Capital City Arts Initiative

The Capital City Arts Initiative [CCAI] is delighted to present, Impact, *an exhibition by artist Paula Chung, at the CCAI Courthouse Gallery from February 7 – May 28, 2020. CCAI extends its sincere appreciations to the artist, the Carson City Courthouse, and to all those involved with the exhibition. In addition, CCAI thanks our commissioned writer, Chris Lanier, who provided the following essay.*

PAULA CHUNG = STITCHING IMAGES

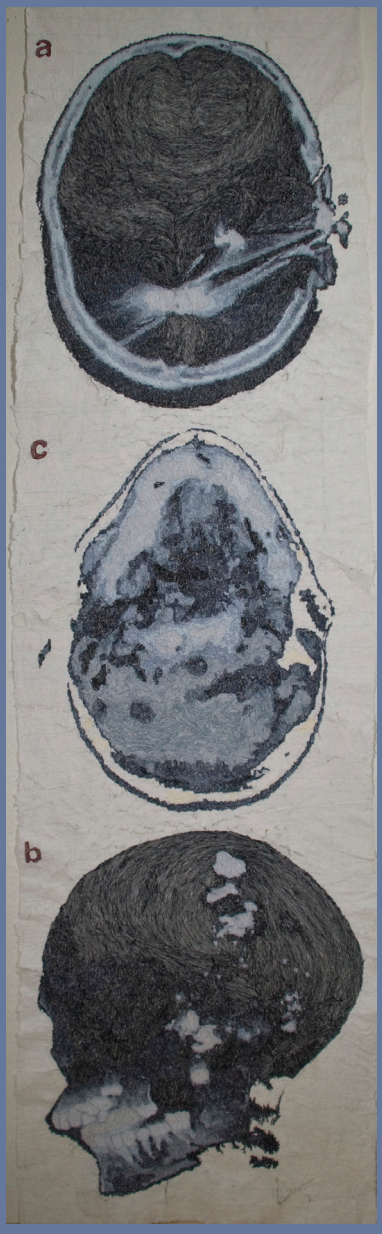
In more ways than one, Paula Chung's embroideries are easier to see from afar. Up close, they seem purely abstract – it's amazing to notice each mark is a stitched thread, and in the swaths of differing tonal values, you could get carried away in the whorls. Looking at the organic eddies and swirls, it's something like looking at the weather. It's only when you step back that the embroideries begin to resolve themselves into something more than texture and pattern – and you begin to see these are blow-ups of a variety of medical images: sonograms, MRIs, and X-rays.

The majority of these images aren't just neutral images of the human body – they're images of the body under duress. The brain scans are records of chronic traumatic encephalopathy (CTE) and PTSD; the X-rays are of gunshot wounds. In a prior showing of some of these works at Lake Tahoe Community College, a class of visiting elementary school children asked her: "Why do you make such sad pictures?" She explained: "Well, that's when you go to the doctor – when you don't feel good. And [that's when] you take pictures."

Why you would make art out of those pictures is a different question – and one I hope this essay at least partly addresses. I had the opportunity to talk to Chung as she was preparing this exhibit – and in the following paragraphs, the quotes are drawn from our conversation.

MEDICAL IMAGES, ART IMAGES

Chung's translation of medical imagery into artistic imagery follows a longstanding trope of contemporary art – the transfer of an object or image from one material to another, or one set of conventions to another. Here she's maneuvered a scientific encounter into an aesthetic one. Which is not to say that medical imagery, unto itself, is outside of aesthetics. It may not strain for aesthetics, but it does produce them. The history of western medical illustration – and later, medical imaging – is an attempted flight from "art," and any subjectivities of representation. In the arena of science, artistic license and imprecision are just other words for misdiagnosis.



Brain Trauma, torn mulberry paper, thread, and netting, 26x92, 2019.

Torso, torn mulberry paper, thread, and netting, 32x57, 2019.

But despite that flight into objectivity, medical imagery participates in a kind of mystery, especially when it brings the invisible into focus. It makes the case for what we actually are, against our surface-level understanding. And that estrangement of the body from our own experience of it, it seems to me, must inevitably produce some kind of aesthetic feeling.

Chung said one of the things that attracted her to medical imagery was the inherent beauty of the human body – though the interior of the body seems a different order of beauty than the exterior. Inside out, the body isn't so neatly composed, so carnally alluring, so balanced in its symmetries – it's a territory of meat and obscurity that is largely invisible to our senses. The exception is when we consciously breathe, meditate, slow down, listen to our heartbeat, the gurgling and realignment of our digestion – or use our hands to feel the knit of our muscles. So much of our interior is shapeless – until it is in pain.

Chung's work highlights and participates in the strangeness of this internal beauty – a beauty that has less to do with the poise of Botticelli's Venus, and more to do with the beauty of lichen on a boulder, or of a shoreline meeting the water, seen from a thousand feet up. And she underlines the alluring artifacts of their technological mediation – leaning into the ghostly scumble of a sonogram, in a way that suggests we're spun from luminescent cobwebbing. X-rays themselves have such a particular potency in their native habitat – their glossy sheen, the way they must be fixed against a light source to be properly seen – accidentally suggestive of stained glass windows, which are equally beholden to exterior radiance. If the doctor is good, the X-ray will be studied more closely than the stained glass, where one is more apt to get lost in daydream or devotion, rather than diagnosis. Chung's X-ray embroideries collapse those two types of looking – inviting us to diagnose and to daydream at once. By scaling the images up, she both accentuates the level of detail, and lets you lose your bearings.

PROCESS

Anyone who has wrestled with – or even expertly tangoed with – a sewing machine is going to wonder how she works at the scale she does. Here is a sketch of her process. After she finds her source image (in the case of the gunshot wounds, they come from internet searches), she makes some adjustments in Photoshop, and then takes the file down to Staples, where she has it printed out at her target size on cheap paper. Then she takes a sheet of petroleum film – something like the transparencies teachers used to place on the bed of an overhead projector – and, laying it over the paper print-out, traces the main contours of the image onto the film, with sharpies. She color-codes the contour lines to distinguish between main contours and sub-contours. The petroleum film is very reactive to the atmosphere – in the dry climate of Nevada it's stiff, but in southern California, where Chung splits her time, the air is humid and the film becomes soft and difficult to work with.

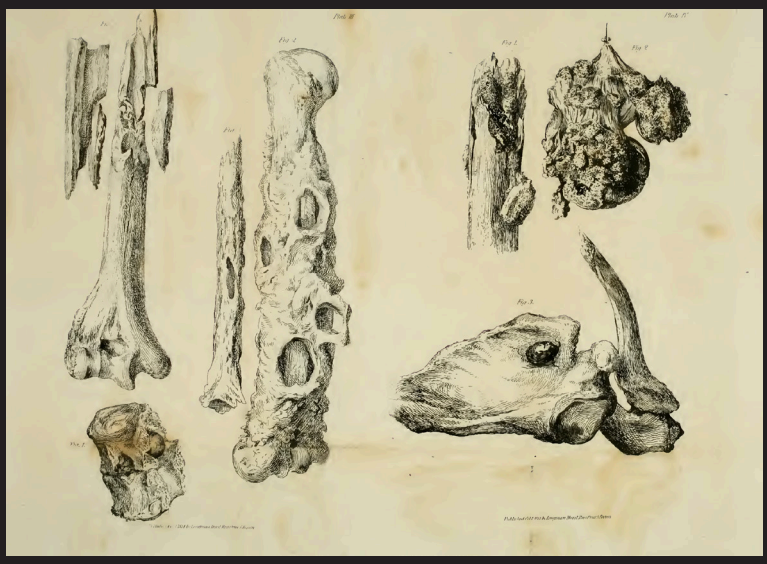
Once the contours have been traced, Chung sews it together with two other materials – a netting, that will give the finished piece more resilience and structure, and some sort of water-resistant paper – the actual "ground" for her embroidery. She uses a free motion sewing machine to embroider along the sharpied contour lines, then fills in the various value areas with what she calls "doodling" – meandering over the paper, having to take breaks every so often when the needle gets clogged with lint, or the thread gets too snarled in itself. She can only fit about two square feet of exposed material under her machine, so she has to work section by section, as if she had blinders on, rolling up the edges until she has a manageable square.

Once the sewing is done, the petroleum film – which has been sewn into the image, along with the netting – is removed. It dissolves in water, so the piece is submerged until the transparency falls away. This step is also why the paper needs to be water-resistant. For her series on gunshot wounds, she used mulberry paper. For the brain scan pieces, she used tea bags – "I chose them because I knew they would withstand water." She found Lipton Tea bags to be the strongest, because they put a plastic binder in them. It has been an effective material for her, though she deadpanned: "I won't be drinking Lipton Tea."

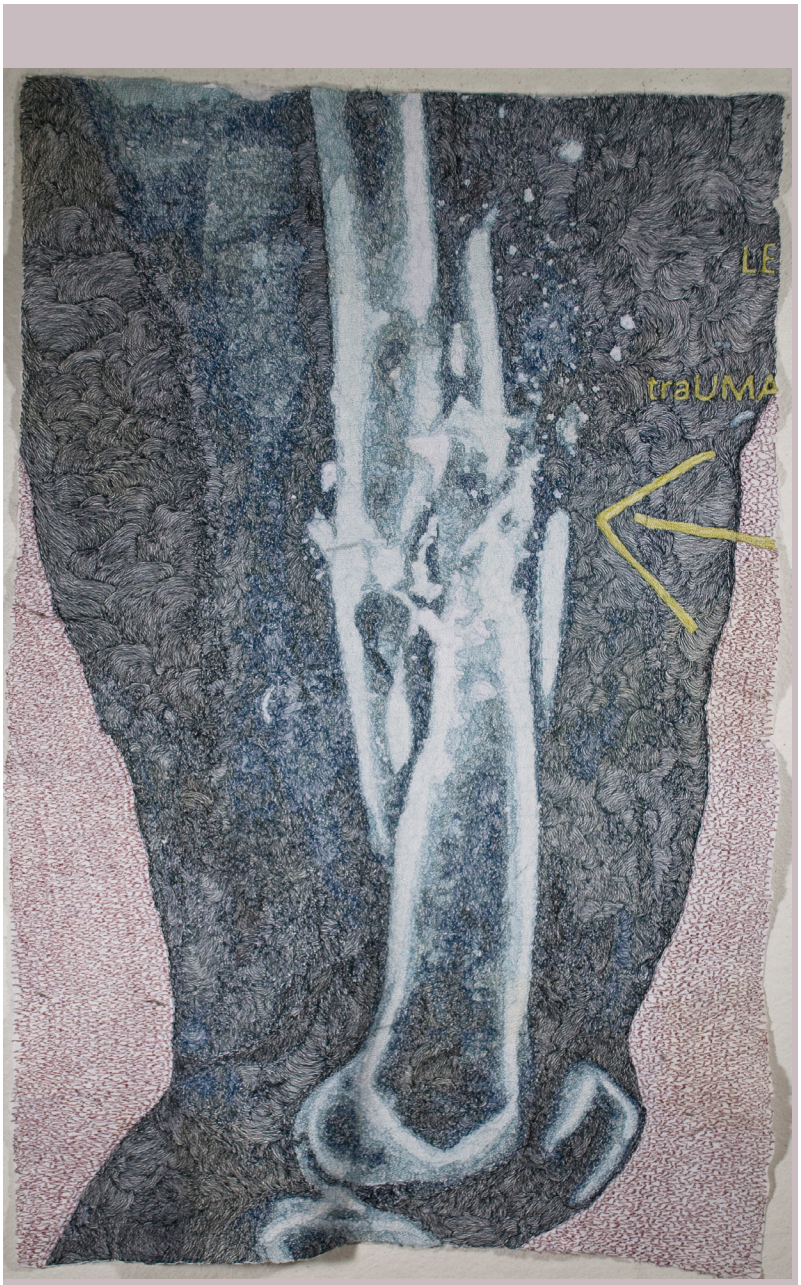
THE WOUNDS

A few words on the gunshot wound images in particular. "A Dissertation on Gunshot Wounds," written and illustrated by the surgeon and artist Charles Bell in 1814, is an early – if not the earliest – attempt to give thorough medical instruction on the subject. The reasoning he gives for creating the book is that gunshot wounds were so outside of the type of wounds a doctor was likely to encounter in ordinary practice, it would be useful to describe, in words and pictures, their particular characteristics. He writes:

It is too common an opinion with surgeons in domestic practice, and in hospitals here at home, that there is nothing peculiar in gun-shot wounds. I have often heard it said that a gun-shot wound is but a bruised wound, and that when the slough is discharged it is but a common wound.



From "A Dissertation on Gunshot Wounds," by Charles Bell, Plate III, 1814



Shattered Femur, torn mulberry paper, thread, and netting, 31"x 48", 2019.

It is mortifying to the pride of theory to see how often it is humbled before the conviction of practice: even the scenes I have witnessed, and the cases I have had under my care, have proved to me that the books we possess upon the subject of field-practice do not even hint at the nature of the difficulties the surgeon has to encounter there. In the nature and in the progress of gun-shot wounds, there is much to be observed which never is to be seen in domestic practice.

The victims who made up his case-studies were wounded soldiers from the 1809 battle of Corunna, during which French and British armies clashed; after his "Dissertation," he would go on to perform surgery on, and make sketches and paintings of, the wounded of Waterloo. He was chronicling, in a way, the novelties of bodily harm inflicted by the ballistic technology of his time. This was before the invention of photography, much less the X-ray, so Bell was dependent on his skills as a draughtsman and painter to communicate what he had seen – this was a time when artistic representations and scientific representations were more closely twined. A few of his figures focus on the damage bullets cause to bones. A plate of fractured and necrotic humeri recalls Chung's embroideries of fractured bones, in the way they confound our understanding of how our bodies are put together. They have been so shattered and traumatized, it's hard to make sense of where they're supposed to fit inside the system of an arm or leg. Where Chung's images might be mistaken for archipelagos, Bell's look perhaps geologic, or marine – corals whose growth were attended by pain, fever, and delirium.

This type of damage is not the ordinary damage that occurs to a bone from a fall or a blow – Bell is careful to underline the deceptive nature of this damage (and this is the terrain that Chung's sewing needle delineates with excruciating precision):

Nothing is more apt to deceive than the feeling of bones shattered by gun-shot. We touch a splinter with the point of the finger, or feel it loose to the probe, but if we attempt to draw it away with strong forceps, we find, in all probability, that there has been a splitting up of the bone, and that we have got hold of a very principal part. Even when loose, these pieces are found to require extensive incisions to extract them, or the parts are torn as the pieces of bone are drawn forth.

What was a novelty for Bell is now more of a commonplace – the pervasiveness of gun violence means that the medical staff in any urban trauma unit is going to be familiar with the effect of bullets on the human body. The battlefield, such as it is, is not remote. But just as the technologies that allow us to understand and treat gunshot wounds have advanced, so has the technology of guns – pursuing the engineering problem of how to outpace innovations in recovery and healing.

The AR-15, for instance, causes damage that pushes the envelope of emergency room expertise. Chung recalled seeing a segment on *60 Minutes* that sought to illustrate the damage an AR-15 causes, in contrast to a 9mm handgun. Under slow-motion cameras, a gunman first shot a 9mm bullet at a block of clear gelatin, meant to stand in for soft tissue. The bullet bored through the gelatin, leaving a modest exit wound. Then, there was a bullet shot from an AR-15, which travels at three times the velocity. That bullet caused a horrific, rippling bloom through the gelatin (it can be seen on YouTube, and disconcertingly, when the gelatin boils outward from the force of the impact, the bubbles seem to form a liquefied skull). The exit wound is a ragged blowout.

In an article published by *The Atlantic*, a radiologist, Heather Sher – who, by her accounting, had diagnosed thousands of handgun injuries through her work in trauma centers – described her confusion when viewing a CT scan of one of the victims of the Marjory Stoneman Douglas shooting:

I was looking at a CT scan of one of the mass-shooting victims from Marjory Stoneman Douglas High School, who had been brought to the trauma center during my call shift. The organ looked like an overripe melon smashed by a sledgehammer, and was bleeding extensively. How could a gunshot wound have caused this much damage?

The reaction in the emergency room was the same. One of the trauma surgeons opened a young victim in the operating room, and found only shreds of the organ that had been hit by a bullet from an AR-15... Nothing was left to repair—and utterly, devastatingly, nothing could be done to fix the problem. The injury was fatal.

It gives a kind of vertigo to realize that the abstraction that Chung's embroideries traffic in – that the scale and the up-close texture imparts to them – is not a stylistic imposition on the original source material. It is

Hip and Femur, torn mulberry paper, thread, and netting, 30"x 38", 2019.

actually a faithful extension of it: the abstraction a bullet performs on a body, rendering it illegible and irreparable.

CONCLUSION

Chung spends six to seven days a week in her studio, for somewhere between five to eight hours a day. The attention she pays to each of these personal disasters is enormous – and, at the same time, it's a small fraction of the time the victims will spend with them. For those who survived, they will spend the remainder of their lifetimes considering, feeling, remembering, and contending with their injuries.

The fact that these images are stitched – rather than painted or drawn – are part of their power. It connects them to their medical provenance. It's not quite right to call the stitching a parody of medical stitching – but it does announce the gap between repair and witness. The stitches here are helpless to close the wound, but can only trace it, an act against forgetting.

Chris Lanier
Reno, Nevada
January, 2020

Paula Chung

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