2019

The veil

Judy Jane Long
Iowa State University

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The veil

by

Judy J. Long

A thesis submitted to the graduate faculty

in partial fulfillment of the requirements for the degree of

MASTER OF FINE ARTS

Major: Integrated Visual Arts

Program of Study Committee:
Austin M. Stewart, Major Professor
April A. Eisman
Alex Braidwood
Barbara J. Walton

The student author, whose presentation of the scholarship herein was approved by the program of study committee, is solely responsible for the content of this thesis. The Graduate College will ensure this thesis is globally accessible and will not permit alterations after a degree is conferred.

Iowa State University

Ames, Iowa

2019

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DEDICATION

This thesis is dedicated to my nephew, Dallas Brently Button.

The sweetest smile, and brightest eyes, we will forever regret, the day you died.
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ABSTRACT

The Veil signifies the proverbial wool over the eyes of the public with regard to mortality. We will all die, everyone we know, and love will die too. We don’t know when, or how, and there is nothing we can do to change the inevitable. Accepting our mortality—and that of those around us—is key to opening a dialogue about grief and loss and a “broken” world in which such issues are ignored. This thesis focuses on bereavement, unmasking the stigma against catharsis, and the overemphasis of positivity.

Grief is defined as “deep sorrow, especially that caused by someone's death” (Oxford Collegiate Dictionary, 1992). It is a word that is both familiar and unfamiliar, a state of being that is uncomfortable to discuss and dreadful to endure. My research is concerned with sudden loss and the aftermath of tragedy. In my work, catharsis is a necessary component in the acknowledgment and validation of grief. Traumatic loss is a sudden, unnatural death—suicide, motor vehicle accident, house fire, and includes witnessing the death of a loved one. These types of deaths can trigger post-traumatic stress disorder, anxiety and depression for those left behind. They can leave lasting impressions, the psychological equivalent of deep physical scar. My research is concerned with the aftermath of tragedy and the psychological effects of sudden loss. In my art, connotations of catharsis emphasize the necessity of acknowledging grief through the expression of creativity.
CHAPTER 1. INTRODUCTION

Throughout this thesis, I will discuss trauma, my personal relationship with grief and coping with traumatic loss. Though my work is cathartic in nature by communicating my own distress, it also functions as a vehicle to allow others to speak their truth about loss, in a society where it is discouraged to do so. I will also discuss “the veil” that surrounds and hides such experiences from the everyday life of most people. Adjusting to life after loss is more difficult due to our societal barriers on uncomfortable situations, such as grief. Through the exploration of these works I have found meaning in helping others who struggle with grief.

Grief carries the weight of its meaning in the heart and in the mind, it is a heavy burden to bear, but one that we experience individually and uniquely. I have experienced several deaths in my family, since early childhood: my maternal grandfather committed suicide when I was two, my great grandmother on my mother’s side died when I was six. My first experience with grief, however, occurred when I was twelve. We were visiting my aunt in her final days of terminal lung cancer. Her blonde hair and healthy skin had been exchanged for a smooth scalp and gray complexion, ravaged by the effects of chemotherapy. We walked into her house, she outstretched her arms and gave me a hug. As she leaned in close, she whispered into my ear “Sometimes, life isn’t fair.” Those words would go on to haunt me, lingering in my mind to the present day. She had quit smoking two years before her diagnosis; for her, death was a cruel irony.

Through my Aunt’s death I learned that grief isn’t the same as loss. Grief is the result of a loss that is attached to memories, moments and significance; the more complex the
relationship, the more grief may be associated with the loss. The passing of a celebrity may upset us, but we did not know the person, not as their families and close friends did. We mourn the loss of the entertainment that will never be, not from the loss of a loved one. The experiences we associate with those that we love are tied to our relationship with them.

All individuals at some point in their lives experience moments of panic, unrest and overwhelming thoughts of imminent outcomes they fear may occur. What happens when one is faced with a relentless validation of this anxiety? That fear of your parents aging and becoming incapable of caring for themselves; the intrusive thought of your child dying; and the daunting task of planning their funeral. A traumatic sudden loss, a suicide, house fire or homicide, punctures our reality, disrupts any concept of order, any belief in control. The truth is, we will lose many of the people we love. Grief is the price we pay for our love; two sides of the same coin; the pain of our grief echoes the depth of our love. Anxiety as it relates to grief, resolves itself in validation under the oppressive nature of grief itself.

**Aseptic Experience: Occupational**

My experience with grief extends beyond the personal realm to that of being an occupational hazard. I work as a Tissue Recovery Technician, my position is the process of surgically removing donated human tissue for transplant, education and research. In fields that care for the deceased—funeral direction, autopsy technicians, and first responders, and tissue recovery technicians—it is common to “block out” or “detach” oneself for the sake of stabilizing sanity. However, some emotions leech through this barrier to encroach on our lives, and when we do experience loss in our personal lives, it is affected by the work-
induced practice to detach. Our efforts to detach, albeit valiant, are futile, when the line between occupational and personal experiences with death become blurred. The trauma witnessed at work and the suffocating amount of sadness within the death industry can be overwhelming. When health care professionals like me experience a personal death outside of work, the feelings are so conflicted that it is more difficult to bear than if we had remained ignorant. My grandmother once made the comment that it must be easier for me to deal with death, since I see it all the time at work. In some ways, it just unmasks the reality, but in other ways, it makes the situation so much worse, sometimes more difficult to contend with. I already know the process’. I know what an autopsy looks like, and the aftermath of what they do with the organs. I know too much about the procedures after death: embalming, cremation, reconstructing, packing and disinfecting the deceased. Everything I experienced after working in tissue recovery, along with losing close family and friends, has been a convoluted mess of emotion and logic. I would not say knowing a lot about death makes it easier to process a loss; in some ways, ignorance is bliss.

I love my job, caring for the deceased. What I do helps others in a very meaningful way. By extension, I also strive to help those struggling with grief and traumatic loss through art. Our society employs a process to grieving, one that is swiftly undertaken and just as swiftly to be forgotten. These processes following a death of viewing, funeral, then back to routines in life, are not conducive to the human experience of loss. Even the well-known Kubler-Ross model of grief, Denial, Anger, Bargaining, Depression and Acceptance was not intended for grief after loss. It was originally coined in 1969 in response to observing
processes used by individuals suffering from terminal illnesses to accept their imminent death. (Kubler-Ross, On Death and Dying, 1997).

“The reality is that you will grieve forever. You will not ‘get over’ the loss of a loved one; you will learn to live with it. You will heal and you will rebuild yourself around the loss you have suffered. You will be whole again, but you will never be the same. Nor should you be the same nor would you want to.” (Kubler-Ross & Kessler, On Grief and Grieving, p. 230). Through exploring the concept of the Veil and the works that coincide with it, I explain the trauma incurred by grief, the problem with relentless positivity, and the issues of suicide and PTSD.
CHAPTER 2. ALLEGORY OF THE CAVE

To grasp the concept of the “Veil,” we must delve into the story that inspired it: Plato’s *Allegory of the Cave*. Plato was one of the fathers of philosophy—schooled under Socrates—many of his writings were first delivered as conversations with his famous teacher. The *Allegory of the Cave* is a tale told as a conversation between Socrates and Plato’s brother Glaucon. In this conversation, they discuss how individuals—prisoners—confined within a cave believe that the shadows on the wall are reality. Restrained since childhood, all they know is what they see in the shadows projected on the wall in front of them, they cannot even see each other due to their restraints. “Then in every way such prisoners would deem reality to be nothing else than the shadows of the artificial objects.” (yale.learningu.org, n.d.)

When someone has their reality punctured, when they leave the cave and witness a new reality, a strange sense of alienation occurs. Seeing death and trauma changes you, forever; every case takes a piece of you. To quote the autopsy technician from the film *The Autopsy of Jane Doe*, in response to if he ever gets used to seeing death, he responds “you do, and you don’t” (Aitken, Berger & Overdal, 2016). The truth in his response is that in some cases desensitization occurs, but seeing the trauma and enduring hundreds, maybe even thousands of deaths has long-lasting psychological effects.

My first case as an eye recovery technician was a young man, my age. I had experienced educational anatomy labs with cadavers and had visited several open-casket visitations but seeing death immediately after the trauma that took his life was a completely
different experience. It presents a completely unfiltered view of the post mortem processes. His death was the result of an accident, a sudden moment that can no longer be taken back. Many deaths are situations where all the variables line up in the wrong way. Another case that lifted the veil for me, in those first few months as a technician, was a young woman who had died from a motor vehicle accident. She was very young, and there was significant facial trauma. I spent twenty minutes meticulously removing broken glass and dried blood from her face. It seemed so wrong for her to be there; it was so unfair. Death is indiscriminate; it takes us regardless of money, age, sex, race, social status, power or influence. Death is, as they say, the great equalizer.

The next day I went to work at the Iowa State Fair. I had helped my parents sell products there for years, but this day was markedly different from previous years because of that experience with the motor vehicle victim. It was as if I had awakened from a dream. Traumatic death happens all the time, every day. We are typically not aware of it; do not think about; do not feel it in our bones as something real that can happen to us and to the people around us. That day, I watched the beaming faces of Fair patrons who were oblivious to the tragic events of the night before. I knew then, that I had witnessed a reality that only a few understand. The occupation of an Eye Recovery Technician is an isolating one that can only be understood when one is immersed within it.

The image on the following page (Fig 1) is a photo of me waiting outside a hospital morgue for security to let me in. As an Eye Recovery Technician, all cases are performed alone; we do our recoveries in the secluded environments of morgues and funeral home
embalming rooms. Entry into a morgue, facilitated by hospital security unlocking the door, is a process to protect the deceased. Photographic documentation of my travels would prove a necessary device in exploring this territory, little known outside the medical profession. Recording the unknown in the post mortem field inspired ideas to pursue the veil.

**Behind the Veil**

The post mortem world exists behind the curtain, a curtain that we do not see or conceive of pulling back until we are forced to do so due to loss. As a society we are largely unprepared for death unless it follows a prolonged illness and even then, we have no way to prepare for the emotional aftermath. This difficulty with understanding death and subsequently trying to cope is a significant problem, because individuals suffering from shock are forced to make critical decisions regarding what to do with their loved one’s remains. The thought of a child dying and having a mandatory autopsy is not in the mind of most individuals. Only, once invited into the post mortem environment several questions come to the forefront of consciousness. Empathy for the deceased and their family is unavoidable. Seeing yourself in this position—either as the grieving family member or the deceased—is one of the many vocational hazards, individuals lying on the silver table could easily be our own family members, close friends, or ourselves.
Many individuals never have the critical end-of-life conversation with their loved ones. Young adults, especially, do not think to ask questions like, “What if I die? What should my family do with my body?” The decision is left to those suffering from grief in those early days after the unexpected death. Many individuals do not realize how many options there are, nor how much paperwork and financial investment is involved. “Will it be burial or cremation?” “Will it be a printed obituary in the paper, or just a post online?” All of the answers affect the final cost. Thinking about these questions in advance will not lessen the painful sting of grief, but it may help post mortem process seem less daunting.
CHAPTER 3. EVERYTHING IS FINE

*Everything is Fine* (2015, Fig 2) is the final result of a performance that became the catalyst for my work on grief. In a 19" x 25" black frame, a seemingly plain white painting in gesso with the words “Everything is Fine.” During a performance I “attacked” it with a razor revealing a digitally painted portrait of myself beneath the surface. By scraping away at the phrase and gesso, I reveal a portrait of me, based on a photo I took during a moment of an emotional breakdown that resulted from working for over forty-eight hours. Everything was *not* fine. The levy broke and all of the emotions I had bottled up came flooding out.

*Everything is Fine* is a commentary on the difficulty of going through grief in our “griefless” society. Crying—while cathartic for the bereaved—causes discomfort for those bearing witness. Many funeral homes mention this in a list of etiquette while attending a funeral. One of the items on the list is “… if you see yourself becoming extremely upset, remove yourself…” (Powell Funeral Home, n.d.). Of all the places it should be acceptable to become upset, a funeral home should be one of them. *Everything is Fine* was my first attempt to explore creative practice beyond painting.
When I arrived at Iowa State, I completed a series of paintings that were superficial in concept and left me feeling empty and uninspired. In response, I shifted my research to works by contemporary artists such as: Andres Serrano, Jennifer Loeber, Marina Abramovic, and Doris Salcedo. These and other conceptual and performance artists would inform the direction of my work. Conceptual and process-driven work had never been a form of visual art that I considered until approaching the concept behind *Everything is Fine*. I asked myself how can I demonstrate anxiety and what it feels like to have to put on a mask when everything is going wrong? I tried painting and drawing but they failed to evoke the responses I was trying to communicate. So, I looked to more contemporary practices, focusing on the concept of what it means to mask reality. *Everything is Fine*, emerged out of a series of questions regarding why we hide our emotions in the first place.

Why is it necessary to hide our grief? To conceal our pain, we retreat to the shadows. Covering internal struggles with a smile, *Everything is Fine* represents the métier limit of stress, thus scraping the phrase “Everything is Fine” and the coating of paint to reveal the twisted visage of despair. The act of scratching off the surface to reveal the truth demonstrates the fragile nature of our futile stoic veneer. Of the many individuals who have experienced traumatic grief, the most helpful situations—from my observations—appear to be those in which people cry with them, grieve openly with them. Death is hard, it feels isolating but it does not have to feel so alone. Openly talking about how awful the situation is can be helpful in diminishing the overwhelming and lonely aspects of grief; sharing in the pain may provide necessary relief to those suffering a loss.
Another inspiration for this work derived from the readings of Jean Baudrillard’s *The Precession of Simulacra*. There are four phases of the simulacrum—which is a representation of a person, place or thing. The first phase of the simulacrum is mirroring reality. In this sense, it is innocuous in its reflection. The second phase is the masking or perversion of reality; this is usually without good intentions. The third phase is the simulacrum masks the absence of reality; this “copy” is becoming the reality. The final phase is there is no relation between the simulacrum and reality; it has become its own reality. (Baudrillard, P. 412). It was the second phase—masking reality—that provided the primary motivation for this work; it epitomizes the depiction that everything being fine. We choose our own mask to the outside world. Having to witness terrible tragedies and go on the next day as if nothing had happened is an exhausting task.

Presenting a façade that everything is fine, masks serious problems such as mental illness, personal struggles and often grief. To avoid the risk of creating socially awkward situations for individuals, people avoid talking about difficult subjects. Asking someone how many kids they have is a seemingly innocuous question, but for an individual who has suffered the loss of a child, they must fabricate some sort of answer that skirts the issue of discussing the death of their child. For example, a mother who has lost one child might state simply, “I have 3 kids,” not mentioning that one of the three is no longer alive. This way she acknowledges all of her children without causing discomfort to the individual asking the questions.
Grief and sadness are often not welcome in everyday conversation. Although sharing that information causes discomfort for those listening, openness about experienced trauma is immensely relieving. Talking about grief is essential to our psychological wellbeing under the immense weight of such loss. Understanding and demonstrating empathy towards others will help open the conversation about grief. Without a voice, grief is like an infection, it becomes unbearable to the point where individuals will do anything to escape the pain. Experiencing grief on the occupational side along with having limited means of coping with such situations, creates an environment that prolongs grief and anxiety.

Each case takes a piece of you, a memory of each scenario, especially those resulting from trauma leave a long-lasting impression. Viewing Chambers (2018-19, Fig 3)— is a piece created using the two containers used to hold corneas after surgically removing them from the eye. The corneas are suspended in the pink fluid called Optisol-GS for preservation before transplant. Viewing Chambers is a response to the number of traumatic recoveries, and the scenarios that left a mark, many of which I still remember the intricate details. A visual representation of the number of traumatic cases I have seen. The most difficult cases for me to process are
those involving, homicide, accidents, children, and suicide.

One element that is immensely difficult with cases of suicide is the notion that if mental illness wasn’t stained with such a negative stigma, they might still be alive. The sad truth is that even with resources available many do not seek help because of the negative stigma attached to those struggling with mental illness and suicidal thoughts. Seeking help is conceived as weak, and one should be able to overcome such thoughts with a “mind over matter” attitude. Positivity reigns and depression becomes a state of mind that is easily altered with changing one’s attitude, or patterns of thinking. This positive platitude is helpful to motivate not suffering from mental illnesses, but it may inadvertently be conceived as a means to denigrate those afflicted with serious disorders like depression, anxiety and suicidal thoughts.

Suicide leaves a lasting scar on anyone affected by it. There is often anger towards the deceased, but in truth, the action was likely taken in altruism. The deceased believed that his or her death would free their loved ones from the burden of their own suicidal ideation. As David L. Conroy stated it, “Suicide is not chosen; it happens when pain exceeds resources for coping with pain.” Conroy is the author of a book that offers a no-fault approach for those dealing with the aftermath of a loved one having committed suicide. (Conroy, D. L, 2006). This is an important concept in that most people believe that suicide is a selfish act. While Iowa does not have the highest rate of suicides in the country, the rate has been increasing over the years. In Iowa alone, suicide has increased by 36% since 1999 and nationally it has risen by 25%. In Iowa the total number of suicides in 2017 was 471, with the highest rate
being among 15-34 year olds; indeed, suicide is the second leading cause of death for that age group. (CDC.gov, n.d.).

Though individuals commit suicide any time throughout the year, a dramatic increase in suicides occurs from October through March in Iowa. I am speaking from experience, based on the number of suicides we see per week. We see a dramatic increase in these deaths during what we call “suicide season.” It is well known in the post mortem and medical community, and possibly has to do with the condition known as SAD (Seasonal Affective Disorder), defined by the Mayo clinic as “…a type of depression that's related to changes in seasons — SAD begins and ends at about the same times every year. If you're like most people with SAD, your symptoms start in the fall and continue into the winter months, sapping your energy and making you feel moody.” (Mayoclinic.org, n.d.). Purchasing special lights to mimic the sun may help some but overall, opening the conversation about suicide and dispelling the stigma is an important way to genuinely affect these climbing statistics. The total number of suicides in 2017 was 471, with the highest rate being among 15-34 year olds; indeed, suicide is the second leading cause of death for that age group.

During the summer of 2016, my best friend, Hannah, who I had known for fourteen years— we trusted each other like sisters—sadly took her own life. It was so shocking and
sudden that I believed, thoroughly, she had faked her death and moved to Florida. I messaged her repeatedly saying, “Good one, please text me back so I know you’re okay, I love you.” After I realized she was gone, I felt immense guilt; we had always confided in one another when we had dark or suicidal thoughts. This time, however, she did not reach out; and I felt if only I had called that night, she would still be here. No one has that much power over someone else’s actions, but I will always feel guilty for not doing more to help her. I created a number of embroidered works in response to her death, one example is photographed in *Words on Walls II* (2017-18, Fig 4). This series of embroidery works include phrases and words that come from a place of loss, grief and guilt, echo the words I have thought through all my grief. Dark stitches combine with a white cloth background to plainly communicate phrases in an honest and unfiltered way. The words are sewn in black or dark gray. Words thought but never spoken; words spoken in the last moments of life; or words that we wish we had said. All reflect an honest and haunting portrayal of the power of our words. Phrases such as: “I’m Sorry,” “Sometimes Life Isn’t Fair,” “I’m Dead Inside,” “Why,” “No,” etc. these phrases linger in the grieving mind, the numbness and choking despair, the conflicting feelings as we try to rationalize an irrational occurrence.

*Seemingly Innocuous* (2016, Fig 5). Is a 36” long colorful crochet noose made from muted rainbow-colored yarn. The 12” x 48” canvas on which the shadow of the noose is cast
completes the overall visual quality of this piece. The soft structure and color make it seem innocuous, much like many of the preliminary signs of a suicidal mind; the shadow reveals the unadorned reality, a noose. Light reveals the true nature behind this façade of colorful yarn. I created this piece in response to another friend who had taken her life early in 2016.

A few months after creating this piece, my previously mentioned longtime friend—Hannah—tragically committed suicide, thus the source of my guilt. Had I given her the idea? Had I condoned her final act? The aspect we do not realize in grief until we experience it ourselves is that it does not just go away, like symptoms of an illness. I still send her messages, even three years later, a ritual that has become a habit.

*Seemingly Innocuous* comments on the very serious issue of the continuously climbing suicide rate. With the additional weight of Hannah’s death, this work is not only a symbol of inspiring change in how we view mental illness and suicidal thoughts; it is my symbol of guilt.

*Seemingly Innocuous* was my first installation/sculptural work created out of crochet yarn. My grandmother had crocheted many objects that my mom cherished: blankets, doilies, and table cloths, etc. I looked to her for a material and method behind this production. Crochet, I found to be an appropriate medium for many concepts. The repetitious nature of
crochet, the counting the individual stitches—for me—mirrors the repetitive nature of intrusive thoughts that are symptomatic of depression. The anxiety associated with those intrusive thoughts seems to be quelled by the counting of crochet stitches. Manic repetition in such projects is like untangling knots, I can devote many hours to the practice of crochet or untying knots. The repetition focuses attention on a task resolving a physical problem, instead of mentally ruminating on an issue that is intangible. Crochet is essentially the tether keeping me grounded in the moment and resolving my severe episodes of anxiety.

**Communicating Grief Through Art**

Throughout 2016 –17, I experienced nine more deaths in my personal life. My post mortem work had leached into my personal life, and I could not keep up with the grief. In May of 2017, when I thought I had reached the end of the string of tragedies and I could finally mourn each loss without the compounding effects of more deaths, my nephew—Dallas—died in an accident at home. I will never forget the phone call from my sister, or the moments that followed. Above all the familiar emotions I had felt with loss, this one was different: there was so much anger, and such violent rage. Why, I wondered. Why did this happen? Why my sister? Why him? These questions inspired a series of works about my nephew. We all think we have more time: there is always tomorrow, or the future. The reality is that life can end in an instant, at any time, and for no reason at all. We do not have more time. I worried if I had hugged him enough, or spent enough time with him. He was only two years old.

The art works that emerged after Dallas’s death were an attempt to reach some form of catharsis, some way to process the feelings I could not comprehend. The lack of such
catharsis can result in feelings of isolation and alienation. In a sound work called *That Laugh* (2017, Fig 6), a recording set to repeatedly play my nephew’s laughter on repeat. Through headphones, the listener hears the laughter in the recording; and that is all that remains of him, besides his clothes and photos. The movement, the life, his physical presence in the world, and the space he once occupied has been replaced with a void. Listening to his laughter and knowing he is gone, echoes the emptiness that grief contains. A child’s laughter is one of the greatest sounds in the world, but what if that child has died? There is a somber reality beneath the pleasant nature of such a sound.

Grieving the death of a child differs from other losses in that we grieve the future that will never be. They will never grow up, experience life the way adults have; each family gathering, birthday, holiday, these events are stained with their absence.

![Figure 6: That Laugh (2018). Sound clip of Dallas Laughing. Installation View.](image)

In a performance piece called, *Buggies* (2017), I read an excerpt of my sister’s goodbye letter to her son, Dallas. I had also read this as a eulogy during his funeral. His nickname was Buggies; thus, his goodbye letter was addressed as such. This performance included wearing the same dress, shoes and make-up as I did that day, a reenactment of an extremely difficult but necessary moment. Reading the letter in the performance invoked the
same anxiety attack that had happened on the day of his funeral: the shaking, shortness of
breath, but continuing to read despite the panic and anxiety. The words needed to be said. I
was not going to let my anxiety prevent me from doing something so important. To this day,
I cannot read that letter without having an attack; it is that very response and the will to push
through it, that combination of sensation and experience, is the art. The physical
representation of panic when everything falls apart around you and you realize this is your
reality.

My greatest artistic inspiration in performance art is Marina Abramovic. She once
stated at an artist talk about her work in the New York Museum of Modern Art, “To be a
performance artist, you have to hate theatre. Theatre is fake: there is a black box, you pay for
a ticket, and you sit in the dark and see somebody playing somebody else's life. The knife is
not real, the blood is not real, and the emotions are not real. Performance is just the opposite:
the knife is real, the blood is real, and the emotions are real. It's a very different concept. It's
about true reality” (Museum of Modern Art, March 31, 2010). This statement about
performance art is absolutely what makes the performance so powerful, the reality in it. The
raw unfiltered, unrehearsed emotions that accompany such a performance leave a lasting
impression with the audience and the artist themselves. Performance work like, Buggies and
Everything is Fine left a lasting impression. Reading a goodbye letter to my nephew as I
fought through an anxiety attack is something that will stay with me, it was cathartic, but it
also salted a still fresh wound. Performance work is unique in that if one is not present to
witness it, they miss a critical part of the experience—the presence of the artist in the act of
making. While performances may leave little physical evidence of their happening, there are
powerful messages to be gleaned. We remember moments, certain sensations remind us of events from our past, or experiences with those that are not with us anymore. Performance is much like those moments in time, combining our senses of what was felt during the viewing of such a performance and being a part of the art making process itself.

**Physical Memory Preservation**

During a loss, memories and sensations are not enough to satiate the pain. Longing for a physical representation inspires many to cling to the deceased possessions, handprints, writings, drawings, and even hair. Preserving evidence of the existence of those we lose becomes an obsession, their everyday objects become holy relics of their presence in the physical world. Two jars, the *Canopic Memory Chambers (2018)*, were created as a means of remembrance for Dallas and Hannah. One held a cigarette butt from a pack of Camel Turkish Royals and a little shampoo of the same brand she used, Hannah’s hair always smelled of those two scents. The other jar had a baby washcloth with essential oils and coconut milk lotion. My sister had to coat Dallas in lotion regularly to control his eczema, these scents all contributed to his unique smell. These pieces evolved into the *Family Specimen Reliquary (2018, Fig 7)*, a series of glass specimen containers with hair from close family and friends, as a physical representation of preserving memory. Our

![Figure 7: Family Specimen Reliquary (2019). Human Hair & Glass Specimen Jars. Installation View.](image_url)
hair has a unique scent, a combination of our oils and secretions; unique to our personal body chemistry. Hair possesses interesting qualities, in simple conditions it does not decay or change, unlike other human tissue. The scent of hair is particular to each person. The use of hair as a memento is not surprising, the ability to keep a physical part of an individual is important to preserving their memory. Saving hair as an artifact of a lost loved one began in the 1600s and reached peaked popularity during the Victorian era in the 1800s. The bereaved cherished elaborate jewelry, brooches, stitch work, and framed artworks, created with hair from the deceased. In Family Specimen Reliquary serve the duality of scientific specimen collection and personal artifacts of remembrance. Possessing physical evidence of someone’s existence is necessary in the coping process. While it does not change the situation, preserving tangible objects help us maintain some form of a haptic relationship to their existence. Artist Jennifer Loeber, crippled by loss, saved her mother’s banal objects after her passing in a series called Left Behind (2014). A pearl earring, a hairbrush (Fig 8), sunglasses; these artifacts were photographed along with an archived image demonstrating their relationship to her mother (J. Loeber, 2014).

Figure 8: Photo from the series Left Behind (2014) by Jennifer Loeber.
"Your Grief Makes Me Uncomfortable" (2017, Fig 9) is a work that represents the nature of this duality. It is 48” x 79” of thin latex with the words “Your Grief Makes Me Uncomfortable” cut into the textile then each letter was stitched back together with suture and an autopsy needle. The lasting impression of these words remains although the initial damage—cutting—has been repaired. It emerged as a response to a situation in which I was overwhelmed by my grief and broke down in public. I had been told before that the subject of loss was uncomfortable for others and to avoid the topic altogether. Doris Salcedo’s, Disremembered IV (Contemporary Art Chicago, n.d.), (Fig 10) is a cloth pierced by hundreds of needles responding to the mothers left behind by gun violence in Chicago. Much of Salcedo’s work, emphasizes grief, loss and mourning but with a social activist tone; compared to the personal and cathartic nature of my work.

After the death of my nephew, I had a breakdown in public and I was quickly approached and reprimanded for my “emotional outburst,” as it had made other individuals uncomfortable. The lack of empathy we have towards one another in regard to grief is appalling. We openly acknowledge and publicly recognize the mourning of celebrities, why is the death of a close relation so uncomfortable in comparison? When encountering a death
that is within our emotional proximity we are often confused and unsure how to proceed. The timeline for bereavement varies for everyone. Some grieve for years, others only a few months.

Many individuals have gone through the process of becoming a parent and had that love taken from them through miscarriage, stillbirth or infertility. As many as 1 in 4 pregnancies end in miscarriage. (CDC.gov, n.d.). In *I am 1 in 4* (2019, Fig 11) a pair of gray crochet baby shoes with white crochet soles represent the loss of an infant, never born. In May 2016, I had a miscarriage, I felt that not only was death all around me, but my body became a tomb as well. Angry, confused and sad, I heard repeated affirmations that it was nothing to be upset about, it happens to a lot of women and they weren’t even a real baby yet. These comments may seem reassuring but to a woman suffering a miscarriage these words are devastating; they instill silence and secrecy during a difficult loss. *I am 1 in 4* is a response to the fact that I—like many women—still think about that life that didn’t make it. They were someone to me, and I wrote a short poem to accompany the work. “These shoes are yours, I made for you, though empty they’ll always be. I don’t care how short a life it was; you still exist to me.”
Many mothers who have lost children through miscarriage or still birth want to share their stories about children they will never raise but that are still very much a part of their life. Posting images of deceased children is not socially acceptable. While reading comments on the social media platform, Instagram, I came across a vicious comment from an individual in response to a photo of a woman’s stillborn daughter. The individual claimed to be offended by the photo and that it had no place on social media because it depicted a “dead baby.” The photo was the only image the poster possessed of her daughter and much like other parents on social media she wanted to share her child as well—living or not. This scenario demonstrated an awful lack of empathy towards others and it is appalling. We owe it to ourselves and each other to be better, to be more understanding. The image in (Fig 12) is a photo of a bassinet used to escort deceased infants to the morgue from the maternity ward. We live in a society obsessed with pregnancy, but there is little regard and few resources for parents and siblings upon the death of a child.

For the sake of survival, feigning wellness despite extreme underlying emotional and psychological distress, is a primal form of self-preservation. Willful Ignorance (2016, Fig 13), is a crochet hood with a small opening at the end of a tunnel emerging from the front of
the hood. The handle is held out much like we hold our phones to create tunnel vision of what we choose to see. However, expressing grief is not shameful, or weak. The second stage of the simulacra is evident in our portrayal of everyday life on social media. Behind social media, we do not see bankruptcy, loss, and struggle—most of the time. We see positive posts regarding opinions, beliefs, “daily activity” and food; we do not see the struggle, or we see a filtered version of it. We share what we want to share; through this altered visage, we construct our identity with little regard to objectivity. As a result of this filtered lens in social media, we don’t know how to react if we see something awful and tragic to someone else. Many people want to avoid sad circumstances, that is where comments to take sad photos down, avoid talking about things, and shaming negativity come from.

There are a great number of people that are empathic and understanding but overall, through more open communication of our struggles there will be fewer incidents of backlash for those that want to share their stories of vulnerability. Those suffering in grief need not the judgment of others for duration of their sadness. Turning to crochet again, *Grief Tunnel*
(2018-19, Fig 14), emerged out the overwhelming sensation of drowning, surrounded by the darkness of the emotions that can’t be quelled. A 6’ long tapered tunnel, crochet with black yarn, and metal wire for structure. *Grief Tunnel* represents that opaque darkness; the soft material represents the odd comfort in grief that reminds us that we haven’t forgotten the losses. It almost feels like a betrayal of their memory to let go. Crochet, again reinforces the repetition of thoughts and patterns occurring in the bereaved mind, the relentless question “Why?”

**Lifting The Veil**

Presently, a change in the way we approach grief and the aftermath of death is evolving, many post mortem professionals are sharing their stories and information about the after-death process, so the public has an opportunity to see behind this veil. There are several accounts on Instagram and other social media platforms that offer educational material regarding funeral services, autopsy processes and grief communities. Some of the individuals are pathologists, funeral directors, nurses and paramedics. Traditionally, when a person dies, they are taken to a funeral home and family may only see them during the hours of operation for a short time or if embalmed for a few days leading up to the service. There are only a few options for families to choose and there is little power given to the family in regard to their loved one.
New methods that promote giving power of end of life services back to the family members are beginning to emerge. For example, Melissa N. Unfred is a licensed Funeral Director/Embalmer from Texas that promotes green burials—a process by which the deceased is placed in a simple shroud, without added chemicals for preservation. Her practice promotes spending more time with the deceased prior to services and giving power back to the family in terms of not only decision making, but also by dispelling the discomfort of interacting with the deceased’s body. She states on her website “I believe that by hiding death and dying behind closed doors we do more harm than good to our society. I believe that the culture of silence around death should be broken through discussion, gatherings, art, innovation and scholarship.” (themodernmortician.com, n.d.). Her work empowers families during their darkest time to make well-informed decisions and provides resources for green burials. Some funeral homes allow bereaved parents to take deceased children home for a couple days to have more time with them. Allowing more time with the physical body helps dispel the stigma of only one more viewing during a service at the funeral home. When someone has died, we have to stay away from them until the funeral. Having access to alternative resources, like those offered by Unfred, are extremely helpful in recognizing the fragile state in which we exist after suffering a loss. Due to the influence of social media, people are increasingly becoming integrated into this conversation about grief, loss and the post mortem profession.
In response to this move towards opening the conversation for grief, emerged the short film, *Broken* (2018, Fig 15). A video of running bathwater with the sound of an emotional breakdown, repeating the phrase no, conveys the raw expression of catharsis. This particular audio is a reiteration of my catharsis after the death of my nephew. All of my anger emerged in one word “No.” This honest portrayal is not without context; this was my actual reaction after a significant loss. The bathroom, I feel, is a safe place to let go, allowing inner emotional turmoil to flow out. The repetition of the word “No” begs the universe to take back the loss. Irrationality reigns in the bereaved, such as researching time travel, multiple dimensions, reincarnation and any means that could bring the deceased back. *Broken* is reality fractured and the desperation to repair that reality. We are left searching in futility to go back and change what happened—bring the lost back to life.
CHAPTER 4. DUALITY

The duality of grief when it occupies the work place and seeing trauma in a personal environment creates a chaotic tension within the mind. The repetitious nature of loss compounded by vocation in the post mortem realm is exhausting. Grief alone is exhausting. Individuals working in first response, medicine, and post mortem preparation are often exposed to traumatic deaths; when interacting with the families of the deceased, a professional demeanor is expected at all times. Crying with the bereaved might change the stigma of the “cold clinician” but it is not recommended in such fields as it is deemed “unprofessional.” The constant exposure to trauma and the inability to escape the inevitable deaths in one’s personal life can increase risk of developing or exacerbating mental illnesses, such as anxiety, depression and PTSD.

PTSD is common in those that have witnessed traumatic events, it is now being recognized among the Tissue Recovery Community as well as with Funeral Directors. *Untitled* (2018, Fig 16) is an installation work that reflects the dual nature of grief and occupational trauma. Ten scalpels attached to sutures move with the automated motors connected above them. Like a marionette dancing, the sharp swiveling movements indicate danger, juxtaposed with the elegant motion dancing to Figure 16: Untitled (2018); Scalpels, Arduino Uno, suture and motors.
create an interesting dichotomy of pleasing aesthetics and clinical reserve. Common symptoms in PTSD are dissociation, flashbacks, and anxiety. (Mayoclinic.org, n.d.). Dreams of the tables that the deceased lay on and nightmares of laying on them or being embalmed may occur for professionals at any time, I have experienced such nightmares. My children being held in the more at the State Medical Examiner’s office, or myself lying on the table where we prepare and clean donors.

Individuals employed in positions that work with the deceased are susceptible to the effects of PTSD, especially due to the extreme ways in which people die. Recognizing these issues and confronting them is a more successful solution than hiding behind the veil. Because privacy laws protect confidentiality of the deceased, individuals working with the deceased may struggle to find coping mechanisms. Many times, we have lost employees due to the psychological toll the trauma we see. We had an individual quit after working just one month, their reason for leaving was stated as: “There is only so much the human mind can handle, what you do here is very traumatic” (Anonymous, 2018). The trauma of certain cases can be overwhelming and without some form of expression, the anxiety builds and disrupts routines in life.

One artist who appropriately depicts this odd duality between clinical and aesthetic is Andre Serrano. His work inspired me to critically analyze each situation I encountered with aesthetic criticism. In his series The Morgue the statement of his work describes the dual nature of art and death; “Artist Andres Serrano’s series of photographs The Morgue investigates ideas of death and our relationship with it. Working with a forensic pathologist,
Serrano photographed the bodies with a near classical beauty rarely associated with the morgue. Serrano ensured the anonymity of each person through tight cropping or veiling the face.” (beautifuldecay.com, n.d.). Serrano’s solemn documentation are curiously beautiful for such heavy subject matter; these images depict the detachment that occurs when encountering death. Cropped to maintain anonymity: the lack of identity in each photo contributes to the disassociation from emotional responses towards death. In The Morgue (Fatal Meningitis I) (Fig 17), a photo of a deceased child’s feet demonstrates the dichotomy of the reality of the postmortem realm and the aesthetics of an intimately composed photograph. The cold medical documentation in the title, coupled with the reality of the imagery—the tiny, discolored feet of a deceased infant, depicts the significance behind such honest imagery. This series also portrays the silent dignity, and humility, that accompanies a world where the living care for the deceased. Serrano’s series is a powerful representation of what it is like to work in a morgue: beautiful, awe-inspiring, tragic and humbling and—despite these emotions—having to put on the professional mask of detachment.

The parallel nature of professional ambition to help others and personal grief of multiple traumas coincide throughout this exhibition. The need to reconcile my own feelings yet remain empathic and open towards others, reinforces humility. Process (2018, Fig 18)
arose out of the need to express the process of recovery work. The video displays the process of cornea recovery, the repetition of removing tissue by a rigid and distinct process. This process from left to right, outside eye tools to inside eye tools is the same for every case. It is easy to become automated in this process of recovery. There is a stillness involved in tissue recovery. This same stillness follows a loss, it is an uncomfortable silence. The world seems still, and time has stopped; but the clocks keep ticking as if nothing happened. It’s an internal stop, one that makes you track your social media feed back to the moments just before an accident; when they were still alive, how can it be that they’re gone? They were just here.

Figure 18: Still image from the film, Process (2018).
CHAPTER 5. The Exhibition

The exhibition for the visual component of my thesis work, was displayed at Design on Main Gallery in Ames (Fig 20), including several of the works previously highlighted in this thesis. These works function as a whole installation, as well as individual experiences with: video, sound, fiber, and painting-performance. Entering the gallery, through black curtains representing the veil, the space is open, containing several interactions on grief. There are embroidered works organized between sculptural and installation works to function as a visual punctuation between each experience. Your Grief Makes Me Uncomfortable, is followed by Sometimes Life Isn’t Fair which is beside, I am 1 in 4, subtly illustrating the communication between occupational and personal grief. Each work in the show represents a vehicle of catharsis, for me.

During the exhibition, there was an acceptance of grief, those that had lost loved ones shared their stories with me. There was no discomfort in these interactions as
they were reciprocal and engaging. The willingness for people to open up and share their stories reinforced the purpose of my visual research. The works *Untitled Motion* (2019, Fig 18) and *Words on Walls IV* (2018-19, Fig 19), communicate the awkward interactions that take place when a grieving person interacts in social settings. These interactions are based on my experiences with social events I attended not long after losses occurred. Untitled Motion is an interactive art work where the viewer stands in front of a camera to change the video playing on a screen in front of them. When motion is detected a smiling face greets them awkwardly, much like forcing conversation in a confined space. Social interactions are much more difficult following a loss, this has been verified countless times by people I have had conversations with that have also experienced loss.

Some of the most difficult cases as a recovery technician are those involving children and infants. As heart donors, it is a somewhat positive outcome to a tragic situation, in that, the heart donated can be used to save as many as two children that need new heart valves. This generous gift does not negate the loss of the donor. That
is where the title *Bittersweet* (2019, Fig 22) emerges to aptly describe this work. *Bittersweet* is a 1.5” anatomical heart sculpture created with felt.

The exhibition highlighted the works discussed in this written component. The feedback from this event was humbling and inspiring; ideas for future works are numerous but they all involve a connection with those that have suffered great loss.

*Figure 22: Bittersweet (2019) Felt sculpture*
CHAPTER 6. CONCLUSION

In conclusion, my work demonstrates the notion that we don’t have to hide our grief. Death is universal, because we will all die, everyone we know, and love will die. Nothing can prepare us for this, knowing more about the processes does not necessarily help in the wake of a traumatic loss. The longing to communicate and memorialize the conversations from the past while regretting those that did not is a lasting result of grief. I missed my chance too many times and now I will never be able to say sorry, or tell them what I really wanted to say, but was too proud to say at the time. I entered the Integrated Visual Arts graduate program at Iowa State University to create meaningful work, to find a voice—a vehicle to help others; I had no idea it would cost me so much, and lead me to affirming the reality of grief for others to share their story. These works bear the weight of a conflicted relationship with death, personal loss compounded by occupational exposure to the deceased. All of these elements reinforce the reality of grief and loss. Despite occasional discomfort noted by those commenting on these works far more people have opened up to me to share their experiences of loss after viewing the work. Despite understanding and working in death, it has not prepared me to confront loss. This exhibition is a safe place to talk about grief, it is uncomfortable but together we can share our experiences and make them less isolating. My hope is that experiencing these works inspire people speak their truth.
REFERENCES


