts through her body but it does not cut off her breast, integrating the selves before and after. Another question raised for me by the photograph is: To whom does this breast belong?

In this photograph, Spence places herself differently than she did in the photographs she took before her illness. Her identity as an artist, in relation to herself as photographer/sitter, has been disrupted by her illness (Bury, 1982). The frame sets her breast (and her cancer) off from her previous life. It suggests that there is nothing important outside of this frame, especially on the night before she is about to have surgery for her breast cancer. Yet even inside the frame the beads she is wearing provide a connection to her previous life. This photograph encourages us to search for a way to integrate her experiences of patienthood with her experiences as a worker and breast cancer and of the politics of medicine with alienated labor and industrial capitalism.

The frame covers her mouth. In a 1991 interview with feminist writer and critic Jan Zita Grover, she said that when she first had cancer she did not have the faintest idea how to represent to herself or to others what was happening (Spence, 1995: 215). Spence said:

To leap suddenly into something as taboo as breast cancer was like facing a void . . . as an artist I'd used my own body to make statements about the history of the nude. But that was totally different – the body I had put up on the wall then was not diseased and scarred. Those nudes had been about ideological things. Cancer was about my own history. (Spence, 1995: 213)

This photograph invites reflection about silence and speech. Spence was struggling to be heard by her surgeon so that she could get the treatment she believed she needed. She was also struggling to be heard by other women, so that her experiences could be useful to them. She wanted them to know that they, like she, could think and act differently about breast cancer (Spence, 1995: 214). As with her earlier political work she wanted to help create a community, this time of 'dissident cancer patients' (Spence, 1995: 214).

Ironically, whereas her surgeon heard and responded to her, audiences who saw the photographs about her diagnosis and surgery did not know what to do. They were silenced. Spence struggled to find a language for representing her experiences with breast cancer in order to be able to have dialogues. Looking back, she told Grover that the more silence there was from audiences, the more determined she was to be heard. She worked on developing different languages to speak to different audiences in the worlds of art, photography, and health (Spence, 1995: 216).

The title of this photograph begins a story: 'I Framed My Breast for Posterity.' The use of past-tense in the title positions Spence and the audience in the present, looking back at a sequence of events, the outcome known at the time she entitled the image (she did not lose her breast). The words and images in this photograph represent movement from presence to absence in another sense as well. Contained in the image is the knowledge that Spence will die. The word 'posterity' signals this knowledge. Together with the images in the photograph, notably the clock on the mantelpiece and the workers from a bygone era in the poster, the title suggests not only that because Spence has breast cancer, she might lose her breast; but because Spence has breast cancer, she will die. The question is, how will she live the rest of her life? The word 'posterity' implicates the audience as well, confronting us not with a look from Spence, but with a look from the worker standing behind her: What will be her legacy? And what will ours be?

*'Untitled'*

Spence used the word 'aggressive' to describe her relationship to orthodox medicine at the time she took 'Mammogram' and 'I Framed My Breast for Posterity.' Looking back at this period of her life she said she was 'so anxious to be useful that [she] exploited [herself] in some ways' (Spence, 1995: 212). On Christmas Eve 1990, she was diagnosed with leukemia at the same time the return of her breast cancer was confirmed (Spence, 1995:



*Figure 3* 'Untitled'.

26). The language Spence had found for representing breast cancer did not seem applicable to leukemia (Spence, 1995: 215). She continued to want to be useful, but simultaneously to feel, as she put it,

that choosing to go like an Amazon into the lions' den over and over again in order to be politically useful is just too energy-consuming and too conflictual. In the end it didn't seem to me to serve any function at all, so it feels at this point as if I will never do anything except look after myself. (Spence, 1995: 217)

The third photograph is untitled, although accompanying the photograph when a version of it appeared on the last page of her posthumously published book, *Cultural sniping*, are the words, 'Jo Spence on a "good day" shortly before her death, photographing visitors to her room at the Marie Curie Hospice, Hampstead' (Spence, 1995: 227). Terry Dennett is credited with the photograph. In it, Spence is lying in bed, her head propped up with a pile of pillows, covered with smooth white pillow cases. She is wearing a sleeveless hospital gown. She is covered with a quilt. Only her right arm – fist clenched around a black bulb, intravenous line attached to her upper arm – and her face and neck are visible. She is looking directly at the audience, smiling faintly. She is about to snap a picture of us. Her hair frames her face; there appears to be a sore or abrasion on her lower lip. On one side of her is a bedside table with a tippy cup on it. On her other side is a wall with an electrical outlet and two electrical cords plugged into it.

This photograph feels more mutually nurturing than the other two. Perhaps this quality is conveyed by Spence's uncovered (unframed) eyes and her covered breasts, or by her faint smile. Perhaps it is Spence's face, so gaunt in comparison to her face in the other two photographs, that makes her seem vulnerable instead of confrontational; or the implication of friends just outside of the frame instead of comrades or medical personnel. And perhaps the knowledge conveyed by the text accompanying it – that she is in a hospice and that therefore her death is imminent, and indeed that she died shortly afterwards – evokes compassion and nurturance in the audience. In any case, the photograph conveys what Elliot Mishler (1984) calls 'the voice of the lifeworld.' From the quilt that covers her to the pillows piled on one another, to the cord attached not to the ubiquitous call button in a hospital but to the camera, this photograph decenters medicine. Still, the intravenous line and stark background displaying the institutional character of the hospice in which she lies, make it impossible to efface medicine entirely.

The cords also evoke the image of an umbilical cord. The cords make explicit the image of the umbilical cord that Roland Barthes argues is implicit in all photographs: 'a sort of umbilical cord links the body of the photographed thing to my gaze: light, though impalpable, is here a carnal medium, a skin I share with anyone who has been photographed' (Hirsch, 1997: 5 quoting Barthes). The cord connects fetus and woman during

pregnancy and so brings life to the fetus. After birth, the cord is cut, separating baby and mother and so brings loss. Photographs are ways of repairing that loss, of reconnecting mother and baby. In a photograph, 'the referent is both present (implied in the photograph) and absent (it has been there but is not here now). The referent haunts the picture like a ghost: it is a revenant, a return of the lost and dead other' (Hirsch, 1997: 5).

There are two significant cords – or lifelines – in this picture. The camera bulb, or lifeworld lifeline, connects Spence to photography and friends. Spence is holding on to this cord, her fist clenched around it. This cord marks some of her different identities. She is a photographer about to snap a photograph of her friends. She is a collaborator on this photograph, as she has regularly been since the mid-1970s, with Terry Dennett. She reproduces the feminist strategy she adopted during her hospitalization for breast cancer surgery by taking a photograph from her subjective point of view. In this photograph we must imagine the image she snapped. Other than Dennett, we do not know who was visiting her. The IV, or medical lifeline, connects Spence to fluids, nutrients, or medicines to maintain life in her body. It marks her as a patient.

Both cords simultaneously represent life and death, past and present. These images reflect Spence's continued engagement with and critical perspective on the discourses of photography and medicine. Yet at this time in her life Spence turned away from the kind of confrontational and public political actions in which she had participated earlier in her illness. Although topically connected to her earlier photographic narratives of illness, the moral of this photograph is different. Spence looks back levelly, evenly; she invites us into her worlds.

Just as there are two photographs evoked in 'Mammogram,' there are two photographs evoked here. 'Mammogram' is paired with the radiologist's mammogram. This photograph pairs Spence with her visitors; both are being photographed. In 'Mammogram' the audience takes the position of an unknown radiologist/photographer in opposition to Spence, the sitter. By contrast, in this photograph, the audience takes the position of sitter along with Spence's unnamed visitors; we also take the position of photographer alongside of Dennett. Viewers take multiple shifting positions in relation to this photograph – photographer and photographed, observing and observed by Spence. These multiple shifting positions, combined with the multiple cords marking Spence's body, and Spence's direct gaze at us, invite collaboration. They suggest cycles of life and death; mutual collaborations between photographer and photographed; and connections between the well and the sick. They invite us to ask how she and we have arrived here, what we will make of our future, and what we will make of this future without her.

## Conclusion

Jo Spence's photographs of living with cancer suggest how and why extending the study of illness narratives beyond oral and textual accounts can enlarge and enrich social science understandings of people's experiences of illness. First, Spence's photographs are narratives in the broadest sense of the term. Structurally, they contain temporal order, 'points,' and arguments. They blur the boundary between text and image, verbal and visual in narrative. For example, the title and image in 'Mammogram' work together to enrich and complicate Spence's photographic narrative about fragmentation and objectification in medicine and photography. They also have moral force. 'I Framed My Breast for Posterity' simultaneously reveals and criticizes the ways in which cancer is not spoken about, the ways people with cancer are metaphorically and literally silenced, and how people can search for speech. In addition, the photographs contain problems associated with narrative concerning 'truths' and 'representation'. Both 'Mammogram' and 'I Framed My Breast for Posterity' are staged. The former raises doubts about the meaning and consequences of 'documentation'. The latter invites questions about the meaning of identity and of relationships between past, present, and future selves.

Spence's photographs, like verbal narratives, are produced in relation to an audience. This relationship is made explicit in 'Mammogram' and 'Untitled' in which the audience shifts positions as a result of the multiple photographs being shot and the multiple photographers shooting them. As a consequence, the photographs emphasize the extent to which photographic narratives (and photographs more generally) do not have fixed meanings. These photographic narratives, like verbal narratives, can be interpreted differently by different audiences. Like verbal narratives, these photographic narratives also have a documentary function. In them, Spence documents cancer and constructs an account. She locates her ill self and reconstructs her identity and personal life. These photographs also enable Spence to transform her experience of cancer from a private, individual one to a collective, public one.

A second way photographic narratives complicate social science understandings of the experience of illness is that they raise questions and problematics that are not raised by verbal narratives. They bring the body into social science research in an immediate and perhaps shocking way. Seeing Jo Spence's breast squeezed between two plates and responding to this image bring audiences into a qualitatively different relationship to her and to the experiences she is documenting than listening to or reading a verbal account of her mammogram by her mouth. Spence's breast looks huge, sharply divergent from the smaller breast type traditionally construed as beautiful (Grigsby, 1991). The photograph of her huge, squeezed breast compels viewers, especially women, to respond in a visceral way to the image by putting themselves into the picture and one of their own breasts

into the space occupied by Spence's breast. The image alternately repels and compels.

Connected to this sense of immediacy is the extent to which visual narratives engage different (and sometimes overlapping) codes than verbal narratives about women's bodies. For example, Spence and other feminist artists have explored the potential risks of images like 'Mammogram' for reproducing as well as resisting the objectification of women's bodies (Spence, 1988, 1995; Grigsby, 1991). Visibility is a dilemma for feminist artists because historically visibility has been associated with women's objectification and oppression (Grigsby, 1991; Young, 1990). Breasts are gendered symbols of beauty, sustenance, and youth (Spence, 1988). Just as it compels viewers to respond viscerally, the image in 'Mammogram' risks becoming the object of an inspecting gaze. Placing her breast at the center of the photograph invites others to look, judge, and have power over her body and herself (Foucault, 1980).

Furthermore, photographic narratives lend an air of authenticity to a person's claims about her experiences. Viewers persist in believing 'that there is something especially authentic or accurate about a photographic likeness' (Adams, 1994: 466). Perhaps because of the myth of photographic truth (Sekula, 1982), 'Mammogram' appears to document what really happened to Spence. Thus, claims in photographic narratives may be more difficult than verbal narratives for audiences to dismiss or disbelieve. In turn, it may be more difficult for photographers to expose the extent to which their narratives are constructed, fluid, and contextual, and to encourage dialogues as opposed to one-way lectures about truth.

Jo Spence was engaged in multiple projects over the course of her career. The photographic narratives explored in this article represent one version of her experiences with breast cancer in late 20th-century Britain. The illness narrative constructed by these three photographs is developed over the period of a decade in Jo Spence's life. My interpretation shows how the narrative moves in time, space, and quality of relationships: from her diagnosis of breast cancer in 1982 to her imminent death from leukemia in 1992, from a radiographer's office to a hospice, from violent confrontation to collaboration. Throughout, Spence engages in a dialogue with different audiences about relations of gender, power, and medicine. To some extent the images and texts of the photographs limit what we can make of them: her body had breast cancer and leukemia, she had a Lumpectomy, and she lived for 10 years after she was diagnosed with cancer. To some extent the images and text open themselves up for reflection: What did it feel like to have a mammogram, and how did it feel to show this publicly? What are the risks of making ordinarily private and unphotographed events visible and publicly accessible? What remains invisible and unstated in these images? Is it possible for women patients to engage with medicine in ways that are less violent and coercive? How can we create more respectful and collaborative relationships in medicine, photography, and society more generally?

These are the sorts of questions that animate social science research as well. Raising them through photographic narratives enlarges and complicates the questions and thus potentially contributes depth and breadth to social science understandings of and responses to illness.

### *Notes*

1. This brief discussion of narrative is drawn from Bell (2000). For a more comprehensive discussion of narratives of illness, see Atkinson (1997), Hyden (1997), Mattingly (1998), and Bell (1999, 2000).
2. This approach assumes, to put it simply, that 'life itself has an implicit narrative structure' (Hinchman and Hinchman, 1997: xx). However, there is another current of thought about the relationship between what might be called 'brute data' and narrative: that these data 'are not inherently sequential, developmental, or meaningful' (Hinchman and Hinchman, 1997: xx). Accordingly, narrative imposes order and meaning on chaotic, recalcitrant material. These two currents of thought represent unresolved philosophical difficulties about the relationship between events and representations for narrative scholars: 'is self-narrative nothing but an elaborate, wholly contingent creation of the self, or does it manifest the underlying character of the object (human experience qua temporality) that it strives to encompass' (Hinchman and Hinchman, 1997: xx)? It is beyond the scope of this article to explore in detail the potential consequences of these difficulties for narrative analysis of illness experiences. For more on this topic generally, see Riessman (1993), Mishler (1995), and Hinchman and Hinchman (1997).
3. Not all photographs are narratives. Some modern photographers resisted narrative tendencies within the field in an effort to establish themselves as artists. Conceptual and postmodernist photographers in contemporary times also intentionally subvert photographic narratives. The focus of this article, however, is on those photographs and those aspects of photography, that can be read narratively. For more on non- or anti-narrative discourses in photography, see Solomon-Godeau (1984) and Soutter (2000).
4. Spence's study of fairy tales, especially of Cinderella, arose from her interest in understanding visual vocabularies. From 1980–2, she studied the evolution of the Cinderella story, especially pictures associated with it; the work became her undergraduate thesis for Polytechnic of Central London. In it, Spence explored the concept of romantic love, notably its place in the maintenance of western culture. For example, she considered how the same basic story 'took on different class dimensions as different aspects were emphasized or de-emphasized, depending on the historical context which produced it or the audience it was addressed to' (Spence, 1995: 64). And, she asked how the visual matrix and narrative structure in different versions of Cinderella position children as readers. As part of this project, Spence also created her own version of the story. She illustrated it with photographs of her single-father brother and his two daughters, interweaving the fairy tale and everyday worlds to open up a space for new meanings to emerge. For more on this work, see Spence (1988: 98–105, 1995: 62–8).
5. 'Phototheatre is photography which has been constructed and staged as a tableau for the purposes of social and political critique in the manner of John

Heartfield's montages from which it was partly derive[d]' (Dennett, n.d.). It is 'a totally non-naturalistic mode of re-presentation which aims to create "a spectacle" while drawing upon, and yet slightly disrupting, well-known genres of photography' (Spence, 1995: 78).

6. Photomontage is a technique that was developed during the 1930s. It is often associated with John Heartfield, who used photomontage to 'demystify the monumental myths of the Nazis' (Spence, 1995: 53). Photomontage is a signifying practice that uses cultural coded elements – 'either those already existing and available drawn from a variety of sources, or those which had to be previsualized and staged with the help of long-suffering photographers and retouchers who have now been forgotten' – 'to construct visual scenarios in which easily recognizable (and previously apparently disparate) elements could take on ambiguous or new meanings by being juxtaposed in non-naturalistic ways (but not in illogical or random ways)' (1995: 52). These scenarios would 'set up a new field of meanings which could cause rifts in the previously naturalized structures of meaning which had underpinned the words and images in their original use. Changes of perception could then begin to make the viewer conscious' (1995: 52) of previously obscured political, economic, social, and cultural processes. This would enable viewers to identify centers of (economic and political) power and also to identify the frames of reference that were being used to define and represent reality. Thus, viewers would be enabled to 'contemplate the reality which lay outside the text, in the light of their own (often repressed) class knowledge, whilst continuing to be informed by the underlying historical-materialist method of meaning production within the text' (1995: 52).
7. Spence developed phototherapy as a way for people to use photography to heal themselves (Spence, 1988). It consists of producing photographs for personal therapeutic purposes. Phototherapy

makes use of a variety of 'acting' techniques in addition to documentary record photography and post production re editing and analysis . . . It attempt[s] to replace the expensive and individualistic psychotherapy of the time with a more collaborative system of self directed group therapy, one that could be organised by cancer patients themselves along the lines of a co-counselling group. (Dennett, n.d.)

In addition, phototherapy seeks

to moderate the intimidating dominance that many women experienced at the hands of their doctors and replace it with a more equal relationship in which the practitioner could be transformed into a resource provider and guide. This idea was partly inspired by the work of the Boston Women's Health group who collectively in 1969 produced the book *Our Bodies, Ourselves*, but it also arose because of [Spence's] concern that conventional hospital therapy did not function beyond the purely medical and was unable to encompass the social, economic and political agendas that she felt were also vital for the well-being of cancer patients. (Dennett, n.d.)

Spence believed that

if psychoanalysis is the 'talking cure' then phototherapy could conceivably

be the 'seeing cure'. It should become a priority to work to find ways to produce new photographs which can begin to address the silence, absences and disavowals that are continually being dealt with in therapy. (Spence, 1995: 150)

Phototherapy began and evolved as a studio-based practice. For phototherapy, Spence used a cheap studio flash, triggered by the small flash on her autofocus camera with a project screen serving as a background (Dennett, n.d.).

8. For example, some photographs she took after her diagnosis with breast cancer in 1982 were included in a touring show, 'The Picture of Health?' that Spence put together in 1985 with documentary photographs of her before and after her surgery for breast cancer, subsequent use of traditional Chinese medicine, and phototherapy sessions (Spence, 1988: 150–71). Some of the photographs in the show were taken by Spence when she was in the hospital for her breast surgery from her 'subjective eyeline and point of view: lying down in bed, being on a stretcher, [and] going into the operating theater' (Spence in Spence and Coward, 1986: 25). One version of the show was produced for use in health and media groups, the other for exhibition in galleries. 'Mammogram' appeared in this exhibition.
9. I am indebted to Terry Dennett and Barron H. Lerner for clarifying the mammography technique represented in this photograph. When I first encountered the photograph I interpreted it differently, in the context of my own – more recent – experiences having mammograms, during which a woman's breast is placed higher, her shoulder rotated out, and her hands kept away from the plate.
10. At this point in her treatment, Spence chose orthodox medicine – even though it was coercive and violent – as the solution for her problem. Later she rejected this form of treatment in favor of traditional Chinese medicine.
11. In encounters such 'Mammogram' Spence recognized the limits of photography. She later wrote:

At the same time as I am trying to work out how to take photographs of what is happening to me, I also know that whatever I am about to photograph isn't actually what is happening. That is only the tip of the iceberg because of censorship and self-censorship, and because you can't show the structures which produce the situation. (Spence in Spence and Coward, 1986: 25)

12. In the past, she had photographed her nude body to make statements about the history of the nude. For example, in a project organized as part of an exhibition for Massachusetts Institute of Technology, she and Terry Dennett produced 'Remodelling Photo History' (1981–2), using photo theater to denaturalize the ways female bodies are produced and disciplined in photography (Grigsby, 1991: 92) as well as to indicate a 'certain consistency and overlap in the ways in which women and other subordinated groups are represented' (Spence, 1995: 85). In one of the photos, Spence is dressed in a piece of cloth wrapped around her waist, barefoot and naked above the waist except for a string of wooden beads, a watch, and bracelets. She holds a broom, and stands inside a doorway. At her feet are two milk bottles, full of milk. The photograph is titled 'Colonization' and is taken in an

anthropological (ethnographic) style. Paired with it (and also titled 'Colonization') is a photograph taken in a medical style, of Spence's bare foot, with toenail polish on the nails. Beneath her foot is a black line and underneath the black line is the caption '5 CM.' (Spence, 1988: 124–5). In another of the photos, Spence lies in a field, nude, with her back to the camera 'in a classic, modernist image of woman-as-nature' (Guimond, 1994: 582).

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